Committee	Committee			
Number	Senator	Summary	Offset	
		Clarification of the Members of the Quality Improvement		
1	Rockefeller D1	Coordinating Council	Budget Neutral	
		Re-defining primary care to include geriatricians, palliative		
		care and mental health for the purposes of improving access		
2	Rockefeller D2	to primary care	Capping itemized deductions at 35%	
		Add a new Part V - Health Information Technology; add free		
		clinics to the list of providers eligible for Medicare and		
		Medicaid incentives under the American Recovery and		
3	Rockefeller D3	Reinvestments Act of 2009	Capping itemized deductions at 35%	
		Create a new Part V - Health Information Technology; require		
4	Rockefeller D4	third-party audits of health information technology	Capping itemized deductions at 35%	
		Create a new Part V - Health Information Technology, add		
5	Rockefeller D5	advance planning language	Capping itemized deductions at 35%	
		Eliminate discriminatory prescription drug cost-sharing for		
6	Rockefeller D6	individuals with chronic disease	Capping itemized deductions at 35%	
_	Rockefeller D7	Improvements to the Medicare processintian drug program	Capping itemized deductions at 25%	
/	ROCKETETIET D7	Improvements to the Medicare prescription drug program NCQA Quality standards for Medicare Advantage Special	Capping itemized deductions at 35%	
	Rockefeller D8	Needs Plans (SNPs)		
	Nocketeller Do	Eliminate all overpayments to Medicare Advantage private		
	Rockefeller D9	plans		
	Nockereller by	pians		
10	Rockefeller D10	Amendment to the Medicare Commission Provision	This amendment is a net-saver	
		Create a New Subtitle I - Sense of the Senate Regarding Long		
11	Rockefeller D11	Term Care	Sense of the Senate, no offset required	
		Creation of an All Payer Anti-Fraud Program with a Revolving		
		Fund to Provide Incentives for anti-Fraud Activities for the		
12	Rockefeller D12	States and for Health Plans	As stated in the amendment	

	Expand CMS Innovation Center criteria to Promote Quality	
13 Conrad D1	Improvement and Efficiency	N/A
	Medicare Pilot Program to Improve Patient Care and Achieve	
14 Conrad D2	Cost Savings	TDB
	Expand the CMS Innovation Center to Facilitate Local	
15 Conrad D3	Inpatient Treatment of Acutely III Medicare Beneficiaries	This amendment has no cost.
16 Conrad D4	Nurse Midwifery Access and Reimbursement Equity	TBD
	Two-year Extension of "Super Rural" Bonus Payment for	
17 Conrad D5	Ambulance Services	TBD
		The amendment would not affect health spending in the
		ten-year budget window (2010 - 2019) but could reduce
18 Conrad D6	Ensuring Long-Term Health Savings	spending in years after 2019.
	Medicare Part D Limited Manufacturer Cost Sharing	
19 Conrad D7	Assistance	TBD
20 Bingaman D1	Technical Amendment for 340B Discount drugs	Budget Neutral
	Ensuring GME Redistribution is available to Rural and Other	
21 Bingaman D2	Underserved States	Budget Neutral
		Commensurate acceleration in the reduction in MA IME
	Improving Access to Rural Hospital care by Modifying Criteria	payments provided for in the Medicare Improvements for
22 Bingaman D3	for Critical Access Hospitals	Patients and Providers Act of 2008
		December 11 to 12
		Proportionately increase the annual fees on health
		insurance providers; manufacturers and importers of
		branded drugs; manufacturers and importers of medical
	Drotaction for law income Conjugation and other Madisara	devices; and clinical laboratories in the Chairman's Mark
22 Pingaman D4	Protection for low-income Seniors and other Medicare	by an amount commensurate with the cost associated with this amendment
23 Bingaman D4	beneficiaries	with this afficialient

		Eliminate provision in the Chairman's Mark that,
		beginning January 1, 2013, requires states to offer
	Protection for Appropriate Medicare Payment Levels by	premium assistance and wrap-around benefits to
	Establishing a Prospective Payment System for Services	Medicaid beneficiaries who are offered employer-
24 Bingaman D6	Furnished by Federally Qualified Health Centers	sponsored insurance if it is cost-effective.
25 Bingaman D7	National Health Care Workforce Commission	Budget Neutral
	Establishing "Teaching Health Centers" to Increase the	
26 Bingaman D8	Number of Primary Care Physicians	Commensurate increase in annual insurance fee.
	Ensures appropriate consolation with mental health and	
	substance abuse experts and better coordination of mental	
27 Bingaman D9	illness and substance abuse treatment	Budget Neutral
	Ensure Consumer and Patient Involvement in Decisions	
28 Kerry D1	affecting the Delivery of Health Care	This amendment will not result in increased cost.
Kerry/ Stabenow		Amendment will be offset by closing corporate tax
29 D2	Easing the Impact of Home Health Cuts	loopholes
	Enabling Physicians from Various Specialties to Participate in	
30 Kerry D3	Accountable Care Organizations	This amendment will not result in increased cost.
	Pediatric Accountable Care Organization Demonstration	
31 Kerry D4	Project under Medicaid and CHIP	This amendment should result in a reduced cost.
32 Kerry D5	Inclusion of Medicaid and CHIP in CMS Innovation Center	This amendment will not result in increased cost.
	Improving access to primary and preventive care by adding a	Extend Medicare Secondary Payer (MSP) for privately-
	modified version of the Medicare Fracture Prevention and	insured dialysis patients to Medicare after 30 months by
33 Lincoln D1	Osteoporosis Testing Act (S. 769).	amount necessary to offset the increase in spending.
	Improving access to primary and preventive care by adding a	Extend Medicare Secondary Payer (MSP) for privately-
	modified version of the Medicare Fracture Prevention and	insured dialysis patients to Medicare after 30 months by
34 Lincoln D2	Osteoporosis Testing Act (S. 769).	amount necessary to offset the increase in spending.
	Increase health care workforce accessibility for Medicare	
	beneficiaries with mental illness by adding the Seniors Mental	
	Health Access (S.671) and the Clinical Social Work Medicare	General Redbook (May 2009): Ensure Appropriateness of
35 Lincoln D3	Equity Act (S. 687)	Medicare Payments for Mental Health Services

		To allow Medicare beneficiaries enrolled in MA or MA-PD	
		plans to return to original Medicare in the first 45 days of the	
3	6 Lincoln D4	Calendar year	To be determined
		To create a comprehensive approach to ensuring adequate	
		public-private infrastructure and resolving to prevent, detect,	
		treat, understand, intervene in, and where appropriate, aid in	
		the prosecution of, elder abuse, neglect, and exploitation - by	
_	Lincoln/Hatc	, ,	
3	7 D5	Future Act	To be provided
		To restore the ratios used in determining geographic hospital	
		wage index reclassification to the pre-October 1, 2008 levels	
		until the first fiscal year on year after the secretary makes a	
		proposal(s) that considers the nine points specified in the Tax	
3	8 Lincoln D6	Relief and Health Care Act of 2006	N/A
		Provide access to home infusion therapy services for	
		Medicare beneficiaries by adding the Home Infusion Therapy	
3	9 Lincoln D7	Coverage Act (S.254).	To be determined
		To Allow Critical Access Hospitals (CAHs) to access Medicare	
		Disproportionate Share Hospital (DSH) funding proportionate	
4	0 Lincoln D8	to their level of uncompensated care.	To be determined
		To authorize qualified physical therapists in rural areas to	
		provide services for Medicare beneficiaries without the	
4	1 Lincoln D9	requirement of a physician referral.	To be determined
		To revise Medicare coverage to permit respiratory therapists	
		to work under the general supervision of the physician and to	
		recognize respiratory therapists who work outside of the	
	2 Lincoln D10	hospital.	To be determined

43	Lincoln D11	To overturn the Centers for Medicare and Medicaid Services' (CMS') CY 2010 Physician Fee Schedule Proposed Rule's application of equipment utilization policy to radiation therapy. The amendment would be exempt from budget neutrality requirements under the statute.	To be provided
		Ensuring People in Hospice Do not Have to Give Up the	
44	Wyden D1	Prospect of a Cure	This amendment will not result in increased cost.
45	Wyden D2	The Independence at Home (IAH) Act, S. 1131, seeks to provide high cost Medicare beneficiaries suffering from multiple chronic conditions with coordinated, primary care services in their homes or residences from a team of qualified health care professionals.	This amendment will not result in increased cost.
	•	·	Reduce market baskets uniformly across Medicare Part B
46	Wyden D3	Empowering Medicare Patient Choices	as needed to offset the increases.
47	Wyden D4	Medicare Efficiency and Fairness	This amendment will not result in increased cost.
48	Wyden D5	Health Homes	This amendment will not result in increased cost.
49	Wyden D6	Rural Health Clinic Patient Access and Improvement Act	Create a specific exemption to allow health plan sponsors to encourage beneficiaries to utilize lower-cost generic drugs
50	Wyden D7	Amends Title XVIII of the Social security act to provide flexibility in the manner in which beds are counted for purposes of determining whether a hospital may be designated as a critical access hospital under the Medicare program and to exempt from the critical access hospital inpatient bed limitation the number of beds provided for certain veterans.	Create a specific exemption to allow health plan sponsors to encourage beneficiaries to utilize lower-cost generic drugs

			Create a specific exemption to allow health plan sponsors
		Rural Health Clinic Patient Access and Improvement and	to encourage beneficiaries to utilize lower-cost generic
51	Wyden D8	Critical Access Hospital Flexibility Act.	drugs
		The Confidence in Long-Term Care Insurance Act (S. 1177)	
		proposes greater consumer protection, increased consumer	
		information and choice, and increased competition among	
52	Wyden D9	private insurers	This amendment will not result in increased cost.
			Reduces Medicare spending and improves quality of care
	Wyden D10	Personalized Medicine and Access to Critical Lab Tests	for amputees and persons with limb impairments
54	Wyden D11	Take Back Your Health Amendment	To be determined when offered if needed.
		Authorizing the use of new technologies that empower	
		patients and their providers to get more value in accountable	
55	Wyden D12	care organizations	This amendment will not result in increased cost.
		To encourage integrated care delivery across all care settings	
56	Wyden D13	through integrated health clinics	This amendment will not result in increased cost.
		Getting the best possible training for home health and other	
57	Wyden D14	workers who provide hands-on care	To be determined when offered if needed.
		Requiring the Medicare Payment Advisory Commission to	
		consider Medicaid payments when making recommendations	
		to Congress on Medicare Reimbursement for Skilled Nursing	
58	Wyden D15	Facilities	This amendment will not result in increased cost.
59	Wyden D16	Ensuring Quality Hospice Care	To be determined
		Ensuring Continuation of Benefits for seniors Covered Under	
60	Wyden D17	Medicare Advantage	To be determined.
			Savings to be applied towards improving affordability in
61	Schumer D1	Affordable Biosimilars Reimbursement Equity Amendment	the Exchange.
		HHS Study regarding payment systems for new clinical	
62	Schumer D2	laboratory diagnostic tests	
63	Schumer D3	Hospital Reclassifications	No cost anticipated.
		Changes to Medicare DSH Reductions and Addition of	
64	Schumer D4	Medicare DSH Report	
	Schumer/	Extending and Expanding Medicare Demonstration Projects to	
65	Menendez D5	Permit Gain sharing Arrangements	

		To provide technical guidance for the reimbursement of	
		school-based health centers under Medicaid and the	Similar language was debated in the House Energy and
66	Stabenow D1	Children's Health Insurance Program	commerce Committee and did not score.
			To the extent necessary, the fee on brand-name drug
		To authorize community mental health centers to obtain	companies would be increased by \$50 million across 5
67	Stabenow D2	health information technology grants	years
		To authorize community mental health centers to obtain	
68	Stabenow D3	health information technology grants	No additional funding would be allocated to this program.
			The brand-name pharmaceutical fee would be increased
69	Stabenow D4	To provide training for advance practice nurses	by \$1 billion over ten years.
		To better integrate primary care and behavioral health	
70	Stabenow D5	services for our most vulnerable populations	No offset is needed.
		To establish guidelines to ensure patient access for our	
71	Stabenow D6	nation's emergency rooms	None
		To ensure access to our nation's emergency rooms and to	
		encourage on-call specialists to serve our nation's emergency	This amendment would be offset by an increase in the
72	Stabenow D7	rooms - 5% Medicare bonus	pharmaceutical fee on brand name drugs.
		To ensure access to our nation's emergency rooms and to	
		encourage on-call specialists to serve our nation's emergency	This amendment would be offset by an increase in the
73	Stabenow D8	rooms - eliminate payment reduction for ER physicians	pharmaceutical fee on brand name drugs.
			This amendment would be offset by an increase in the
74	Stabenow D9	To establish a National Center on Hospital Quality.	pharmaceutical fee on brand name drugs.
		To study barriers to appropriate utilization of generic	
75	Stabenow D10	medicine in our nation's Medicaid program	None
		To give seniors enrolled in Medicare Part D plans more	
76	Stabenow D11	opportunities to sample affordable generic medicines	This amendment is not expected to score.
			This amendment would simply ensure that the existing
		To ensure congressional intent is followed when the Centers	block grant for Section 508 hospitals was being
77	Stabenow D12	for Medicare and Medicaid Services implement Section 508	appropriately spent per congressional intent.

	To ensure congressional intent is followed when the Centers	
78 Stabenow D13	for Medicare and Medicaid Services implement Section 508	None
76 Stabellow 213	To Timedicate and Micalcala Services implement Section 500	None
79 Stabenow D14	To ensure patient access in Michigan's rural communities	None
		This amendment is unlikely to affect a large number of
		hospitals and therefore trigger a CBO score. However, to
Stabenow-	To ensure communities were receiving access to high quality	the extent necessary to offset the amendment, the
80 Menendez D15	cancer care	insurers' fee would be increased an appropriate amount.
		This amendment is unlikely to affect a large number of
		hospitals and therefore trigger a CBO score. However, to
	To correct a flaw in the Medicare Disproportionate Share	the extent necessary to offset the amendment, the brand-
	formula that impacts the appropriate utilization of ventilation-	name pharmaceutical fee would be increased an
81 Stabenow D16	dependent units	appropriate amount.
		To the extent necessary, the brand-name pharmaceutical
82 Stabenow D17	To reclassify certain hospitals within Michigan	fee would be increased an appropriate amount.
		Given the small number of hospitals potentially affected
		by this amendment, it is unlikely to score. However, if
		this amendment does score, the annual fee on
Stabenow-		manufacturers and importers of branded drugs would be
83 Snowe D18	To help solve our nation's physician workforce shortage	increased an equivalent amount.
		This amendment would be fully offset by mandating state
	To protect our nation's seniors from abuse and assist nursing	use of National Correct Coding Initiative (NCCI) in
84 Stabenow D19	homes	Medicaid.
		The annual fee on manufacturers and importers of
85 Stabenow D20	To ensure the viability of certain hospitals	branded drugs would be increased an equivalent amount.
	Incentivize Value in the Medicare Fee-For-Service Physician	
86 Cantwell D1	Payment Formula	This amendment is budget neutral.
		The amendment specifies loan re-payment schedule
87 Cantwell D2	Physician Workforce Enhancement	making it budget neutral.

Ţ	Require Part D Drug Rebates for Dual Eligible Individuals
Prescription Drug Price Competition	Amendment is expected to be budget neutral.
Prescription Drugs under Medicare Part D and Medicaid	Amendment is expected to be budget neutral.
	Increase Medicaid drug rebate by amount necessary to
Medicare Part D Copayment Equity	offset the increase in spending.
	Increase Medicaid drug rebate by amount necessary to
Medicare Part D Copayment Equity (2)	offset the increase in spending.
Resident Physician Shortage Reduction	Offset to be provided when amendment is offered.
Medicare Graduate Medical Education Slots	Offset to be provided when amendment is offered.
Group Purchasing Organization Sunshine Provision	This amendment is expected to be budget neutral.
Medicare Physician Concierge Care Transparency	This amendment is expected to be budget neutral.
	This amendment would be offset by the creation of a
	Commission similar to the Medicare Commission included
	in the Chairman's Mark to reduce costs and improve
Medicare Advantage Enrollee Benefit Stability	quality throughout the private health system
, ,	
all-urban and rural state.	No cost anticipated
	·
Designation of Urban Medicare-Dependent Hospitals (UMDH)	No cost anticipated
	·
	No cost anticipated
Š	·
	Increase annual fee on health insurance providers by
Puerto Rico Medicare Fairness	amount necessary to offset the increase in spending
	Medicare Part D Copayment Equity (2) Resident Physician Shortage Reduction Medicare Graduate Medical Education Slots Group Purchasing Organization Sunshine Provision Medicare Physician Concierge Care Transparency Medicare Advantage Enrollee Benefit Stability Application of budget neutrality on a national basis in the calculation of the Medicare hospital wage index floor for each all-urban and rural state. Designation of Urban Medicare-Dependent Hospitals (UMDH) Including Healthcare-Associated Infections in Value-Based Purchasing Authorization

		To require CMS Innovation Center to evaluate models for	
		paying physicians in group practices and in hospitals through	
102	Carper D1	salary-based payments.	No offset is required.
102	Carper D1	To revise the criteria used by the HHS Secretary in selecting	ito onsecis required.
103	Carper D2	new models for the CMS Innovation Center.	No offset is required.
103	carper b2	To extend the length of time states have to repay the federal	No onset is required.
104	Carper D3	share of a Medicaid overpayment.	No offset is required.
104	Carper D3	Share of a Medicala overpayment.	No onset is required.
		To express the Sense of the Senate that Congress should	
		address medical malpractice in an effort to reduce defensive	
105	Carper D4	medicine, reduce litigation, and improve patient outcomes.	No offset is required.
100	Carper 5 :	To establish a state demonstration program to develop, test,	ino onsecis requirea.
		and evaluate the "Safe Harbor" model as an alternative to the	
106	Carper D5	current civil litigation system.	No offset is required.
100	Carper 23	carrent arm neigation systems	ito onsetio required.
107	Grassley D1	To allow Medicare beneficiaries to keep what they have	
	Grassley D2	Medicare Physician Payment Equity	
	•	Eliminate new trust fund taxes to fund comparative	
109	Grassley D3	effectiveness research	Offset will be provided at the Markup.
		Improve Governance of Patient-Centered Outcomes Research	·
110	Grassley D4	Institute	
111	Hatch D1	Full Federal Preemption for Physician Payment Disclosure	Not applicable.
		Small Business Exemption under the Physician Payment	
112	Hatch D2	Sunshine Disclosure	Not applicable.
			A proportionate reduction as needed in spending in the
113	Hatch D3	Strike Medicare Disproportionate Share (DSH) Provisions	Chairman's Mark.
			A proportionate reduction as needed in spending in the
114	Hatch D4	Strike Medicaid Disproportionate Share (DSH) Provisions	Chairman's Mark.
			A proportionate reduction as needed in spending in the
115	Hatch D5	Preventing Unnecessary Hospital Readmissions	Chairman's Mark.
			A proportionate reduction as needed in spending in the
116	Hatch D6	Strike Medicare Commission	Chairman's Mark.

		A proportionate reduction as needed in spending in the
117 Hatch D7	Medicare Advantage Restoration Act	Chairman's Mark.
	Provide a uniform system of awarding noneconomic damages	
118 Hatch D8	in health care lawsuits.	Not applicable.
	Provide a uniform system of awarding noneconomic damages	
119 Hatch D9	in health care lawsuits.	Not applicable.
	Provide a uniform system of awarding noneconomic damages	- 11
120 Hatch D10	in health care lawsuits.	Not applicable.
		and the same of th
		There is no cost because those who are awarded the
		demonstration project will receive 1.5% less in Medicare
121 Hatch D11	Healthcare Innovation Zone Summary	reimbursement each year they do the demonstration.
122 Snowe D1	IMD Demonstration Project	,
123 Snowe D2	Air Ambulance Standards	
	Protecting Seniors' Access to Medicare Benefits and Health	
124 Kyl D1	Care Providers	None.
	Ensuring Seniors' Care Will Not Be Rationed through the	
125 Kyl D2	Physician Feedback Program	Strike federal funding for the CO-OP program.
	,	come reaction and are the experience
	Limiting the Number of New Federal Health Care Bureaucrats	
126 Kyl D3	& Preventing the Rationing of Seniors' Care	Strike federal funding for the CO-OP program.
127 Kyl D4	Preserving Seniors' Access to Specialty Care	Strike federal funding for the CO-OP program.
127 (4) 2 1	Treserving seriors recess to specialty eare	The amendment would tie the premium tax credit to the
128 Kyl D5	Strengthening the Health Care Safety Net	lowest cost bronze plan.
120 KYI 23	Strengthening the riculti care surety wet	lowest cost bronze plan.
129 Kyl/Crapo D6	Ensuring Seniors Can Keep Their Coverage if They Like It	None
130 Kyl D7	Prohibiting a Federal Rationing Board	None
Kyl/Roberts/	Trombiting a reactal Nationing Board	TWO IC
Crapo/Cornyn		
131 D8	The PATIENTS Act	None
131 00	Prohibiting the Use of Taxpayer Dollars to Conduct Cost-Based	
132 Kyl D9	Health Care Research and Ration Care	None
132 KYI D3		NOTE
122 D	Equity and Access for Podiatric Physicians under Medicaid	To be determined when offered
133 Bunning D1	Amendment	To be determined when offered.

		Moratorium on Medicare Reductions in Payment Rates for	
134	Bunning D2	Certain Interventional Pain Management Procedures	To be determined when offered.
			Paid for by reducing the federal poverty level threshold
			for premium credits in the bill by the amount necessar
			starting with the premium credit for individuals betwe
135	Bunning D3	Congressional Responsibility Amendment	300% and 400% of poverty.
	Crapo/Kyl/	To preserve choice of plans for seniors under Medicare	
136	Roberts D1	Advantage	To be provided.
		To prevent Medicare payment policies which discourage	
		physicians from fulfilling their Hippocratic Oath to maintain	
		the good of their patients as their highest priority, and instead	
137	Roberts D1	encourage the rationing of health care.	To be provided.
		To ensure that adjustments to Medicare payment policies are	
138	Roberts D2	transparent, accountable, and patient-centered.	n/a
		To ensure that adjustments to Medicare payment policies are	
	Roberts D3	transparent, accountable, and patient-centered.	To be provided
	Roberts D4	To protect patients and doctors	n/a
141	Roberts D5	To protect patients and doctors	n/a
		To prevent seniors requiring in-home health care from being	
142	Roberts D6	forced out of their homes and into institutional care.	To be provided.
		To prevent health care reform from being paid for on the	
		backs of our most vulnerable and frail seniors in nursing	
143	Roberts D7	homes.	To be determined.
		To ensure that if people like the hometown hospital they	
144	Roberts D8	have, they can keep it.	To be determined.
		To prevent health care reform from being paid for on the	
	Roberts D9	backs of our seniors.	To be determined.
146	Ensign D1	Health Care Safety Net Enhancement Amendment	

	Disaster Volunteer Health Care Professional Protection	
147 Ensign D2	Amendment	
148 Ensign D3	Medical Care Access Protection Act	
149 Ensign D4	Increased FMAP for Medical Liability Reform	
150 Ensign D5	Protecting Current MA Plan Coverage of Seniors	
151 Ensign D6	Medicare Savings Should be Kept within Medicare	
152 Ensign D7	Private Options for Seniors Amendment	
	GAO Study on impact of new employer responsibility	
153 Ensign D8	provision.	
154 Ensign D9	Employer Flexibility Amendment	
155 Ensign D10	An amendment to prohibit funding under this bill for ACORN.	This amendment has no cost.
	To ensure that the financial well-being of future generations is	
156 Ensign D11	not compromised by the activities of the current generation.	
Ensign/ Bunning	Ensuring Medicare Beneficiary Access to Health Care	
157 D12	Professionals	
		Reduce startup funding for health care cooperatives by
158 Enzi D1	Fair and Reliable Medical Justice Reform	\$1,000,000,000.
		Reduce the subsidies as much as necessary to make this
		amendment budget neutral starting with subsidies
159 Enzi D2	Incentives for states to enact medical justice reform	awarded to individuals earning 400% of poverty.
	Increasing access to innovative plans for Medicaid	
160 Cornyn D1	beneficiaries.	Do not expect to need an offset.
161 Cornyn D2	Ensuring Medicaid beneficiaries have access to a doctor.	Do not expect to need an offset.
	Ensuring that seniors can keep the health care benefits they	
162 Cornyn D3	have.	Reduction in spending under the Mark.
		Strike the premium tax credit for individuals between 300-
		400 percent of FPL under Title I, Subtitle C of the
163 Cornyn D4	Ensuring seniors have access to physicians beyond 2010.	Chairman's Mark.
164 Cornyn D5	The Patient's Right to Information on Quality.	If an offset is needed, it will be provided at the markup.

165 Cornyn D6	Ensuring Spending Accuracy.	Reduction in spending under the Mark.
166 Cornyn D7	Protecting Seniors' Access to Care.	Reduction in spending under the Mark.
167 Cornyn D8	Protecting the health care workforce.	Reduction in spending under the Mark.
168 Cornyn D9	Protecting Seniors' Access to Care.	Reduction in spending under the Mark.
169 Cornyn D10	Protecting Seniors' Access to Care.	Reduction in spending under the Mark
170 Cornyn D11	Promoting Choice and Competition in Health Care Facilities.	To be provided at the markup.
171 Cornyn D12	Promoting Choice and Competition in Health Care Facilities.	Offset will be provided at the markup.
172 Cornyn D13	Limiting Non-Economic Damages in Medical Liability Lawsuits	
173 Cornyn D14	Eliminating Junk Science in Medical Liability Lawsuits.	
	Protecting Generic Drug Manufacturers from Liability for	
174 Cornyn D15	Label Language That They Did Not Write.	
	Encouraging Amicable Settlement of Medical Liability	
175 Cornyn D16	Lawsuits.	
	Encouraging Compliance with the Institute's	
176 Cornyn D17	Recommendations	
177 Cornyn D18	Limiting Punitive Damages	
178 Cornyn D19	Protecting Doctors from Frivolous Lawsuits.	
179 Cornyn D20	Protecting Doctors from Excessive Damage Awards.	
	Ensuring that seniors can keep the health care benefits they	
180 Cornyn D21	have.	Reduction in spending under the Mark.