



OBAMACARE BURDEN TRACKER

Compiled by staff at the
Ways and Means, Education and the Workforce, and
Energy and Commerce Committees.

Affordable Care Act Burden Tracker

Federal law requires agencies to estimate the paperwork burden created by rules and regulations. Following is a survey of the new burdens created by the Affordable Care Act derived from the agencies' own estimates.

	Agency	Rule Title	One-time Burden	Annual Burden
1	HHS/CMS	Hospice Quality Reporting Program		657,392
2	HHS/CMS	Medication Therapy Management Program Improvements - Standardized Format		1,179,894
3	HHS/HSA	BHPr Performance Report for Grants and Cooperative Agreements		16,750
4	HHS/HSA	The National Health Service Corps (NHSC) Loan Repayment Program		4,035
5	HHS/HSA	Children's Hospital Graduate Medical Education Program		230
6	HHS/HSA	340B Drug Pricing Program Forms		14,504
7	HHS/HSA	Maternal, Infant and Early Childhood Home Visiting Program		1,344
8	HHS/HSA	Maternal, Infant and Early Childhood Home Visiting Program- Updated State Plan		15,176
9	HHS/HSA	Maternal, Infant and Early Childhood Home Visiting Program- FY11 FOA		3,840
10	HHS/HSA	Maternal, Infant and Early Childhood Home Visiting Program- FY11 Formula FOA		5,376
11	HHS/HSA	Reconciliation Tool for the Teaching Health Centers Graduate Medical Education Program		255
12	HHS/HSA	Patient Navigator Outreach and Chronic Disease Prevention Demonstration Program		12,531
13	HHS/HSA	Cultural and Linguistic Competency and Health Literacy Data Collection Checklist		900

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14	HHS/HSA	Maternal, Infant, and Early Childhood Home Visiting Program FY 2012 Competitive Funding Opportunity Announcement		3,420
15	HHS/HSA	Area Health Education Centers Project on the Mental and Behavioral Health and Substance Abuse Issues of Veterans/Service Members and Their Families		5,340
16	HHS/HSA	Maternal, Infant, and Early Childhood Home Visiting Program FY 2012 Competitive Noncompeting Continuation Progress Reports (X02)		2,352
17	HHS/HSA	Maternal, Infant, and Early Childhood Home Visiting Program FY 2012 Competitive Noncompeting Continuation Progress Reports (D89)		1,452
18	HHS/CDC	National Health Interview Survey		20,366
19	HHS/CDC	National Ambulatory Medical Care Survey		39,250
20	HHS/CDC	Case Studies of Selected Communities and States Funded under Community Activities under the Communities Putting Prevention to Work (CPPW) Initiative		678
21	HHS/CDC	CDC Diabetes Prevention Recognition Program		600
22	HHS/CDC	Message Testing for Tobacco Communication Activities (MTTCA)		17,325
23	HHS/CDC	Evaluation of the National Tobacco Prevention and Control Public Education Campaign		10,015

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24	HHS/CDC	Web-based HIV Behavioral Survey among Men who have Sex with Men		44,819
25	HHS/CDC	Community Transformation Grants: Use of System Dynamics Modeling and Economic Analysis in Select Communities		6,240
26	HHS/CDC	Monitoring And Reporting System For Community Transformation Grant Awardees		408
27	HHS/SAMHSA	Additional Information for the SAPT and CMHS Block Grant Applications		1,500
28	HHS/CMS	Skilled Nursing Facility and Skilled Nursing Facility Cost Report and Supporting Regulations in 42 CFR 413.20, 413.24, and 413.106		464,942
29	HHS/CMS	Medicaid Drug Rebate Program - Manufacturers and Supporting Regulation at 42 CFR 447.534 (CMS-367)		9,472
30	HHS/CMS	State Drug Rebate (Medicaid) (CMS-368 and R-144)		2,712
31	HHS/CMS	Reconciliation of State Invoice and Prior Quarter Adjustment Statement (CMS-304/304a)		42,040
32	HHS/CMS	Medicare Enrollment Application		70,693
33	HHS/CMS	Inpatient Rehabilitation Assessment Instrument and Data Set for PPS for Inpatient Rehabilitation Facilities		76,406
34	HHS/CMS	National Implementation of Hospital Consumer Assessment of Health Providers and Systems (HCAHPS) CMS-10102		75,803

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35	HHS/CMS	Additional Quality Measures and Procedures for Hospital Reporting of Quality Data for the FY 2008 IPPS Annual Payment Update (Surgical Care Improvement Project & Mortality Measures)		6,750,000
36	HHS/CMS	Disclosures to Patients by Certain Hospitals and Critical Access Hospitals and Supporting Regulations in 42 CFR 489.20		447,150
37	HHS/CMS	Hospice Conditions of Participation		20,831
38	HHS/CMS	Medicare program/Home Health Prospective Payment System Rate Update for CY2010:Physician Narrative Requirement, CY2011 Proposed Physician Face-to-Face Encounter		248,584
39	HHS/CMS	Temporary High Risk Pool Program (CMS-10319)		1,376
40	HHS/CMS	Health Care Reform Insurance Web Portal and Supporting Authority Contained in Sections 1103 and 10102 of The Patient Protection and Affordability Care Act, P.L. 111-148 (PPACA)		86,625
41	HHS/CMS	Early Retiree Reinsurance Program		283,211
42	HHS/CMS	Grants to States for Health Insurance Premium Review		15,952
43	HHS/CMS	Disclosure and Recordkeeping Requirements for Grandfathered Health Plans under the Affordable Care Act		53,200

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44	HHS/CMS	Enrollment Opportunity Notice Relating to Lifetime Limits; Required Notice of Rescission of Coverage; and Disclosure Requirements for Patient Protection under the Affordable Care Act (P.L. 111-148)		5,100
45	HHS/CMS	Application for Coverage in the Pre-Existing Condition Insurance Plan		59,833
46	HHS/CMS	Grants to States for Consumer Assistance Program		4,800
47	HHS/CMS	Affordable Care Act Internal Claims and Appeals and External Review Procedures for Non-grandfathered Group Health Plans and Issuers and Individual Market Issuers		930,267
48	HHS/CMS	Pre-Existing Condition Insurance Plan and Supporting Regulations		36,924
49	HHS/CMS	American Health Benefit Exchange State Planning and Establishment Grants		262,115
50	HHS/CMS	Process for Obtaining Waivers of the Annual Limits Requirements of PHS Act Section 2711		178,183
51	HHS/CMS	Medicare Self-Referral Disclosure Protocol		1,200
52	HHS/CMS	Cooperative Agreements to Support Innovative Exchange Information Technology Systems		24,633
53	HHS/CMS	Medical Loss Ratio (IFR) Information Collection Requirements and Supporting Regulations		4,142
54	HHS/CMS	Preliminary Establishment for Territories Cooperative Agreements for the Affordable Care Act Exchanges		25,698

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	Agency	Rule Title	One-time Burden	Annual Burden
55	HHS/CMS	Cooperative Agreement to Support Establishment of State-Operated Health Insurance Exchanges		69,650
56	HHS/CMS	Evaluation of Practice Models for Dual Eligibles and Medicare Beneficiaries with Serious Chronic Conditions		494
57	HHS/CMS	Grants to States for Health Insurance Premium Review - Cycles I and II		42,872
58	HHS/CMS	Current State Practices Related to Payments to Providers for Health Care-Acquired Conditions		50
59	HHS/CMS	MMIS APD Template for Use by States When Implementing the Mandatory National Correct Coding Initiative in Medicaid, implementation of Section 6507 of ACA (CMS-10358)		168
60	HHS/CMS	Medicare Community-based Care Transitions Program		80,000
61	HHS/CMS	Expedited Checklist: Medicaid Eligibility & Enrollment Systems - Advance Planning Document (E&E-APD) (CMS-10385)	-	840
62	HHS/CMS	State Plan Preprint for Medicaid Recovery Audit Contractor (RAC) Program (CMS-10343)	-	56
63	HHS/CMS	Elimination of Cost-Sharing for full benefit dual-eligible Individuals Receiving Home and Community-Based Services		1,632
64	HHS/CMS	Medicaid State Plan Preprint for Use by States When Implementing Section 6505, the Prohibition on Payments to Institutions or Entities Located Outside of the United States		5

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	Agency	Rule Title	One-time Burden	Annual Burden
65	HHS/CMS	Appeals of Quality Bonus Payment Determinations		200
66	HHS/CMS	Medicaid Emergency Psychiatric Demonstration		2,160
67	HHS/CMS	Medical Loss Ratio - Quarterly Reporting for Mini-med Plans and Expatriate Plans		69,750
68	HHS/CMS	Disclosure Requirement for the In-Office Ancillary Services Exception		196,383
69	HHS/CMS	Medicare Enrollment Application for Eligible Ordering and Referring Physicians and Non-physician Practitioners- CMS 855O		46,000
70	HHS/CMS	Provider-Preventable Conditions under 42 CFR 438.6 and 447.26 and Title 2702 Non-Payment Preprint (Attachment 4.19)		2,089
71	HHS/CMS	Letter Requesting Waiver of Medicare/Medicaid Enrollment Application Fee; Submission of Fingerprints; Submission of Medicaid Identifying Information; Medicaid Site Visit and Rescreening		1,248,082
72	HHS/CMS	Consumer Operated and Oriented Plan [CO-OP] Program	-	36,111
73	HHS/CMS	Rate Increase Disclosure and Review Reporting Requirements (45 CFR Part 154)		91,219
74	HHS/CMS	Application to Be a Qualified Entity to Receive Medicare Data for Performance Measurement		6,833
75	HHS/CMS	State Balancing Incentive Payments Program (BIPP)		2,240
76	HHS/CMS	Summary of Benefits and Coverage and Uniform Glossary	-	4,090,000

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77	HHS/CMS	Medicaid Program; Eligibility Changes Under the Affordable Care Act of 2010		21,279,702
78	HHS/CMS	Early Retiree Reinsurance Program: Survey of Plan Sponsors		22,836
79	HHS/CMS	Medicaid Program; Medicaid State Plan Preprint for Use by States When Implementing Section 6401, Provider Screening and Other Enrollment Requirements Under Medicare, Medicaid and CHIP		14
80	HHS/FDA	Section 4205 of the Patient Protection and Affordable Care Act (P.L. 111-148: Restaurant Menu Labeling : Registration For Small Chains		1,755
81	HHS/FDA	Section 4205 of the Patient Protection and Affordable Care Act Restaurant Menu Labeling; Recordkeeping and Mandatory Third Party Disclosure	1,388,010	14,068,808
82	HHS/CMS	Standards Related to Reinsurance, Risk Corridors, and Risk Adjustment	-	108,258
83	HHS/CMS	Establishment of Qualified Health Plans and Affordable Insurance Exchanges	-	1,385,762
84	HHS/CMS	Student Health Insurance Coverage		75,000
85	HHS/CMS	Pre-Existing Condition Insurance Plan (PCIP) HIPAA Authorization Form		525
86	HHS/CMS	Medicaid Program; Review and Approval Process for Section 1115 Demonstrations		13,910
87	HHS/CMS	Long Term Care Hospital (LTCH) Quality Reporting Program		43,500

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	Agency	Rule Title	One-time Burden	Annual Burden
88	HHS/CMS	Medical Loss Ratio Annual Reports, MLR Notices, and Recordkeeping Requirements	1,211,020	479,928
89	HHS/CMS	Nursing Home Quality Improvement Questionnaire		693
90	HHS/CMS	Health Plan Identifier, Other Entity Identifier, and Change to National Provider Identifier Requirements		20,100
91	HHS/CMS	Community Based Care Transitions Program (CCTP) Implementation and Monitoring		475
92	HHS/CMS	Cooperative Agreement to Support Establishment of the Affordable Care Act's Health Insurance Exchanges		50,159
93	HHS/CMS	Payments for Services Furnished by Certain Primary Care Providers and Supporting Regulations in 42 CFR 438.6, 438.804, 447.400, and 447.410		2,267
94	HHS/CMS	Inpatient Psychiatric Facility Quality Reporting Program		1,415,433
95	HHS/CMS	Blueprint for Approval of Affordable State-based and State Partnership Insurance Exchanges		11,816
96	HHS/CMS	Essential Health Benefits Benchmark Plans		622
97	HHS/CMS	PPS-exempt Cancer Hospital Quality Reporting (PCHQR) Program		68,182
98	HHS/CMS	Recognized Accrediting Entities Data Collection (45 CFR part 156.275)		1,772
99	SSA	Medicare Income-Related Monthly Adjustment Amount - Life-Changing Event		102,750

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	Agency	Rule Title	One-time Burden	Annual Burden
100	HHS/ACF	(PREP) State Personal Responsibility Program		5,664
101	HHS/ACF	State Abstinence Education Program		7,316
102	HHS/ACF	Affordable Care Act Tribal Maternal, Infant, and Early Childhood Home Visiting Program Needs Assessment and Plan for Responding to Identified Needs		1,800
103	HHS/ACF	Health Profession Opportunity Grants (HPOG) program		4,559
104	HHS/ACF	Personal Responsibility Education Program (PREP) Multi-Component Evaluation		49,489
105	HHS/ACF	Mother and Infant Home Visiting Program Evaluation (MIHOPE)		5,786
106	HHS/ACF	Affordable Care Act Tribal Maternal, Infant, and Early Childhood Home Visiting Guidance		1,250
107	HHS/ACF	Tribal PREP Implementation Plan and PPR		1,760
108	HHS/HHSMD	Evaluation of SAMHSA Primary Care Behavioral Health Integration Grant Program		10,057
109	HHS/HHSMD	CHIPRA Children Health Insurance		10,530
110	HHS/HHSMD	Wellness Program Study		1,587
111	DOL/EBSA	Affordable Care Act Enrollment Opportunity Notice Relating to Extension of Dependent Coverage		411,000
112	DOL/EBSA	Affordable Care Act Grandfathered Health Plan Disclosure and Recordkeeping Requirement		1,077,800
113	DOL/EBSA	Affordable Care Act Advanced Notice of Rescission		26

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114	DOL/EBSA	Affordable Care Act Patient Protection Notice		33,000
115	DOL/EBSA	Affordable Care Act Enrollment Opportunity Notice -- Prohibition on Lifetime Limits		1,300
116	DOL/EBSA	Affordable Care Act Internal Claims and Appeals and External Review Procedures for Non-grandfathered Plans		886
117	DOL/EBSA	Affordable Care Act Section 2715 Summary Disclosures		622,750
118	HHS/HHSMD	ACYF Pregnancy Prevention Performance Measure Collection		7,197
119	TREAS/IRS	Return of Organization Exempt From Income Tax Under Section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)		94,013
120	TREAS/IRS	Form 3800, General Business Credit		331,773
121	TREAS/IRS	REG-114494-10 - Affordable Care Act Enrollment Opportunity Notice Relating to Extended Dependent Coverage		411,000
122	TREAS/IRS	Form 8942 - Application for Certification of Qualified Investments Eligible for Credits; Notice 2010-XX - Qualifying Therapeutic Discovery Project Credit		14,545
123	TREAS/IRS	REG-112841-10 - Indoor Tanning Services; Cosmetic Services; Excise Tax		10,000

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124	TREAS/IRS	REG-118412-10- Interim Final Rules for Group Health Plans and Health Insurance Coverage Relating to Status as a Grandfathered Health Plan under the Patient Protection and Affordable Care Act (TD XXXX)	645,000	323,000
125	TREAS/IRS	REG-120399-10 - Patient Protection and Affordable Care Act Enrollment Opportunity Notice Relating to Lifetime Limits		1,300
126	TREAS/IRS	REG-120399-10 - Affordable Care Act Notice of Rescission		25
127	TREAS/IRS	REG-120399-10 - Affordable Care Act Notice of Patient Protections		33,000
128	TREAS/IRS	REG-125592-10, Affordable Care Act Internal Claims and Appeals and External review Disclosures.		150
129	TREAS/IRS	Form 8947-Report of Covered Pharmaceutical Manufacturers and Importers		3,584
130	TREAS/IRS	Form 8941 - Credit for Small Employer Health Insurance Premiums		40,189,456
131	TREAS/IRS	Rev. Proc. 2011-24, Branded Prescription Drug Sales – Dispute Resolution Process for 2011 Preliminary Fee Calculation		1,800
132	TREAS/IRS	REG-131491-10 - Health Insurance Premium Tax Credit	-	250,000
133	ED/OPE	SAFRA Act Application: Payments to Loan Servicers for Job Retention and Interim Final Requirements		1,739

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	Agency	Rule Title	One-time Burden	Annual Burden
134	ED/FSA	Federal Direct Stafford/Ford Loan and Federal Direct Subsidized/Unsubsidized Stafford/Ford Loan Master Promissory Note		2,232,386
135	ED/FSA	William D. Ford Federal Direct Loan Program Repayment Plan Selection Form		108,570
136	ED/FSA	William D. Ford Federal Direct Loan Program, Federal Direct PLUS Loan Request for Supplemental Information		564,125
137	OPM	Health Benefits Election Form		16,667
138	OPM	Health Benefits Election Form		9,000
139	HHS	Administrative Simplification: Adoption of Standards for Health Care Electronic Funds Transfers (ETFs) and Remittance Advice		104,000
140	TREAS/IRS	Application, Review, and Reporting Process for Waivers for State Innovation		684
141	HHS	Health Care Reform Insurance Web Portal Requirements	19,500	65,706
142	HHS	Medicare Program: Proposed Changes to the Medicare Advantage and the Medicare Prescription Drug Benefit Programs for Contract Year 2013 and Other Proposed Changes; Considering Changes to the Conditions of Participation for Long Term Care Facilities; Proposed Rule		6,474,028
143	HHS/CMS	Minimum Data Set for Medicaid Incentives for Prevention of Chronic Diseases Program Grantees		3,467

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144	HHS/CMS	Durable Medical Equipment Face-to-Face Requirements		108,333
145	HHS/CDC	Adoption, Health Impact and Cost of Smoke-Free Multi-Unit Housing Policies		1,920
146	HHS/HAS	Healthy Weight Collaborative		136
147	TREAS/IRS	REG-136008-11 - Fees on Health Insurance Policies and Self-Insured Plans for the Patient-Centered Outcomes Research Trust Fund		833
148	HHS/CMS	Home and Community-Based State Plan Services Program and Provider Payment Reassignments		2,725
149	HHS/CMS	Covered Outpatient Drugs	148,500	242,712
150	HHS/CMS	Reporting and Returning of Overpayments		1,562,500
151	HHS/CMS	Establishment of Exchange Program Part II; Appeals of Eligibility Determinations and Oversight and Financial Integrity		179,499
152	HHS/CMS	Medicaid Eligibility Changes Under the Affordable Care Act - Part II		11,079,732
153	DOL/EBSA	Filings Required of Multiple Employer Welfare Arrangements and Certain Other Entities That Offer or Provide Coverage for Medical Care to the Employees of Two or More Employers	7,298	3,854
154	DOL/EBSA	Ex Parte Cease and Desist and Summary Seizure Orders Under ERISA Section 521		20
155	HHS	Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2014; Proposed Rule		10,762,078
156	HHS	Health and Human Services Acquisition		11,276

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	Agency	Rule Title	One-time Burden	Annual Burden
		<u>Regulation</u>		
157	HHS/CMS	<u>Medicare, Medicaid, Children's Health Insurance Programs; Transparency Reports and Reporting of Physician Ownership or Investment Interests; Final Rule</u>	75,448,540	45,982,371
158	HHS	<u>Patient Protection and Affordable Care Act; Health Insurance Market Rules; Rate Review</u>		84,313
159	HHS/CMS	<u>Medicare and Medicaid Programs; Electronic Health Record Initiative - Stage 2; Health Information Technology: Standards, Implementation Specifications, and Certification Criteria for Electronic Health Record Technology, 2014 Edition; Revisions to the Perm</u>		2,034,740.76
160	HHS/CMS	<u>Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule, DME Face-to-Face Encounters, Elimination of the Requirement for Termination of Non-Random Prepayment Complex Medical Review and Other Revisions to Part B for CY 2013; Final</u>		365,179
161	HHS/CMS	<u>Administrative Simplification: Adoption of a Standard for a Unique Health Plan Identifier; Addition to the National Provider Identifier Requirements; and a Change to the Compliance Date for the International Classification of Diseases, 10th Edition (ICD-1</u>		60,300

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162	HHS/CMS	Medicare Program; End-Stage Renal Disease Prospective Payment System, Quality Incentive Program, and Bad Debt Reductions for All Medicare Providers; Final Rule		440,075
163	HHS	Patient Protection and Affordable Care Act; Standards Related to Essential Health Benefits, Actuarial Value, and Accreditation		294,390
164	HHS	Patient Protection and Affordable Care Act; Exchange Functions: Eligibility for Exemptions; Miscellaneous Minimum Essential Coverage Provisions		3,265,643
165	HHS/CMS	Medicare Program; Medical Loss Ratio Requirements for the Medicare Advantage and the Medicare Prescription Drug Benefit Programs	90,000	26,028
166	TREAS/IRS	Health Insurance Providers Fee		400
167	HHS/CMS	Medicare Program; Requirements for the Medicare Incentive Reward Program and Provider Enrollment		745
168	TREAS/IRS	Rules Relating to Additional Medicare Tax		1,900,000
169	DOL/EBSA	Ninety-Day Waiting Period Limitation and Technical Amendments to Certain Health Coverage Requirements Under the Affordable Care Act		-341,000
170	TREAS/IRS	Community Health Needs Assessments for Charitable Hospitals		270,160
171	DOL/EBSA, HHS/CMS, TREAS/IRS	Coverage of Certain Preventive Services Under the Affordable Care Act		2.5

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172	HHS/CMS	<u>Medicare and Medicaid Programs; Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Electronic Reporting Pilot; Inpatient Rehabilitation Facilities Quality Reporting Program; Revisions to</u>		2,461
173	TREAS/IRS, DOL/EBSA, HHS	<u>Incentives for Nondiscriminatory Wellness Programs in Group Health Plans; Proposed Rule</u>		217,650
174	TREAS/IRS	<u>Net Investment Income Tax; Proposed Rule</u>		377,000
		TOTAL BURDEN HOURS	78,957,868	189,822,836