
Professional Certificate in Regulatory Compliance in Health Care

Unit 2: Health Care Laws and Regulations

****Accreditation****

Accreditation is the process by which a healthcare organization is evaluated and recognized for meeting established standards and guidelines. In the United States, accreditation is typically granted by organizations such as The Joint Commission, the Commission on Accreditation of Rehabilitation Facilities (CARF), and the Council on Accreditation (COA). Accreditation helps ensure that healthcare organizations provide high-quality care and services, and it is often required for participation in federal and state healthcare programs.

Related terms: The Joint Commission, CARF, COA, healthcare accreditation, healthcare quality

****Advance Directive****

An advance directive is a legal document that outlines a person's wishes for medical treatment in the event that they become unable to make decisions for themselves. There are two main types of advance directives: living wills and health care powers of attorney. A living will specifies the types of medical treatments that a person wants or does not want, while a health care power of attorney designates someone else to make medical decisions on their behalf.

Related terms: Living will, health care power of attorney, healthcare proxy, end-of-life care

****Affordable Care Act (ACA)****

The Affordable Care Act (ACA), also known as Obamacare, is a comprehensive healthcare reform law passed in 2010. The ACA aims to increase access to affordable healthcare coverage, improve the quality of care, and reduce healthcare costs. The law includes provisions such as the individual mandate, which requires most Americans to have health insurance or pay a penalty, and the creation of health insurance marketplaces where individuals and small businesses can purchase coverage.

Related terms: Individual mandate, health insurance marketplaces, healthcare reform, Obamacare

****Anti-kickback Statute (AKS)****

The Anti-kickback Statute (AKS) is a federal law that prohibits the exchange of anything of value in return for referrals of federal healthcare program business, such as Medicare or Medicaid. The AKS is intended to prevent healthcare providers from engaging in fraudulent or abusive practices that could lead to unnecessary or excessive healthcare services being provided. Violations of the AKS can result in significant fines and criminal penalties.

Related terms: Federal healthcare program, Medicare, Medicaid, healthcare fraud, abuse

****Breach of Confidentiality****

A breach of confidentiality occurs when private or sensitive information is disclosed to unauthorized individuals without the consent of the person to whom the information pertains. In healthcare, breaches of confidentiality can have serious consequences, including loss of trust between patients and healthcare providers, legal liability, and damage to the reputation of healthcare organizations.

Related terms: Protected Health Information (PHI), Health Insurance Portability and Accountability Act (HIPAA), confidentiality, patient privacy

****Clinical Laboratory Improvement Amendments (CLIA)****

The Clinical Laboratory Improvement Amendments (CLIA) are federal regulations that establish quality standards for all laboratory testing performed on humans in the United States. CLIA requires laboratories to be certified by the Centers for Medicare and Medicaid Services (CMS) and to meet certain standards for personnel, facilities, equipment, and testing procedures.

Related terms: Centers for Medicare and Medicaid Services (CMS), laboratory testing, healthcare quality

****Conditions of Participation (CoPs)****

Conditions of Participation (CoPs) are federal regulations that establish the requirements that healthcare organizations must meet in order to participate in the Medicare and Medicaid programs. CoPs cover a wide range of areas, including patient rights, quality of care, infection control, and medical record-keeping.

Related terms: Medicare, Medicaid, patient rights, quality of care, infection control

****Electronic Health Record (EHR)****

An Electronic Health Record (EHR) is a digital version of a patient's medical record. EHRs typically include information such as medical history, medications, test results, and treatment plans. EHRs can be shared electronically between healthcare providers, which can improve the coordination and continuity of care.

Related terms: Electronic medical record (EMR), personal health record (PHR), healthcare information technology

****Emergency Medical Treatment and Active Labor Act (EMTALA)****

The Emergency Medical Treatment and Active Labor Act (EMTALA) is a federal law that requires hospitals that participate in the Medicare program to provide emergency medical screening and stabilizing treatment to all patients, regardless of their ability to pay. EMTALA is intended to ensure that patients receive necessary medical care in emergency situations, regardless of their financial or insurance status.

Related terms: Medicare, emergency medical care, healthcare access

****False Claims Act (FCA)****

The False Claims Act (FCA) is a federal law that prohibits the submission of false or fraudulent claims to the federal government. The FCA is often used to combat healthcare fraud, including billing fraud, kickback schemes, and the provision of unnecessary or excessive medical services. Violations of the FCA can result in significant fines and criminal penalties.

Related terms: Healthcare fraud, billing fraud, kickback schemes, unnecessary medical services

****Health Information Technology for Economic and Clinical Health (HITECH) Act****

The Health Information Technology for Economic and Clinical Health (HITECH) Act is a federal law that was enacted in 2009 to promote the adoption and meaningful use of health information technology, including electronic health records (EHRs). The HITECH Act includes provisions to improve the privacy and security of electronic health information, as well as incentives for healthcare providers to adopt EHRs.

Related terms: Electronic health record (EHR), healthcare information technology, privacy, security, meaningful use

****Health Insurance Portability and Accountability Act (HIPAA)****

The Health Insurance Portability and Accountability Act (HIPAA) is a federal law that establishes national standards for the protection of personal health information (PHI). HIPAA requires healthcare organizations to implement safeguards to protect PHI from unauthorized access, disclosure, or use. HIPAA also establishes requirements for the sharing of PHI between healthcare providers and insurance companies.

Related terms: Personal health information (PHI), healthcare privacy, healthcare security, healthcare information technology

****Healthcare Quality Improvement Act (HCQIA)****

The Healthcare Quality Improvement Act (HCQIA) is a federal law that provides liability protections for healthcare professionals who participate in peer review processes. HCQIA is intended to encourage healthcare professionals to report and address quality of care concerns without fear of retaliation or legal liability.

Related terms: Peer review, quality of care, healthcare liability, medical malpractice

****Institutional Review Board (IRB)****

An Institutional Review Board (IRB) is a committee that reviews and monitors research involving human subjects to ensure that the research is conducted ethically and in compliance with federal regulations. IRBs are typically established by healthcare organizations or research institutions, and they are responsible for reviewing study protocols, informed consent documents, and other study-related materials.

Related terms: Human subjects research, federal regulations, ethical research, informed consent

****Licensure****

Licensure is the process by which a healthcare professional is granted the legal authority to practice their profession in a particular state or jurisdiction. Licensure typically requires the completion of an accredited education program, the successful completion of a licensing exam, and the fulfillment of other state-specific requirements.

Related terms: Accreditation, healthcare education, licensing exam, state-specific requirements

****Medicaid****

Medicaid is a federal-state program that provides healthcare coverage to low-income individuals and families. Medicaid is administered by the states, but it is funded jointly by the federal government and the states. Medicaid covers a wide range of healthcare services, including hospitalizations, physician visits, and prescription medications.

Related terms: Federal-state program, low-income individuals, healthcare coverage, hospitalizations, physician visits, prescription medications

****Medicare****

Medicare is a federal health insurance program that provides coverage to individuals who are 65 years of age or older, as well as to certain younger individuals with disabilities. Medicare is funded through payroll taxes, premiums, and general revenue. Medicare covers a wide range of healthcare services, including hospitalizations, physician visits, and prescription medications.

Related terms: Federal health insurance program, 65 years of age or older, disabilities, hospitalizations, physician visits, prescription medications

****Mental Health Parity and Addiction Equity Act (MHPAEA)****

The Mental Health Parity and Addiction Equity Act (MHPAEA) is a federal law that requires health insurance plans to provide equal coverage for mental health and substance use disorders as they