

HR 2973

Medicare Innovation Responsiveness Act of 2001

Congress: 107 (2001–2003, Ended)

Chamber: House

Policy Area: Health

Introduced: Oct 2, 2001

Current Status: Referred to the Subcommittee on Health, for a period to be subsequently determined by the Chairman.

Latest Action: Referred to the Subcommittee on Health, for a period to be subsequently determined by the Chairman. (Oct 15, 2001)

Official Text: <https://www.congress.gov/bill/107th-congress/house-bill/2973>

Sponsor

Name: Rep. Ramstad, Jim [R-MN-3]

Party: Republican • **State:** MN • **Chamber:** House

Cosponsors (1 total)

Cosponsor	Party / State	Role	Date Joined
Rep. Thurman, Karen L. [D-FL-5]	D · FL		Oct 2, 2001

Committee Activity

Committee	Chamber	Activity	Date
Energy and Commerce Committee	House	Referred to	Oct 15, 2001
Ways and Means Committee	House	Referred to	Oct 11, 2001

Subjects & Policy Tags

Policy Area:

Health

Related Bills

No related bills are listed.

Summary (as of Oct 2, 2001)

Medicare Innovation Responsiveness Act of 2001 - Amends part D (Miscellaneous Provisions) of title XVIII (Medicare) of the Social Security Act (SSA) to: (1) prescribe criteria for the Secretary of Health and Human Services to use in making national coverage determinations; (2) establish deadlines for the Secretary to use in implementing national coverage determinations for new technology; and (3) establish deadlines for the Secretary to use in incorporating the coverage, coding, and payment determinations into information processing systems to make payments for the item or service.

Directs the Secretary to establish an Office of Technology and Innovation in the Centers for Medicare and Medicaid Services, headed by a Director charged with promoting access by Medicare beneficiaries to new medical technologies and innovations and improving overseeing implementation of coverage determinations.

Provides for annual adjustments to Medicare payment systems for changes in technology and medical practice using internal and external data with respect to: (1) the inpatient prospective payment system (PPS); (2) the physician fee schedule; (3) ambulatory surgical center payments; and (4) the outpatient PPS.

Revises requirements for the recognition of the costs of new medical services and technologies under the inpatient hospital PPS. Mandates a mechanism under which new medical services and technologies are incorporated into such PPS.

Directs the Secretary to establish by regulation a process for the assignment of inpatient hospital codes each calendar quarter for new medical services and technologies.

Requires the Secretary to establish a process for the assignment of Health Care Financing Administration Common Procedure Coding System (HCPCS) Level II codes each calendar quarter for new medical services and technologies.

Amends the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 to provide for permanent retention of HCPCS Level III codes.

Revises requirements for the use of carriers for administration of benefits with respect to the inherent reasonableness of valid data, including valid retail data.

Actions Timeline

- **Oct 15, 2001:** Referred to the Subcommittee on Health, for a period to be subsequently determined by the Chairman.
- **Oct 11, 2001:** Referred to the Subcommittee on Health.
- **Oct 2, 2001:** Introduced in House
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- **Oct 2, 2001:** Referred to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.
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