

HR 4112

Medicare Rural Access Preservation Act of 2002

Congress: 107 (2001–2003, Ended)

Chamber: House

Policy Area: Health

Introduced: Apr 9, 2002

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.
(Apr 23, 2002)

Official Text: <https://www.congress.gov/bill/107th-congress/house-bill/4112>

Sponsor

Name: Rep. McInnis, Scott [R-CO-3]

Party: Republican • State: CO • Chamber: House

Cosponsors (7 total)

Cosponsor	Party / State	Role	Date Joined
Rep. Foley, Mark [R-FL-16]	R · FL		Apr 11, 2002
Rep. Schaffer, Bob [R-CO-4]	R · CO		Apr 11, 2002
Rep. Watkins, Wes [R-OK-3]	R · OK		Apr 11, 2002
Rep. Latham, Tom [R-IA-5]	R · IA		Apr 18, 2002
Rep. Lewis, Ron [R-KY-2]	R · KY		Apr 18, 2002
Rep. Pomeroy, Earl [D-ND-At Large]	D · ND		Apr 18, 2002
Rep. Stupak, Bart [D-MI-1]	D · MI		May 9, 2002

Committee Activity

Committee	Chamber	Activity	Date
Energy and Commerce Committee	House	Referred to	Apr 23, 2002
Ways and Means Committee	House	Referred To	Apr 9, 2002

Subjects & Policy Tags

Policy Area:

Health

Related Bills

No related bills are listed.

Medicare Rural Access Preservation Act of 2002 - Amends title XVIII (Medicare) of the Social Security Act (SSA), with respect to covered outpatient department (OPD) services furnished in sole community hospitals during 2003 or 2004, to require that the payment due be increased by the difference between the two amounts whenever the prospective payment system (PPS) amount is less than the pre-BBA amount (the amount determined before enactment of the Balanced Budget Act of 1997).

Increases by 20 percent the Medicare payment for home health care furnished in a frontier area during 2003 through 2006.

Permits hospitals to increase temporarily above 15 the number of acute care inpatient beds, provided the hospital will maintain an annual average daily inpatient census of not more than 12 beds.

Increases by 15 percent the Medicare payment for hospice care furnished in a frontier area during 2003 through 2006.

Prohibits the Secretary of Human Services and a fiscal intermediary from taking action to deny payment for hospice care for an individual on the basis that the individual is not terminally ill if the individual dies within six months of the date admitted into the hospice program. Directs the Administrator of the Centers for Medicare and Medicaid Services to evaluate the standards used by fiscal intermediaries in denying a physician certification that an individual is terminally ill.

Actions Timeline

- **Apr 23, 2002:** Referred to the Subcommittee on Health, for a period to be subsequently determined by the Chairman.
- **Apr 9, 2002:** Introduced in House
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- **Apr 9, 2002:** 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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