

## HR 5321

### Improving Our Well-Being Act of 2002

**Congress:** 107 (2001–2003, Ended)

**Chamber:** House

**Policy Area:** Health

**Introduced:** Sep 4, 2002

**Current Status:** Referred to the Subcommittee on Health.

**Latest Action:** Referred to the Subcommittee on Health. (Sep 23, 2002)

**Official Text:** <https://www.congress.gov/bill/107th-congress/house-bill/5321>

## Sponsor

**Name:** Rep. Boswell, Leonard L. [D-IA-3]

**Party:** Democratic • **State:** IA • **Chamber:** House

## Cosponsors (1 total)

Cosponsor	Party / State	Role	Date Joined
Rep. Leach, James A. [R-IA-1]	R · IA		Sep 4, 2002

## Committee Activity

Committee	Chamber	Activity	Date
Energy and Commerce Committee	House	Referred to	Sep 23, 2002
Ways and Means Committee	House	Referred To	Sep 4, 2002

## Subjects & Policy Tags

### Policy Area:

Health

## Related Bills

No related bills are listed.

## **Summary** (as of Sep 4, 2002)

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Improving Our Well-Being Act of 2002 - Amends title XVIII (Medicare) of the Social Security Act (SSA) to eliminate the geographic physician work adjustment factor from geographic indices used to adjust payments under the Medicare physician fee schedule.

Directs the Comptroller General to study and report to Congress on differences in payment amounts under the Medicare physician fee schedule for physicians' services in different geographic areas.

Directs the Secretary of Health and Human Services to establish procedures under which the Secretary, and not the physician furnishing a service, is responsible for determining when a Medicare incentive payment must be made.

Increases the amount of payment to certain non-teaching hospitals for inpatient hospital services during FY 2003 through 2005 according to a specified formula.

Revises the Medicare payment rate for hospitals in areas other than large urban areas to reflect the full market basket increase without the 0.55 percentage point reduction currently required.

Requires the Secretary to: (1) equalize urban and rural standardized payments under the Medicare Inpatient Hospital Prospective Payment System; and (2) increase payments for certain services furnished by small rural hospitals and services that benefit low-volume hospitals.

Revises provisions, reimbursement procedures, payments, and ambulance services for specified hospitals.

Reinstates the Medicare periodic interim payment for critical access hospitals.

Requires the Secretary to pay the reasonable cost of home health services expended by certain home health agencies and increase the Medicare reimbursement rate for rural health clinics.

Extends an increase for Medicare home health services furnished in rural areas and the availability of Medicare cost contracts for Medicare beneficiaries.

Amends SSA title V (Maternal and Child Health Services)(SSA) to direct the Secretary to make grants to States to improve dental services to children enrolled in a State plan under title XIX (Medicaid) or title XXI (State Children's Health Insurance Program) (SCHIP).

Amends the Public Health Service Act to establish a grant program for eligible entities and individuals (including Indian tribes) to expand the availability of primary dental care services where necessary.

Directs the Secretary to establish demonstration projects to increase access to dental services for children in underserved areas.

## Actions Timeline

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- **Sep 23, 2002:** Referred to the Subcommittee on Health.
- **Sep 4, 2002:** Introduced in House
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- **Sep 4, 2002:** Referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, 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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