# S 2766

Prescription Drug and Health Improvement Act of 2004

**Congress:** 108 (2003–2005, Ended)
**Chamber:** Senate
**Policy Area:** Health
**Introduced:** Jul 22, 2004
**Current Status:** Read twice and referred to the Committee on Finance.
**Latest Action:** Read twice and referred to the Committee on Finance. (Jul 22, 2004)
**Official Text:** https://www.congress.gov/bill/108th-congress/senate-bill/2766

## Sponsor

**Name:** Sen. Specter, Arlen [R-PA]
**Party:** Republican • **State:** PA • **Chamber:** Senate

## Cosponsors

*No cosponsors are listed for this bill.*

## Committee Activity

| Committee | Chamber | Activity | Date |
|---|---|---|---|
| Finance Committee | Senate | Referred To | Jul 23, 2004 |

## Subjects & Policy Tags

**Policy Area:**

Health

## Related Bills

*No related bills are listed.*

## Summary (as of Jul 22, 2004)

Prescription Drug and Health Improvement Act of 2004 - Amends title XVIII (Medicare) of the Social Security Act (SSA), as amended by the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, with respect to prescription drug plans, to repeal the prohibition against interference by the Secretary of Health and Human Services (HHS) with negotiations between drug manufacturers and pharmacies and prescription drug plan sponsors, and against the Secretary's requiring a particular formulary or instituting a price structure for the reimbursement of covered part D (Voluntary Prescription Drug Benefit Program) drugs. Grants the Secretary authority similar to that of other Federal entities that purchase prescription drugs in bulk to negotiate contracts with manufacturers of covered part D drugs.

Directs the HHS Secretary report regularly to Congress a comparison of the prices for covered part D drugs with the average price a retail pharmacy would charge an individual who does not have health insurance coverage for purchasing the same strength, quanity, and dosage form of such drugs.

Amends SSA title XVIII to eliminate the initial standard prescription drug coverage limit of $2,250 (adjusted for inflation).

Amends the Public Health Service Act to require the HHS Secretary to make grants available to States to establish reporting systems designed according to guidelines developed by the Agency for Healthcare Research and Quality to reduce medical errors and improve health care quality.

Authorizes the Secretary, acting through the Director of the Agency, to establish a program funding at least 15 demonstration projects to determine the causes of medical errors and develop specified methods to reduce them.

Directs the Secretary to: (1) provide for establishment of a national database of medical errors; (2) educate patients and family members about their role in reducing medical errors; (3) develop programs that encourage patients to take a more active role in their medical treatment; and (4) make grants to health professional associations and other organizations to provide training in ways to reduce medical errors.

Establishes in the Treasury a Trust Fund for Medical Treatment Outcomes research.

Directs the HHS Secretary to: (1) provide grants and contracts to enhance development of information technology standards by the private sector; and (2) establish programs of medical student tutorial program grants and of general medical practice grants.

Increases the Medicare reimbursement for physician assistants, nurse practitioners, and clinical nurse specialists. Requires Medicaid coverage of such health professionals as well as certified registered nurse anesthetists.

## Actions Timeline

- **Jul 22, 2004:** Introduced in Senate
- **Jul 22, 2004:** Sponsor introductory remarks on measure. (CR S8754-8755)
- **Jul 22, 2004:** Read twice and referred to the Committee on Finance.

Generated by **LegiList** — https://legilist.com · Public data belongs to the public.