

HR 4903

Medicare Advantage and Prescription Drug Accountability Act of 2004

Congress: 108 (2003–2005, Ended)

Chamber: House

Policy Area: Health

Introduced: Jul 22, 2004

Current Status: Referred to the Subcommittee on Health.

Latest Action: Referred to the Subcommittee on Health. (Aug 3, 2004)

Official Text: <https://www.congress.gov/bill/108th-congress/house-bill/4903>

Sponsor

Name: Rep. Brown, Sherrod [D-OH-13]

Party: Democratic • State: OH • Chamber: Senate

Cosponsors (4 total)

| Cosponsor | Party / State | Role | Date Joined |
|------------------------------------|---------------|------|--------------|
| Rep. Dingell, John D. [D-MI-15] | D · MI | | Jul 22, 2004 |
| Rep. Rangel, Charles B. [D-NY-15] | D · NY | | Jul 22, 2004 |
| Rep. Stark, Fortney Pete [D-CA-13] | D · CA | | Jul 22, 2004 |
| Rep. Waxman, Henry A. [D-CA-30] | D · CA | | Jul 22, 2004 |

Committee Activity

| Committee | Chamber | Activity | Date |
|-------------------------------|---------|-------------|--------------|
| Energy and Commerce Committee | House | Referred to | Jul 22, 2004 |
| Ways and Means Committee | House | Referred to | Aug 3, 2004 |

Subjects & Policy Tags

Policy Area:

Health

Related Bills

No related bills are listed.

Medicare Advantage and Prescription Drug Accountability Act of 2004 - Amends part C (Medicare+Choice) of title XVIII (Medicare) of the Social Security Act (SSA) to: (1) require the contract with a Medicare Advantage (MA) organization to provide for a minimum loss ratio and a maximum administrative cost ratio both to be established by the Secretary of Health and Human Services (HHS); and (2) provide for the audit of administrative costs and compliance with the Federal Acquisition Regulation.

Applies all the requirements of this Act, with appropriate adaptations, to contracts with prescription drug sponsors and prescription drug plans under part D (Voluntary Prescription Drug Benefit Program) of SSA title XVIII.

Amends part C of SSA title XVIII to require each MA organization to provide annually to the Secretary information on each MA plan it offers to establish financial transparency, including a functional listing of the organization's administrative costs, profits, and investment income.

Provides that an election to enroll with an MA plan shall not be effective unless the election form is signed by the individual and specifically acknowledges: (1) that premiums, cost sharing requirements, and benefits under the plan may change at the beginning of each 12-month contract period; (2) the individual may lose coverage of the individual's physician or other provider at the beginning of each such period; (3) the plan may be terminated at the beginning of any such period; and (4) premiums and benefits under the plan may vary based on the county or other MA area in which the plan is offered.

Directs the Secretary to transmit to Congress annual Medicare Advantage accountability and prescription drug reports that include, among other things, a detailed analysis of geographic variation in cost-sharing and premiums.

Requires the HHS Inspector General to audit periodically a representative sample of determinations made by the Secretary regarding MA plans that provide for an actuarially equivalent level of benefits to ensure that the Secretary is only approving plans with benefits that are actuarially equivalent.

Directs the Secretary to report to Congress a comparison of the average benefit payments, administrative costs, profits, and investment income for MA plans with corresponding aspects of the fee-for-service programs under Medicare parts A (Hospital Insurance) and B (Supplementary Medical Insurance) and for group and individual Medicare supplemental policies.

Actions Timeline

- **Aug 3, 2004:** Referred to the Subcommittee on Health.
- **Jul 22, 2004:** Introduced in House
- **Jul 22, 2004:** Introduced in House
- **Jul 22, 2004:** 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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- **Jul 22, 2004:** Referred to the Subcommittee on Health, for a period to be subsequently determined by the Chairman.