

HR 4103

Medicare Advantage and Prescription Drug Accountability Act of 2005

Congress: 109 (2005–2007, Ended)

Chamber: House

Policy Area: Health

Introduced: Oct 20, 2005

Current Status: Referred to the Subcommittee on Health.

Latest Action: Referred to the Subcommittee on Health. (Nov 4, 2005)

Official Text: <https://www.congress.gov/bill/109th-congress/house-bill/4103>

Sponsor

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

Party: Democratic • State: OH • Chamber: Senate

Cosponsors (5 total)

Cosponsor	Party / State	Role	Date Joined
Rep. Dingell, John D. [D-MI-15]	D · MI		Oct 20, 2005
Rep. Rangel, Charles B. [D-NY-15]	D · NY		Oct 20, 2005
Rep. Schakowsky, Janice D. [D-IL-9]	D · IL		Oct 20, 2005
Rep. Stark, Fortney Pete [D-CA-13]	D · CA		Oct 20, 2005
Rep. Waxman, Henry A. [D-CA-30]	D · CA		Oct 20, 2005

Committee Activity

Committee	Chamber	Activity	Date
Energy and Commerce Committee	House	Referred to	Nov 4, 2005
Ways and Means Committee	House	Referred To	Oct 20, 2005

Subjects & Policy Tags

Policy Area:

Health

Related Bills

No related bills are listed.

Medicare Advantage and Prescription Drug Accountability Act of 2005 - Amends title XVIII (Medicare) of the Social Security Act to require the contract with an Medicare Advantage (MA) organization to provide for a minimum loss ratio (aggregate average benefits that are at least a minimum ratio of the aggregate average revenues collected under the contract) and a maximum administrative cost ratio (aggregate average administrative costs that do not exceed a maximum ratio of the aggregate average revenues collected under the contract).

Requires each contract with a Medicare+Choice organization to grant the Secretary of Health and Human Services the right to audit and inspect any books and records of the organization for compliance with such ratio and related administrative cost requirements.

Applies such requirements to contracts with prescription drug sponsors under Medicare part D (Voluntary Prescription Drug Benefit Program).

Prescribes requirements for financial transparency of MA plans.

Renders an election to enroll with an MA plan ineffective unless the election form is signed by the individual and specifically acknowledges specified plan features.

Applies such requirements to prescription drug plans under Medicare part D.

Directs the Secretary to transmit to Congress annual MA accountability and prescription drug accountability reports.

Requires periodic audits by the departmental Inspector General of the Secretary's determinations about the actuarial equivalency of MA plans.

Requires each prescription drug plan sponsor with respect to a prescription drug plan, and each MA organization with respect to an MA-PD plan, to report annually to the Inspector General on drug claims rejections and reversals on appeal.

Directs the Secretary to appoint a Medicare prescription drug ombudsman.

Actions Timeline

- **Nov 4, 2005:** Referred to the Subcommittee on Health.
- **Oct 20, 2005:** Introduced in House
- **Oct 20, 2005:** Introduced in House
- **Oct 20, 2005:** 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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