

S 1471

Improved Medical Decision Incentive Act of 2007

**Congress:** 110 (2007–2009, Ended)

**Chamber:** Senate

**Policy Area:** Health

**Introduced:** May 24, 2007

**Current Status:** Read twice and referred to the Committee on Finance.

**Latest Action:** Read twice and referred to the Committee on Finance. (May 24, 2007)

**Official Text:** <https://www.congress.gov/bill/110th-congress/senate-bill/1471>

Sponsor

**Name:** Sen. Whitehouse, Sheldon [D-RI]

**Party:** Democratic • **State:** RI • **Chamber:** Senate

Cosponsors (3 total)

Cosponsor	Party / State	Role	Date Joined
Sen. Casey, Robert P., Jr. [D-PA]	D · PA		Jun 29, 2007
Sen. Reed, Jack [D-RI]	D · RI		Jun 29, 2007
Sen. Durbin, Richard J. [D-IL]	D · IL		Oct 4, 2007

Committee Activity

Committee	Chamber	Activity	Date
Finance Committee	Senate	Referred To	May 24, 2007

Subjects & Policy Tags

**Policy Area:**

Health

Related Bills

No related bills are listed.

Improved Medical Decision Incentive Act of 2007 - Allows a state health department to approve best practices in a course of, or as a means of treatment for, a particular condition, illness, or procedure, as the qualifying standard of care for the state in order to take advantage of the differential rates of payment implemented under the Social Security Act and the private insurance incentive under this Act.

Requires a state health department, among other conditions for state approval, to allow any duly constituted state medical society or medical specialty group to file with the state health department a course or means of treatment representing best practices for a particular condition, illness, or procedure.

Requires any interstate health insurer providing health care coverage within a state with approved qualifying best practices to pay all provider charges for any service provided in accordance with such practices.

Authorizes any such provider or specialty group to bring a civil action in an appropriate U.S. district court to enjoin efforts by any health insurer to challenge or delay payment for services provided by the provider or a member of the specialty group in accordance with such best practices.

Amends titles XVIII (Medicare) and XIX (Medicaid) to provide for implementation of differential rates of payment for covered items and services that favor treatment consistent with qualifying best practices under the Medicare and Medicaid programs.

Requires the Secretary of Health and Human Services, acting through the Administrator of the Centers for Medicare & Medicaid Services, to review annually and report to Congress on the efficacy of all qualifying best practices approved pursuant to this Act and, if applicable, any national best practices adopted pursuant to this Act.

Requires the Secretary also to host an annual conference on best practices for all state health directors, any state medical societies and medical specialty groups that have filed best practices for state approval, and any health insurers and advocacy groups that have participated in any administrative proceeding to approve best practices.

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## **Actions Timeline**

- **May 24, 2007:** Introduced in Senate
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