

S 2687

Medicare Beneficiary Protection Act of 2008

Congress: 110 (2007–2009, Ended)

Chamber: Senate

Policy Area: Health

Introduced: Mar 3, 2008

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

Latest Action: Read twice and referred to the Committee on Finance. (Mar 3, 2008)

Official Text: <https://www.congress.gov/bill/110th-congress/senate-bill/2687>

Sponsor

Name: Sen. Snowe, Olympia J. [R-ME]

Party: Republican • State: ME • Chamber: Senate

Cosponsors (4 total)

Cosponsor	Party / State	Role	Date Joined
Sen. Rockefeller, John D., IV [D-WV]	D · WV		Mar 3, 2008
Sen. Whitehouse, Sheldon [D-RI]	D · RI		Mar 12, 2008
Sen. Sanders, Bernard [I-VT]	I · VT		Apr 17, 2008
Sen. Boxer, Barbara [D-CA]	D · CA		Jul 25, 2008

Committee Activity

Committee	Chamber	Activity	Date
Finance Committee	Senate	Referred To	Mar 3, 2008

Subjects & Policy Tags

Policy Area:

Health

Related Bills

Bill	Relationship	Last Action
110 HR 6359	Identical bill	Jun 30, 2008: Referred to the Subcommittee on Health.

Medicare Beneficiary Protection Act of 2008 - Amends title XVIII (Medicare) of the Social Security Act to direct the Secretary of Health and Human Services to develop and maintain a Medicare plan complaint system.

Requires non-network Medicare Advantage private fee-for-service plans to disclose providers that refuse to accept certain enrollees in the plan.

Prohibits certain marketing practices with respect to Medicare Advantage plans and prescription drug plans, including provision for meals or other items of monetary value, telemarketing, cross-selling, and up-selling.

Revises enrollment requirements under Medicare parts C (Medicare+Choice) and D (Voluntary Prescription Drugs). Allows an individual to discontinue an election of a Medicare+Choice plan if enrolled fewer than 60 days. Changes the beginning date of the annual, coordinated election period for such a plan from November 15 to October 1.

Requires the Secretary, in establishing a process for the enrollment, disenrollment, termination, and change of enrollment of part D eligible individuals in prescription drug plans, to use rules similar to (and coordinated with) those under the Medicare+Choice program for a continuous open enrollment and disenrollment period for the first three months of the year in which an individual first becomes eligible.

Actions Timeline

- **Mar 3, 2008:** Introduced in Senate
- **Mar 3, 2008:** Read twice and referred to the Committee on Finance.