

## HR 7192

### Preserving Patient Access to Primary Care Act

**Congress:** 110 (2007–2009, Ended)

**Chamber:** House

**Policy Area:** Health

**Introduced:** Sep 27, 2008

**Current Status:** Referred to the Subcommittee on Health.

**Latest Action:** Referred to the Subcommittee on Health. (Sep 27, 2008)

**Official Text:** <https://www.congress.gov/bill/110th-congress/house-bill/7192>

### Sponsor

**Name:** Rep. Schwartz, Allyson Y. [D-PA-13]

**Party:** Democratic • **State:** PA • **Chamber:** House

### Cosponsors

*No cosponsors are listed for this bill.*

### Committee Activity

Committee	Chamber	Activity	Date
Education and Workforce Committee	House	Referred To	Sep 27, 2008
Energy and Commerce Committee	House	Referred to	Sep 27, 2008
Judiciary Committee	House	Referred To	Sep 27, 2008
Ways and Means Committee	House	Referred To	Sep 27, 2008

### Subjects & Policy Tags

#### Policy Area:

Health

### Related Bills

*No related bills are listed.*

Preserving Patient Access to Primary Care Act - Amends the Higher Education Act of 1965 to authorize the Secretary of Education to award recruitment incentive grants or contracts to graduate medical schools to enable them to improve primary care education and training for medical students.

Amends the Public Health Service Act (PHSA) to direct the Secretary of Health and Human Services, acting through the Administrator of the Health Resources and Services Administration, to: (1) award grants to critical shortage health facilities to enable them to provide scholarships to individuals who agree to serve as physicians at such facilities after completing a residency in the field of family practice, pediatrics, or internal medicine; and (2) establish an educational loan repayment program for individuals who agree to serve as primary care physicians in an area that is not a health professional shortage area.

Amends the Higher Education Act of 1965 to provide for deferment of education loans during medical residency and internships in family medicine, internal medicine, or pediatric medicine.

Amends the Immigration and Nationality Technical Corrections Act of 1994 to make permanent the Conrad State J-1 Visa Waiver Program.

Amends the Immigration and Nationality Act to exempt from the H-1 B Visa Limitation individuals awarded a medical speciality certification in internal medicine, pediatrics, or family medicine by the appropriate medical board based on post-doctoral training and experience in the United States.

Amends the PHSA to direct the Secretary to award grants to eligible state and local government entities for the development of informational materials that promote careers in primary care.

Amends title XIX (Medicaid) of the Social Security Act (SSA) to allow the use of Medicaid transformation payments for methods for improving medical assistance under Medicaid and SSA title XXI (Children's Health Insurance Program) (CHIP, formerly known as SCHIP) by encouraging certain medical practices to qualify as patient centered medical homes.

Establishes the Medicaid and CHIP Payment and Access Commission (MACPAC).

Amends SSA title XVIII (Medicare) to: (1) increase budget neutrality limits under the physician fee schedule to account for anticipated savings resulting from payments for certain services and the coordination of beneficiary care; and (2) require a separate Medicare payment for designated primary care services and comprehensive care coordination services.

Amends SSA title XVIII, as amended by the Medicare Improvements for Patients and Providers Act of 2008, to cover patient-centered medical home services.

Directs the Secretary to develop a methodology to increase payments for designated evaluation and management services provided by primary and principal care physicians.

Requires: (1) additional incentive payments for primary care services furnished in health professional shortage areas; (2) permanent extension of the floor on the Medicare work geographic adjustment under the physician fee schedule; and (3) permanent extension of the Medicare incentive payment program for physician scarcity areas.

Directs the Secretary to study and report to Congress on the process for determining relative value under the Medicare

physician fee schedule.

Eliminates cost sharing for preventive benefits and the time restriction for initial preventive physical examination.

Directs the Secretary to study and report to Congress on: (1) facilitating the receipt of Medicare preventive services by Medicare beneficiaries; and (2) increasing the ability of the physician to assist Medicare beneficiaries in obtaining needed prescriptions under Medicare part D (Voluntary Prescription Drug Benefit Program).

Requires additional payments to physicians for services to individuals with limited English proficiency (LEP).

Requires various specified studies.

## Actions Timeline

---

- **Sep 27, 2008:** Introduced in House
- **Sep 27, 2008:** Referred to the Committee on Energy and Commerce, and in addition to the Committees on the Judiciary, Education and Labor, and 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.
- **Sep 27, 2008:** Referred to the Subcommittee on Health.