

HR 1051

Sole Community Hospital Preservation Act of 2009

Congress: 111 (2009–2011, Ended)

Chamber: House

Policy Area: Health

Introduced: Feb 12, 2009

Current Status: Referred to the Subcommittee on Health.

Latest Action: Referred to the Subcommittee on Health. (Feb 13, 2009)

Official Text: <https://www.congress.gov/bill/111th-congress/house-bill/1051>

Sponsor

Name: Rep. Tanner, John S. [D-TN-8]

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

Cosponsors (8 total)

Cosponsor	Party / State	Role	Date Joined
Rep. Boucher, Rick [D-VA-9]	D · VA		Jun 3, 2009
Rep. McIntyre, Mike [D-NC-7]	D · NC		Jun 3, 2009
Rep. Moore, Dennis [D-KS-3]	D · KS		Jun 3, 2009
Rep. Hodes, Paul W. [D-NH-2]	D · NH		Jun 23, 2009
Rep. Filner, Bob [D-CA-51]	D · CA		Jul 14, 2009
Rep. Shea-Porter, Carol [D-NH-1]	D · NH		Jul 17, 2009
Rep. Wittman, Robert J. [R-VA-1]	R · VA		Dec 3, 2009
Rep. Welch, Peter [D-VT-At Large]	D · VT		Dec 8, 2009

Committee Activity

Committee	Chamber	Activity	Date
Energy and Commerce Committee	House	Referred to	Feb 13, 2009
Ways and Means Committee	House	Referred To	Feb 12, 2009

Subjects & Policy Tags

Policy Area:

Health

Related Bills

No related bills are listed.

Sole Community Hospital Preservation Act of 2009 - Amends title XVIII (Medicare) of the Social Security Act with respect to the prospective payment system (PPS) for hospital outpatient department (OPD) services, particularly the transitional adjustment for sole community hospitals to limit any decline in payment. Continues to hold sole community hospitals harmless from any decline in payment. Increases the payment for covered OPD services furnished on or after January 1, 2010, in a sole community hospital by the amount of any difference between the pre-Balanced Budget Act of 1997 (pre-BBA) amount and a lesser PPS amount.

Prescribes an increase of 7.1% in payment for such services (before the application of outliers and coinsurance). Permits the Secretary of Health and Human Services to revise such percentage based on a study comparing costs incurred by sole community hospitals located in rural areas by ambulatory payment classification groups (APCs) to costs incurred by hospitals located in urban areas. Bars any such increase in payment for devices, drugs, or biologicals.

Actions Timeline

- **Feb 13, 2009:** Referred to the Subcommittee on Health.
- **Feb 12, 2009:** Introduced in House
- **Feb 12, 2009:** Referred to House Energy and Commerce
- **Feb 12, 2009:** 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.
- **Feb 12, 2009:** Referred to House Ways and Means