

S 1262

Medical Efficiency and Delivery Improvement of Care Act (MEDIC) of 2009

Congress: 111 (2009–2011, Ended)

Chamber: Senate

Policy Area: Health

Introduced: Jun 15, 2009

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

Latest Action: Read twice and referred to the Committee on Finance. (Jun 15, 2009)

Official Text: <https://www.congress.gov/bill/111th-congress/senate-bill/1262>

Sponsor

Name: Sen. Cantwell, Maria [D-WA]

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

Cosponsors

No cosponsors are listed for this bill.

Committee Activity

Committee	Chamber	Activity	Date
Finance Committee	Senate	Referred To	Jun 15, 2009

Subjects & Policy Tags

Policy Area:

Health

Related Bills

Bill	Relationship	Last Action
111 HR 2844	Related bill	Jun 15, 2009: Referred to the Subcommittee on Health.
111 HR 2852	Related bill	Jun 15, 2009: Referred to the Subcommittee on Health.
111 HR 2350	Related bill	Jun 11, 2009: Referred to the Subcommittee on Higher Education, Lifelong Learning, and Competitiveness.
111 S 1174	Related bill	Jun 3, 2009: Read twice and referred to the Committee on Finance. (text of measure as introduced: CR S6036-6045)
111 S 973	Related bill	May 5, 2009: Read twice and referred to the Committee on Finance.
111 HR 914	Related bill	Mar 4, 2009: Ordered to be Reported by Voice Vote.

Medical Efficiency and Delivery Improvement of Care Act (MEDIC) of 2009 - Physician Workforce Enhancement Act of 2009 - Amends the Public Health Service Act to direct the Secretary of Health and Human Services (HHS), acting through the Administrator of the Health Resources and Services Administration (HRSA), to establish a program to provide loans to eligible hospitals to establish residency training programs.

Preserving Patient Access to Primary Care Act of 2009 - Amends the Higher Education Act of 1965 to authorize the Secretary of Education to award grants or contracts to enable graduate medical schools to improve primary care education and training for medical students.

Amends the Public Health Service Act to direct the HHS Secretary, acting through the HRSA Administrator, to award grants to enable critical shortage health facilities to provide scholarships to individuals who agree to serve as physicians at such facilities after completing a residency in a primary care field.

Directs the Secretary to establish a program of contracts with eligible individuals who agree to serve as primary care physicians or primary care providers in a primary care field and in an area that is not a health professional shortage area but has a critical shortage of primary care physicians and primary care providers. Requires the Secretary to agree to pay, for each year of such service, up to \$35,000 of the principal and interest of the individual's undergraduate or graduate educational loans.

Authorizes a similar loan repayment program for physicians in the fields of obstetrics and gynecology and certified nurse midwives.

Amends the Higher Education Act of 1965 to authorize deferment of medical student loans during residency and internships.

Amends the Public Health Service Act to direct the Secretary to award grants to eligible state and local government entities for development of informational materials that promote careers in primary care and encourage medical students, particularly those from disadvantaged backgrounds, to become primary care physicians.

Amends title XIX (Medicaid) of the Social Security Act (SSA) with respect to transformation grants to support patient-centered medical homes under Medicaid and SSA title XXI (Children's Health Insurance Program, or CHIP).

Amends SSA title XVIII (Medicare) to require the Secretary 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) pay for designated primary care services and comprehensive care coordination services furnished to an individual.

Authorizes Medicare coverage of patient-centered medical home services.

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

Creates an additional incentive payment program for primary care services furnished in health professional shortage areas.

Extends permanently the Medicare incentive payment program for physician scarcity areas.

Revises Medicare requirements for preventive services, eliminating the time restriction for an initial preventive physical examination as well as cost-sharing for preventive benefits.

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

Requires various studies and reports.

Directs the Medicare Payment Advisory Commission (MEDPAC) to assess the impact of changes in Medicare payment policies in improving access to and equity of payments to primary care physicians and primary care providers.

Outlines requirements for distribution of additional residency positions and the counting of resident time in outpatient settings and for didactic and scholarly activities and other activities.

Requires the Secretary to establish a process under which, in the case where a hospital with an approved medical residency program closes on or after the date of enactment of the Balanced Budget Act of 1997, the Secretary will increase the otherwise applicable resident limit for other hospitals.

Directs the Secretary to revise the 9th Statement of Work under the Quality Improvement Program to require that, in order to be an eligible Quality Improvement Organization (QIO) for the 9th Statement of Work contract cycle, a QIO shall provide assistance, including technical assistance, to physicians under the Medicare program that seek to acquire the elements necessary to be recognized as a patient-centered medical home practice under the National Committee for Quality Assurance's Physician Practice Connections--PCMH module.

Medicare Payment Improvement Act of 2009 - Directs the Secretary to determine a value index for each Medicare physician fee schedule area.

Home and Community Balanced Incentives Act of 2009 - Amends SSA title XIX to establish an enhanced federal medical assistance percentage (FMAP) for states to: (1) expand provision of non-institutionally-based long-term services and supports; and (2) maintain provision of home and community-based services (HCBS).

Authorizes grants to make structural changes to the state Medicaid program.

Revises the income eligibility level for HCBS services for elderly and disabled individuals.

Revises the income eligibility limit for the state option to provide HCBS services under a waiver. Replaces the income limit of 150% of the poverty line with a limit of 300% of the supplemental security income (SSI) benefit rate.

Authorizes additional state options with respect to HCBS services.

Applies spousal impoverishment rules to recipients of HCBS.

Project 2020: Building on the Promise of Home and Community-Based Services Act of 2009 - Amends the Social Security Act to add a new title XXII (Long-Term Services and Supports), requiring the Secretary to establish and carry out a single-entry point system program, a healthy living program, and an enhanced nursing home diversion program.

Actions Timeline

- **Jun 15, 2009:** Introduced in Senate
- **Jun 15, 2009:** Sponsor introductory remarks on measure. (CR S6589-6590)
- **Jun 15, 2009:** Read twice and referred to the Committee on Finance.