

S 2997

A bill to amend title XVIII of the Social Security Act to provide for the update under the Medicare physician fee schedule for years beginning with 2010 and to sunset the application of the sustainable growth rate formula, and for other purposes.

Congress: 111 (2009–2011, Ended)

Chamber: Senate

Policy Area: Health

Introduced: Feb 4, 2010

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

Latest Action: Read twice and referred to the Committee on Finance. (Feb 4, 2010)

Official Text: <https://www.congress.gov/bill/111th-congress/senate-bill/2997>

Sponsor

Name: Sen. Wicker, Roger F. [R-MS]

Party: Republican • **State:** MS • **Chamber:** Senate

Cosponsors

No cosponsors are listed for this bill.

Committee Activity

Committee	Chamber	Activity	Date
Finance Committee	Senate	Referred To	Feb 4, 2010

Subjects & Policy Tags

Policy Area:

Health

Related Bills

Bill	Relationship	Last Action
111 S 45	Related bill	Jan 6, 2009: Read twice and referred to the Committee on Health, Education, Labor, and Pensions.

Physician Payment Update Commission Act - Amends title XVIII (Medicare) of the Social Security Act to: (1) require an update of 0% to the single conversion factor under (and thereby freeze) the Medicare physician fee schedule update for 2010 and 2011; and (2) sunset the Medicare sustainable growth rate formula effective January 1, 2012.

Establishes the Physician Payment Update Commission to study and report to the appropriate congressional committees and the Medicare Payment Advisory Commission (MEDPAC) on all matters relating to payment rates under the Medicare physician fee schedule, with recommendations for a new physician payment system.

Medical Care Access Protection Act of 2009 or the MCAP Act - Prescribes requirements for health care liability lawsuits.

Sets a statute of limitations for commencement of such a lawsuit at three years after the date of manifestation of injury or one year after the claimant discovers or with reasonable diligence should discover the injury, whichever occurs earlier, with certain exceptions.

Limits noneconomic damages to \$250,000 from the provider or health care institution, but no more than a total of \$500,000 from multiple health care institutions. Makes each party liable only for the amount of damages directly proportional to such party's percentage of responsibility.

Empowers the court to restrict the payment of attorney contingency fees. Limits the fees to a decreasing percentage based on the increasing value of the amount awarded.

Prescribes qualifications for expert witnesses.

Requires the court to reduce damages received by the amount of collateral source benefits to which a claimant is entitled.

Authorizes the award of punitive damages only where: (1) it is proven by clear and convincing evidence that a person acted with malicious intent to injure the claimant or deliberately failed to avoid unnecessary injury the claimant was substantially certain to suffer; and (2) compensatory damages are awarded. Limits punitive damages to the greater of double the amount of economic damages or \$250,000.

Prohibits a health care provider from being named as a party in a product liability or class action lawsuit for prescribing or dispensing a Food and Drug Administration (FDA)-approved prescription drug, biological product, or medical device for an approved indication.

Provides for periodic payments of future damage awards.

Rescinds unobligated stimulus funds in the American Recovery and Reinvestment Act of 2009.

Actions Timeline

- **Feb 4, 2010:** Introduced in Senate
- **Feb 4, 2010:** Read twice and referred to the Committee on Finance.