

## S 3900

### FAST Act

**Congress:** 111 (2009–2011, Ended)

**Chamber:** Senate

**Policy Area:** Health

**Introduced:** Sep 29, 2010

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

**Latest Action:** Read twice and referred to the Committee on Finance. (Sep 29, 2010)

**Official Text:** <https://www.congress.gov/bill/111th-congress/senate-bill/3900>

### Sponsor

**Name:** Sen. Coburn, Tom [R-OK]

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

### Cosponsors (4 total)

Cosponsor	Party / State	Role	Date Joined
Sen. DeMint, Jim [R-SC]	R · SC		Sep 29, 2010
Sen. Inhofe, James M. [R-OK]	R · OK		Sep 29, 2010
Sen. LeMieux, George S. [R-FL]	R · FL		Sep 29, 2010
Sen. Thune, John [R-SD]	R · SD		Nov 15, 2010

### Committee Activity

Committee	Chamber	Activity	Date
Finance Committee	Senate	Referred To	Sep 29, 2010

### Subjects & Policy Tags

#### Policy Area:

Health

### Related Bills

Bill	Relationship	Last Action
111 HR 6378	Identical bill	Dec 20, 2010: Referred to the Subcommittee on Commercial and Administrative Law.

Fighting Fraud and Abuse to Save Taxpayers' Dollars Act or FAST Act - Directs the Secretary of Health and Human Services (HHS), in order to ensure that service providers and suppliers that have operated in one state but are excluded from participation in the Medicare program are unable to participate in other federal health care programs in another state, to provide for increased coordination among specified federal, state, and related agencies.

Requires the Secretary to allow greater integration between Medicare databases so that: (1) Medicare administrative contractors, fiscal intermediaries, and carriers have immediate access to information identifying providers and suppliers excluded from participation in programs under titles XVIII (Medicare), XIX (Medicaid), or XXI (Children's Health Insurance Program) (CHIP) of the Social Security Act (SSA), as well as other federal health care programs; and (2) such information can be shared on a real-time basis across federal health care programs and agencies, and with state health agencies, state Medicaid and CHIP plans, and related contractors.

Requires the Secretary to implement fully the waste, fraud, and abuse detection solution of the Centers for Medicare & Medicaid Services called the One PI project by January 1, 2013.

Grants federal and state agencies real-time access to the National Practitioner Data Bank. Authorizes the Secretary to allow state Medicaid fraud control units and state and local law enforcement officials access to federal Medicare, Medicaid, and CHIP claims and payment data.

Directs the Comptroller General to study and report to Congress on whether and, if so, to what degree, the Federation of State Medical Boards may be useful in further strengthening the integrity of processes for enrolling service providers and suppliers under federal health care programs.

Amends the SSA, as amended by the Patient Protection and Affordable Care Act, to authorize information in the National Practitioner Data Bank to be made available on a real-time basis to specified federal, state, and private health care entities.

Directs the Secretary to establish an appeals process under which service providers or suppliers may have their names removed from the National Practitioner Data Bank.

Prohibits the Secretary from contracting with a Medicare administrative contractor unless the contractor agrees to reimburse the Secretary for any amounts paid for any non-emergency item or service furnished by or at the medical direction of an individual or entity excluded from Medicare participation.

Denies discharge in bankruptcy proceedings of: (1) civil monetary penalties; (2) amounts due the Secretary for overpayment of service providers where a health care provider or a supplier engages in fraudulent activity; or (3) amounts due from breach of a scholarship or loan contract.

Prohibits Medicaid or CHIP payments for items or services unless the claim contains a valid beneficiary identification number and a valid National Provider Identifier.

Requires managed care entities and Medicaid managed care organizations to comply with certain screening, oversight, and reporting requirements.

Subjects to specified criminal penalties the knowing, intentional, and fraudulent purchase, sale, or distribution of a Medicare, Medicaid, or CHIP beneficiary identification number or billing privileges.

Directs the Secretary to establish a two-year pilot program under which Medicare claims for items covered by universal product numbers (UPNs) contain the UPN.

Requires the Secretary to establish cost-effective procedures to ensure that a Social Security account number (or any derivative) is not displayed, coded, or embedded on an individual's Medicare card.

### **Actions Timeline**

---

- **Sep 29, 2010:** Introduced in Senate
- **Sep 29, 2010:** Sponsor introductory remarks on measure. (CR S7804)
- **Sep 29, 2010:** Read twice and referred to the Committee on Finance.