

## HR 5457

### Nursing Home Patient and Medicaid Assistance Act of 2010

**Congress:** 111 (2009–2011, Ended)

**Chamber:** House

**Policy Area:** Health

**Introduced:** May 28, 2010

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

**Latest Action:** Referred to the Subcommittee on Health. (Jun 7, 2010)

**Official Text:** <https://www.congress.gov/bill/111th-congress/house-bill/5457>

## Sponsor

**Name:** Rep. Castor, Kathy [D-FL-11]

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

## Cosponsors (7 total)

Cosponsor	Party / State	Role	Date Joined
Rep. Murphy, Christopher [D-CT-5]	D · CT		May 28, 2010
Rep. Space, Zachary T. [D-OH-18]	D · OH		Jun 10, 2010
Rep. Towns, Edolphus [D-NY-10]	D · NY		Jun 10, 2010
Rep. Kind, Ron [D-WI-3]	D · WI		Jun 24, 2010
Rep. Langevin, James R. [D-RI-2]	D · RI		Jun 28, 2010
Rep. Arcuri, Michael A. [D-NY-24]	D · NY		Jul 30, 2010
Rep. Boucher, Rick [D-VA-9]	D · VA		Jul 30, 2010

## Committee Activity

Committee	Chamber	Activity	Date
Energy and Commerce Committee	House	Referred To	May 28, 2010
Ways and Means Committee	House	Referred to	Jun 7, 2010

## Subjects & Policy Tags

### Policy Area:

Health

## Related Bills

No related bills are listed.

Nursing Home Patient and Medicaid Assistance Act of 2010 - Makes appropriations to the Secretary of Health and Human Services (HHS), who, acting through the Administrator of the Centers for Medicare & Medicare Services, shall pay an amount directly to an eligible dually-certified facility to reimburse it for furnishing quality care to Medicaid-eligible individuals.

Defines "dually-certified facility" as one meeting several requirements, including participation as a nursing facility under title XIX (Medicaid) of the Social Security Act (SSA) and as a skilled nursing facility under SSA title XVIII (Medicare) during the entire year.

Amends title XIX (Medicaid) of the Social Security Act to prohibit a state Medicaid plan from being considered to meet the requirement for methods and procedures relating to the utilization of care and services unless, by April 1 before the beginning of any plan year (beginning with 2011), the state submits to the Secretary a plan amendment specifying the payment rates for such services, including data on how rates for payments to Medicaid managed care organizations take such payment rates into account.

Requires the Secretary to review each such plan amendment and approve or disapprove it.

Requires a state participating in the Medicaid program to submit to the Administrator of the Centers for Medicare and Medicaid Services: (1) information on the determination of payment rates for service providers; and (2) an explanation of the process used to allow providers, beneficiaries and their representatives, and other concerned state residents a reasonable opportunity to review and comment on such rates, methodologies, and justifications before the state made such rates final.

## **Actions Timeline**

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- **Jun 7, 2010:** Referred to the Subcommittee on Health.
- **May 28, 2010:** Introduced in House
- **May 28, 2010:** Referred to House Energy and Commerce
- **May 28, 2010:** 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.
- **May 28, 2010:** Referred to House Ways and Means