

HR 5624

Rural Hospital and Provider Equity and 340B Improvement Act of 2012

Congress: 112 (2011–2013, Ended)

Chamber: House

Policy Area: Health

Introduced: May 8, 2012

Current Status: Referred to the Subcommittee on Health.

Latest Action: Referred to the Subcommittee on Health. (May 15, 2012)

Official Text: <https://www.congress.gov/bill/112th-congress/house-bill/5624>

Sponsor

Name: Rep. McMorris Rodgers, Cathy [R-WA-5]

Party: Republican • **State:** WA • **Chamber:** House

Cosponsors

No cosponsors are listed for this bill.

Committee Activity

Committee	Chamber	Activity	Date
Energy and Commerce Committee	House	Referred to	May 11, 2012
Ways and Means Committee	House	Referred to	May 15, 2012

Subjects & Policy Tags

Policy Area:

Health

Related Bills

Bill	Relationship	Last Action
112 HR 5194	Identical bill	May 2, 2012: Referred to the Subcommittee on Health.
112 HR 3859	Related bill	Feb 9, 2012: Referred to the Subcommittee on Health.
112 S 1680	Related bill	Oct 11, 2011: Read twice and referred to the Committee on Finance.
112 HR 2674	Related bill	Aug 1, 2011: Referred to the Subcommittee on Health.
112 HR 2267	Related bill	Jul 7, 2011: Referred to the Subcommittee on Health.
112 S 227	Related bill	Jan 31, 2011: Read twice and referred to the Committee on Finance.

Rural Hospital and Provider Equity and 340B Improvement Act of 2012 - Expresses the sense of the Senate that residents of rural and frontier communities should have access to affordable, quality health care.

Amends title XVIII (Medicare) of the Social Security Act with respect to: (1) the Medicare disproportionate share hospital (DSH) adjustment for rural hospitals, (2) extension of the temporary increase in payments to certain rural hospitals (Medicare hold harmless provision), (3) the Medicare inpatient hospital payment adjustment for low-volume hospitals, (4) Medicare wage index reclassifications for certain hospitals, (5) Medicare reasonable costs payments for certain clinical diagnostic laboratory tests furnished to hospitals in certain rural areas, (6) elimination of the isolation test for the cost-based ambulance reimbursement for critical access hospitals, (7) the Medicare incentive payment program for physician scarcity areas, (8) extension of the 1.00 floor on Medicare work geographic adjustment to payments for physician services, (9) Medicare home health care planning, (10) rural health clinics, (11) a temporary Medicare payment increase for home health services furnished in a rural area, and (12) extension of increased Medicare payments for rural ground ambulance services.

Amends the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 to provide for the extension of the payment for the technical component of certain physician pathology services under Medicare.

Directs the Secretary of Health and Human Services (HHS) to encourage and facilitate the adoption of provisions allowing for multi state practitioner practice across state lines.

Extends Medicare part A (Hospital Insurance) coverage and payment, on a reasonable cost basis, to anesthesia services furnished by a physician anesthesiologist in certain rural hospitals in the same manner as payment is made for anesthesia services furnished by a certified registered nurse anesthetists (CRNAs) in such hospitals.

Establishes the floor at 1.00 on the practice expense geographic index for services furnished during a specified period in certain rural areas outside of frontier states under the Medicare physician fee schedule.

Revises the standard for designation of sole community hospitals.

Amends the Public Health Service Act to extend the authorization of appropriations for grants to states for operation of offices of rural health.

Requires the proportion of members of the Medicare Payment Advisory Commission (MEDPAC) who represent the interests of health care providers and Medicare beneficiaries located in rural areas to be no less than the proportion of the total number of Medicare beneficiaries who reside in rural areas.

Amends the Public Health Service Act to make revisions to the 340B drug discount program (a program limiting the cost of covered outpatient drugs to certain federal grantees).

Includes drugs used in connection with an inpatient or outpatient service by enrolled hospitals as covered drugs under the program (currently, only outpatient drugs are covered under the program).

Requires hospitals enrolled in the 340B program to provide to each state a credit on the estimated annual purchases by such hospitals of covered drugs provided to Medicaid recipients for inpatient use. Sets forth a formula for calculating the credit. Allows a hospital to avoid paying such credits under certain circumstances.

Eliminates the requirement that hospitals enrolled in the 340B program report the National Drug Code numbers for drugs administered by a physician if the state is precluded from seeking a rebate on such drugs because they were purchased at a discount under the 340B program.

Removes the exclusion that prohibited covered entities added to the 340B program under the Patient Protection and Affordable Care Act from purchasing drugs for a rare disease or condition as covered outpatient drugs.

Treats a facility or organization that is eligible for the 340B program as satisfying any geographic location requirements in relation to a hospital or a critical access hospital for purposes of determining provider-based status under Medicare.

Actions Timeline

- **May 15, 2012:** Referred to the Subcommittee on Health.
- **May 11, 2012:** Referred to the Subcommittee on Health.
- **May 8, 2012:** Introduced in House
- **May 8, 2012:** 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.