S 2122

Responsible Medicare SGR Repeal and Beneficiary Access Improvement Act of 2014

Congress: 113 (2013–2015, Ended)
Chamber: Senate
Policy Area: Health
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Sponsor

Name: Sen. Hatch, Orrin G. [R-UT]
Party: Republican • **State:** UT • **Chamber:** Senate

Cosponsors (9 total)

Cosponsor	Party / State	Role	Date Joined
Sen. Cornyn, John [R-TX]	R · TX		Mar 12, 2014
Sen. McConnell, Mitch [R-KY]	R · KY		Mar 12, 2014
Sen. Alexander, Lamar [R-TN]	R · TN		Mar 24, 2014
Sen. Enzi, Michael B. [R-WY]	R · WY		Mar 24, 2014
Sen. Inhofe, James M. [R-OK]	R · OK		Mar 24, 2014
Sen. Isakson, Johnny [R-GA]	R · GA		Mar 24, 2014
Sen. Wicker, Roger F. [R-MS]	R · MS		Mar 24, 2014
Sen. Johanns, Mike [R-NE]	R · NE		Mar 31, 2014
Sen. Sessions, Jeff [R-AL]	R · AL		Mar 31, 2014

Committee Activity

No committee referrals or activity are recorded for this bill.

Subjects & Policy Tags

Policy Area:

Health

Related Bills

Bill	Relationship	Last Action
113 HR 4543	Related bill	**May 2, 2014:** Referred to the Subcommittee on Health.
113 HR 4209	Related bill	**Apr 16, 2014:** Referred to the Subcommittee on the Constitution and Civil Justice.
113 HR 4418	Related bill	**Apr 11, 2014:** Referred to the Subcommittee on Health.
113 S 2157	Related bill	**Mar 26, 2014:** Read the second time. Placed on Senate Legislative Calendar under General Orders. Calendar No. 336.
113 HR 4015	Related bill	**Mar 24, 2014:** Received in the Senate.
113 HR 2810	Related bill	**Mar 14, 2014:** Placed on the Union Calendar, Calendar No. 283.
113 S 2110	Related bill	**Mar 12, 2014:** Read the second time. Placed on Senate Legislative Calendar under General Orders. Calendar No. 327.
113 S 2000	Related bill	**Feb 6, 2014:** Read twice and referred to the Committee on Finance.
113 S 1871	Related bill	**Jan 16, 2014:** By Senator Baucus from Committee on Finance filed written report. Report No. 113-135.
113 S 1769	Related bill	**Nov 21, 2013:** Read twice and referred to the Committee on the Judiciary.
113 HR 2867	Related bill	**Aug 2, 2013:** Referred to the Subcommittee on Health.
113 HR 2969	Related bill	**Aug 2, 2013:** Referred to the Subcommittee on Health.
113 S 1405	Related bill	**Jul 31, 2013:** Read twice and referred to the Committee on Finance.
113 S 1318	Related bill	**Jul 18, 2013:** Read twice and referred to the Committee on Finance.
113 HR 2305	Related bill	**Jun 25, 2013:** Referred to the Subcommittee on Health.
113 S 1123	Related bill	**Jun 10, 2013:** Read twice and referred to the Committee on Finance.

Summary (as of Mar 12, 2014)

SGR Repeal and Medicare Beneficiary Access Act of 2013 - Amends title XVIII (Medicare) of the Social Security Act (SSA) to: (1) end and remove sustainable growth rate (SGR) methodology from the determination of annual conversion factors in the formula for payment for physicians' services, (2) freeze the update to the single conversion factor at 0.5% for 2014 through 2018 and at 0.00% for 2019 through 2023, and (3) establish an update of 1% for health professionals participating in alternative payment models (APMs) and an update of 0.5% for all other health professionals after 2023.

Directs the Medicare Payment Advisory Commission (MEDPAC) to report to Congress on the relationship between: (1) physician and other health professional utilization and expenditures (and their rate of increase) of items and services for which Medicare payment is made; and (2) total utilization and expenditures (and their rate of increase) under Medicare parts A (Hospital Insurance), B (Supplementary Medical Insurance), and D (Voluntary Prescription Drug Benefit Program). Requires a separate report on the 2014-2018 update to physicians' services under Medicare

Revises and consolidates components of the three specified existing performance incentive programs into a merit-based incentive payment (MIP) system the Secretary of Health and Human Services (HHS) is directed to establish, under which MIP-eligible professionals (excluding most APM participants) receive annual payment increases or decreases based on their performance.

Requires specified incentive payments to eligible APM participants.

Directs the Secretary to make available on the Physician Compare website certain information, including information regarding the performance of MIP-eligible professionals.

Requires the Comptroller General (GAO) to evaluate the VBP program.

Requires the Secretary to study the application of federal fraud prevention laws related to APMs.

Directs the Secretary to draft a plan for development of quality measures to assess professionals, including non-patient-facing professionals.

Requires the Secretary to establish new Healthcare Common Procedure Coding System (HCPCS) codes for chronic care management services.

Directs the Secretary to conduct an education and outreach campaign to inform professionals who furnish items and services under Medicare part B and part B enrollees of the benefits of chronic care management services.

Authorizes the Secretary to: (1) collect and use information on the resources directly or indirectly related to physicians' services in the determination of relative values under the fee schedule; and (2) establish or adjust practice expense relative values using cost, charge, or other data from suppliers or service providers.

Revises and expands factors for identification of potentially misvalued codes. Sets an annual target for relative value adjustments for misvalued services. Phases-in significant relative value unit (RVU) reductions.

Directs the Secretary to establish a program to promote the use of appropriate use evidence-based criteria for applicable imaging services furnished in an applicable setting by ordering professionals and furnishing professionals.

Expands the kinds of uses of Medicare data available to qualified entities for quality improvement activities.

Directs the Secretary to provide Medicare data to qualified clinical data registries to facilitate quality improvement or patient safety.

Allows continuing renewals of any two-year period for which a physician or practitioner opts out of the Medicare claims process under a private contract with a beneficiary.

Declares it a national objective to achieve widespread exchange of health information through interoperable certified electronic health records (EHR) technology nationwide by December 31, 2017. Directs the Secretary to establish related metrics.

Requires meaningful EHR professionals and hospitals to demonstrate that they have not knowingly and willfully taken any action to limit or restrict the compatibility or interoperability of the certified EHR technology.

Directs GAO to study specified telehealth and remote patient monitoring services.

Modifies extensions and other requirements pertaining to the work geographic adjustment as well as Medicare payment for therapy services and ambulance services.

Revises requirements for: (1) the Medicare-dependent hospital (MDH) program, (2) the Medicare inpatient hospital payment adjustment for low-volume hospitals, as well as (3) specialized Medicare Advantage (MA) plans for special needs individuals.

Amends SSA title XIX (Medicaid) to extend the qualifying individual (QI) program, the transitional medical assistance (TMA) program, and express lane program eligibility.

Amends SSA title XI with respect to continue funding for pediatric quality measures.

Amends the Public Health Service Act to extend certain special diabetes programs.

Extends the abstinence education grant program, the personal responsibility education program, and family-to-family health information centers.

Extends the health workforce demonstration project for low-income individuals under SSA title XX.

Requires each Medicare administrative contractor to establish an improper payment outreach and education program to give service providers and suppliers information on payment errors with a view to reducing improper Medicare payments.

Revises requirements for a Medicaid fraud control unit's authority to investigate and prosecute complaints of abuse and neglect of patients in home and community-based settings.

Authorizes the HHS Inspector General to receive and retain 3% of all amounts collected pursuant to civil debt collection and administrative enforcement actions related to false claims or frauds involving the Medicare or Medicaid program.

Requires valid prescriber National Provider Identifiers on pharmacy claims against prescription drug plans (PDPs).

Directs the Secretary to establish a Commission on Improving Patient Directed Health Care.

Expands the definition of inpatient hospital services for certain cancer hospitals.

Directs the Secretary to provide for the development of one or more quality measures under Medicare to accurately

communicate the existence and provide for the transfer of patient health information and patient care preferences when an individual transitions from a hospital to return home or move to other post-acute care settings.

Specifies that the minimum level of supervision with respect to outpatient therapeutic critical access hospital services shall be general supervision.

Requires state licensure of bidding entities under the competitive acquisition program for certain durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS).

Recognizes attending physician assistants as attending physicians to serve hospice patients under Medicare.

Directs the Secretary to conduct remote patient monitoring pilot projects.

Requires the Secretary to establish a Community-Based Institutional Special Needs Plan demonstration project to prevent and delay institutionalization under Medicaid among targeted low-income Medicare beneficiaries.

Directs the Secretary to implement a strategic plan to increase the usefulness of data about Medicaid programs reported by states to the Centers for Medicare and Medicaid Services.

Includes podiatrists as physicians under the Medicaid program.

Modifies Medicare requirements for inclusion of diabetic shoes under medical and other health services.

Directs the Secretary to: (1) publish criteria for a clinic to be certified by a state as a certified community behavioral health clinic, (2) award states planning grants to develop proposals to participate in time-limited related demonstration programs, and (3) select states to participate in such programs.

Requires the Secretary to report annually to Congress on payment adjustments to disproportionate share hospitals (DSHs) in order to provide Congress with information relevant to determining an appropriate level of overall funding for such adjustments during and after a certain period in which aggregate reductions in DSH allotments to states are required.

Amends the Patient Protection and Affordable Care Act and the Internal Revenue Code (IRC) to repeal the requirement that individuals maintain minimal essential health care coverage beginning in 2014, subject to a specified tax penalty for failing to do so (individual mandate). Requires the IRC to be applied and administered as if such requirement had never been enacted.

Actions Timeline

- **Mar 13, 2014:** Read the second time. Placed on Senate Legislative Calendar under General Orders. Calendar No. 330.
- **Mar 12, 2014:** Introduced in Senate
- **Mar 12, 2014:** Introduced in the Senate. Read the first time. Placed on Senate Legislative Calendar under Read the First Time.