

HR 4998

Medicare Advantage Participant Bill of Rights Act of 2014

Congress: 113 (2013–2015, Ended)

Chamber: House

Policy Area: Health

Introduced: Jun 26, 2014

Current Status: Referred to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce

Latest Action: Referred to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce, 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. (Jun 26, 2014)

Official Text: <https://www.congress.gov/bill/113th-congress/house-bill/4998>

Sponsor

Name: Rep. DeLauro, Rosa L. [D-CT-3]

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

Cosponsors (10 total)

Cosponsor	Party / State	Role	Date Joined
Rep. Esty, Elizabeth H. [D-CT-5]	D · CT		Jul 31, 2014
Rep. Takano, Mark [D-CA-41]	D · CA		Jul 31, 2014
Rep. Bishop, Timothy H. [D-NY-1]	D · NY		Aug 1, 2014
Rep. Cohen, Steve [D-TN-9]	D · TN		Sep 10, 2014
Rep. Rangel, Charles B. [D-NY-13]	D · NY		Sep 10, 2014
Rep. Nadler, Jerrold [D-NY-10]	D · NY		Sep 18, 2014
Rep. Blumenauer, Earl [D-OR-3]	D · OR		Nov 12, 2014
Rep. Huffman, Jared [D-CA-2]	D · CA		Nov 12, 2014
Rep. Schiff, Adam B. [D-CA-28]	D · CA		Nov 12, 2014
Rep. Matsui, Doris O. [D-CA-6]	D · CA		Nov 13, 2014

Committee Activity

Committee	Chamber	Activity	Date
Energy and Commerce Committee	House	Referred To	Jun 26, 2014
Ways and Means Committee	House	Referred To	Jun 26, 2014

Subjects & Policy Tags

Policy Area:

Health

Related Bills

Bill	Relationship	Last Action
113 S 2552	Identical bill	Jun 26, 2014: Read twice and referred to the Committee on Finance.

Medicare Advantage Participant Bill of Rights Act of 2014 - Amends part C (Medicare+Choice) of title XVIII (Medicare) of the Social Security Act to require a Medicare Advantage (MA) organization to remove a service provider or a supplier from a plan network only for cause, subject to completion of a fair notice and appeals process.

Lists as cause for removal: (1) medical negligence, (2) violation of any legal or contractual requirement for the provider or supplier acting within the lawful scope of practice, or (3) unfitness to furnish items and services in accordance with Medicare requirements.

Requires an MA organization offering an MA plan to include information on the measures used to establish or modify the plan's provider network: (1) in the annual bid information submitted about the MA plan, and (2) on the plan's Internet Web.

Subjects to certain sanctions MA organizations with contracts which fail to meet these information requirements.

Directs the Secretary of Health and Human Services (HHS) to: (1) seek input from patient advocacy groups and others in applying network access adequacy standards, and (2) take necessary measures to ensure that the Medicare Advantage Compare Tool takes into account the preferences and utilization needs of such individuals.

Actions Timeline

- **Jun 26, 2014:** Introduced in House
- **Jun 26, 2014:** Referred to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce, 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.