

S 1718

Four Rationers Repeal Act of 2015

Congress: 114 (2015–2017, Ended)

Chamber: Senate

Policy Area: Health

Introduced: Jul 8, 2015

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

Latest Action: Read twice and referred to the Committee on Finance. (Jul 8, 2015)

Official Text: <https://www.congress.gov/bill/114th-congress/senate-bill/1718>

Sponsor

Name: Sen. Roberts, Pat [R-KS]

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

Cosponsors

No cosponsors are listed for this bill.

Committee Activity

Committee	Chamber	Activity	Date
Finance Committee	Senate	Referred To	Jul 8, 2015

Subjects & Policy Tags

Policy Area:

Health

Related Bills

Bill	Relationship	Last Action
114 S 484	Related bill	Feb 12, 2015: Read twice and referred to the Committee on Finance.

Four Rationers Repeal Act of 2015

This bill repeals provisions of the Patient Protection and Affordable Care Act (PPACA) related to the establishment of the Independent Payment Advisory Board (also known as the Independent Medicare Advisory Board), effective as of enactment of PPACA. (The purpose of the board is to develop proposals to reduce the growth rate of Medicare spending without restricting benefits or modifying eligibility.) Provisions amended by the repealed provisions are restored.

This bill amends the Public Health Service Act and title XI, title XVIII (Medicare), and title XIX (Medicaid) of the Social Security Act to eliminate the Center for Medicare and Medicaid Innovation. (The purpose of the center is to test innovative payment and service delivery models to reduce expenditures while preserving or enhancing the quality of care.)

Group health plans and health insurers are no longer required to cover, without cost-sharing, certain items and services recommended by the United States Preventive Services Task Force (USPSTF).

The Agency for Healthcare Research and Quality is no longer required to convene the USPSTF.

The Community Preventive Services Task Force is eliminated. (This task force developed recommendations regarding community preventive interventions based on scientific evidence.)

The Department of Health and Human Services may not use comparative effectiveness research to deny or delay coverage of an item or service under a federal health care program. Comparative effectiveness research conducted or supported by the federal government must account for factors contributing to differences in the treatment response and treatment preferences of patients.

Actions Timeline

- **Jul 8, 2015:** Introduced in Senate
- **Jul 8, 2015:** Read twice and referred to the Committee on Finance.