

S 2425

Patient Access and Medicare Protection Act

Congress: 114 (2015–2017, Ended)

Chamber: Senate

Policy Area: Health

Introduced: Dec 18, 2015

Current Status: Became Public Law No: 114-115.

Latest Action: Became Public Law No: 114-115. (Dec 28, 2015)

Law: 114-115 (Enacted Dec 28, 2015)

Official Text: <https://www.congress.gov/bill/114th-congress/senate-bill/2425>

Sponsor

Name: Sen. Portman, Rob [R-OH]

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

Cosponsors (10 total)

Cosponsor	Party / State	Role	Date Joined
Sen. Bennet, Michael F. [D-CO]	D · CO		Dec 18, 2015
Sen. Blumenthal, Richard [D-CT]	D · CT		Dec 18, 2015
Sen. Blunt, Roy [R-MO]	R · MO		Dec 18, 2015
Sen. Burr, Richard [R-NC]	R · NC		Dec 18, 2015
Sen. Casey, Robert P., Jr. [D-PA]	D · PA		Dec 18, 2015
Sen. Hirono, Mazie K. [D-HI]	D · HI		Dec 18, 2015
Sen. Klobuchar, Amy [D-MN]	D · MN		Dec 18, 2015
Sen. Murray, Patty [D-WA]	D · WA		Dec 18, 2015
Sen. Schumer, Charles E. [D-NY]	D · NY		Dec 18, 2015
Sen. Wyden, Ron [D-OR]	D · OR		Dec 18, 2015

Committee Activity

No committee referrals or activity are recorded for this bill.

Subjects & Policy Tags

Policy Area:

Health

Related Bills

Bill	Relationship	Last Action
114 HR 3718	Related bill	Oct 9, 2015: Referred to the Subcommittee on Health.

(This measure has not been amended since it was introduced. The summary has been expanded because action occurred on the measure.)

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(Sec. 2) This bill temporarily exempts from certain Medicare payment adjustments wheelchair accessories and seat and back cushions furnished in connection with Group 3 complex rehabilitative power wheelchairs. (Group 3 power wheelchairs are those that meet the highest performance requirements with regard to speed, range, and climbing capability.)

The Government Accountability Office must study wheelchair accessories and seat and back cushions furnished in connection with Group 3 complex rehabilitative power wheelchairs.

(Sec. 3) The bill amends title XVIII (Medicare) of the Social Security Act (SSAct) to prohibit specified adjustments to the Medicare fee schedule for certain radiation therapy services in 2017 or 2018.

Under current law, the Centers for Medicare & Medicaid Services (CMS) must periodically identify, review, and make adjustments to potentially misvalued services under Medicare. The bill specifies that certain radiation therapy services shall not be considered as potentially misvalued services for these purposes in 2017 or 2018.

(Sec. 4) For 2017, CMS may exempt categories of eligible professionals from requirements for meaningful use of electronic health records (EHR) technology. Under current law, CMS may, on a case-by-case basis, exempt an eligible professional from certain negative payment adjustments that would otherwise apply due to the professional's failure to comply with those requirements.

(Sec. 5) The bill eliminates funding for the Medicare Improvement Fund. (The fund was established to make improvements under the original Medicare fee-for-service program.)

(Sec. 6) The bill amends title XIX (Medicaid) of the SSAct to make changes related to the Medicaid Integrity Program (MIP). The bill: (1) specifies that program appropriations may cover the costs of equipment, travel, training, and salaries and benefits; and (2) allows CMS flexibility in determining the number of additional staff necessary to carry out the program. (MIP is a federal program aimed at preventing and reducing provider fraud, waste, and abuse in the Medicaid program.)

(Sec. 7) Under current law, CMS may contract with Medicare administrative contractors (MACs), which are private insurers that process Medicare claims within specified geographic jurisdictions. The bill requires CMS to provide specified incentives for MACs to reduce improper payment error rates within their jurisdictions.

(Sec. 8) The bill establishes criminal penalties of up to 10 years imprisonment and up to \$500,000 (\$1,000,000 for corporations) in fines for illegally purchasing or distributing Medicare, Medicaid, or Children's Health Insurance Program (CHIP) beneficiary identification or billing privileges.

(Sec. 9) The bill increases the scope of the Medicare-Medicaid Data Match Program (Medi-Medi Program), an existing program through which contractors and participating governmental agencies collaboratively analyze Medicare and Medicaid billing trends. CMS must establish a plan to encourage states to participate in the Medi-Medi Program.

CMS shall implement a plan to allow states to access relevant data on improper or fraudulent payments made under the

Medicare program on behalf of individuals dually eligible for both Medicare and Medicaid.

Actions Timeline

- **Dec 28, 2015:** Signed by President.
- **Dec 28, 2015:** Became Public Law No: 114-115.
- **Dec 23, 2015:** Presented to President.
- **Dec 18, 2015:** Introduced in Senate
- **Dec 18, 2015:** Passed/agreed to in Senate: Introduced in the Senate, read twice, considered, read the third time, and passed without amendment by Voice Vote.(consideration: CR S8859-8861; text as passed Senate: CR S8859-8861)
- **Dec 18, 2015:** Introduced in the Senate, read twice, considered, read the third time, and passed without amendment by Voice Vote. (consideration: CR S8859-8861; text as passed Senate: CR S8859-8861)
- **Dec 18, 2015:** Message on Senate action sent to the House.
- **Dec 18, 2015:** Received in the House.
- **Dec 18, 2015:** Mr. Price, Tom asked unanimous consent to take from the Speaker's table and consider.
- **Dec 18, 2015:** Considered by unanimous consent. (consideration: CR H10706-10707)
- **Dec 18, 2015:** Passed/agreed to in House: On passage Passed without objection.(text: CR H10706-10707)
- **Dec 18, 2015:** On passage Passed without objection. (text: CR H10706-10707)
- **Dec 18, 2015:** Motion to reconsider laid on the table Agreed to without objection.