

HR 2570

Strengthening Medicare Advantage through Innovation and Transparency for Seniors of 2015

Congress: 114 (2015–2017, Ended)

Chamber: House

Policy Area: Health

Introduced: May 22, 2015

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

Latest Action: Received in the Senate and Read twice and referred to the Committee on Finance. (Jun 18, 2015)

Official Text: <https://www.congress.gov/bill/114th-congress/house-bill/2570>

Sponsor

Name: Rep. Black, Diane [R-TN-6]

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

Cosponsors (3 total)

Cosponsor	Party / State	Role	Date Joined
Rep. Blumenauer, Earl [D-OR-3]	D · OR		May 22, 2015
Rep. McMorris Rodgers, Cathy [R-WA-5]	R · WA		May 22, 2015
Rep. Sinema, Kyrsten [D-AZ-9]	D · AZ		Jun 3, 2015

Committee Activity

Committee	Chamber	Activity	Date
Energy and Commerce Committee	House	Referred to	May 29, 2015
Finance Committee	Senate	Referred To	Jun 18, 2015
Ways and Means Committee	House	Referred to	Jun 3, 2015

Subjects & Policy Tags

Policy Area:

Health

Related Bills

Bill	Relationship	Last Action
114 HR 2581	Related bill	Jun 16, 2015: Placed on the Union Calendar, Calendar No. 117.
114 S 1396	Related bill	May 20, 2015: Read twice and referred to the Committee on Finance.

Strengthening Medicare Advantage through Innovation and Transparency for Seniors Act of 2015

(Sec. 2) This bill amends title XVIII (Medicare) of the Social Security Act (SSAct) with respect to criteria for qualifying as a meaningful user of electronic health records (meaningful EHR user). For any payment year after 2015 any patient encounter of an eligible professional occurring at an eligible ambulatory surgical center shall not be treated as one in determining whether an eligible professional qualifies as a meaningful EHR user.

(Sec. 3) HHS shall establish a three-year demonstration program to test the use of value-based insurance design methodologies under the eligible Medicare Advantage (MA) plans offered by MA organizations under Medicare part C.

"Value-based insurance design methodology" is one for identifying specific prescription medications, and clinical services payable under Medicare, for which copayments, coinsurance, or both would improve the management of specific chronic clinical conditions because of the high value and effectiveness of such medications and services for such specific chronic clinical conditions, as approved by HHS.

HHS may expand the duration and scope of the demonstration program to an appropriate extent if specified requirements are met.

(Sec. 4) Payment amounts are prescribed for infusion drugs and biologicals furnished through durable medical equipment (DME) on or after January 1, 2017.

(Sec. 5) It is the sense of Congress that HHS:

- has incorrectly interpreted the determination of blended benchmark amounts as prohibiting the provision of any Medicare quality incentive payments with respect to MA plans that exceed the payment benchmark cap for the area served by those plans; and
- should immediately apply quality incentive payments with respect to such MA plans without regard to limits.

(Sec. 6) \$220 million shall be available to the Medicare Improvement Fund during and after FY2020.

(Sec. 7) DME competitive acquisition programs shall not cover infusion drugs and biologicals.

Actions Timeline

- **Jun 18, 2015:** Received in the Senate and Read twice and referred to the Committee on Finance.
- **Jun 17, 2015:** Mr. Brady (TX) moved to suspend the rules and pass the bill, as amended.
- **Jun 17, 2015:** Considered under suspension of the rules. (consideration: CR H4479-4481)
- **Jun 17, 2015:** DEBATE - The House proceeded with forty minutes of debate on H.R. 2570.
- **Jun 17, 2015:** Passed/agreed to in House: On motion to suspend the rules and pass the bill, as amended Agreed to by voice vote.(text: CR H4479-4480)
- **Jun 17, 2015:** On motion to suspend the rules and pass the bill, as amended Agreed to by voice vote. (text: CR H4479-4480)
- **Jun 17, 2015:** Motion to reconsider laid on the table Agreed to without objection.
- **Jun 17, 2015:** The title of the measure was amended. Agreed to without objection.
- **Jun 3, 2015:** Referred to the Subcommittee on Health.
- **May 29, 2015:** Referred to the Subcommittee on Health.
- **May 22, 2015:** Introduced in House
- **May 22, 2015:** 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.