

## HR 2581

Preservation of Access for Seniors in Medicare Advantage Act of 2015

**Congress:** 114 (2015–2017, Ended)

**Chamber:** House

**Policy Area:** Health

**Introduced:** May 29, 2015

**Current Status:** Placed on the Union Calendar, Calendar No. 117.

**Latest Action:** Placed on the Union Calendar, Calendar No. 117. (Jun 16, 2015)

**Official Text:** <https://www.congress.gov/bill/114th-congress/house-bill/2581>

### Sponsor

**Name:** Rep. Brady, Kevin [R-TX-8]

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

### Cosponsors

*No cosponsors are listed for this bill.*

### Committee Activity

Committee	Chamber	Activity	Date
Energy and Commerce Committee	House	Referred to	Jun 5, 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 2570	Related bill	<b>Jun 18, 2015:</b> Received in the Senate and Read twice and referred to the Committee on Finance.
114 HR 2488	Related bill	<b>Jun 1, 2015:</b> Referred to the Subcommittee on Health.

## Preservation of Access for Seniors in Medicare Advantage Act of 2015

This bill requires the Department of Health and Human Services (HHS) to 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 part C (Medicare+Choice Program) of title XVIII (Medicare) of the Social Security Act (SSAct).

"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.

The annual 45-day period for disenrollment from MA plans to elect to receive benefits under the original Medicare fee-for-service program, and to elect coverage under part D (Voluntary Prescription Drug Benefit Program), shall end on December 31, 2015.

Starting in 2016, a Medicare Advantage eligible individual, during the first three months of any year, may change a previous election to elect to receive benefits through the original Medicare fee-for-service program or an MA plan, and to elect coverage under part D.

This continuous open enrollment and disenrollment period during the first three months of any year starting in 2016 shall apply with respect to a prescription drug plan only in the case of an individual who, previous to such change in enrollment, is enrolled in a MA plan.

This bill also amends part B (Supplementary Medical Insurance) of SSAct title XVIII to revise requirements (in effect, changing payment methodologies from 95% of the Average Wholesale Price to the Average Sales Price plus six) for payments for infusion drugs and biologicals furnished through durable medical equipment on or after January 1, 2017.

---

### Actions Timeline

- **Jun 16, 2015:** Reported (Amended) by the Committee on Ways and Means. H. Rept. 114-161, Part I.
- **Jun 16, 2015:** Committee on Energy and Commerce discharged.
- **Jun 16, 2015:** Placed on the Union Calendar, Calendar No. 117.
- **Jun 5, 2015:** Referred to the Subcommittee on Health.
- **Jun 3, 2015:** Referred to the Subcommittee on Health.
- **Jun 2, 2015:** Committee Consideration and Mark-up Session Held.
- **Jun 2, 2015:** Ordered to be Reported (Amended) by Voice Vote.
- **May 29, 2015:** Introduced in House
- **May 29, 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.