

HR 2582

Seniors' Health Care Plan Protection Act of 2015

Congress: 114 (2015–2017, Ended)

Chamber: House

Policy Area: Health

Introduced: May 29, 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/2582>

Sponsor

Name: Rep. Buchanan, Vern [R-FL-16]

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

Cosponsors (10 total)

Cosponsor	Party / State	Role	Date Joined
Rep. Black, Diane [R-TN-6]	R · TN		May 29, 2015
Rep. Blackburn, Marsha [R-TN-7]	R · TN		May 29, 2015
Rep. Blumenauer, Earl [D-OR-3]	D · OR		May 29, 2015
Rep. Guthrie, Brett [R-KY-2]	R · KY		May 29, 2015
Rep. Loebsack, David [D-IA-2]	D · IA		May 29, 2015
Rep. Rangel, Charles B. [D-NY-13]	D · NY		May 29, 2015
Rep. Diaz-Balart, Mario [R-FL-25]	R · FL		Jun 16, 2015
Rep. Jolly, David W. [R-FL-13]	R · FL		Jun 16, 2015
Rep. Scott, David [D-GA-13]	D · GA		Jun 16, 2015
Rep. Womack, Steve [R-AR-3]	R · AR		Jun 17, 2015

Committee Activity

Committee	Chamber	Activity	Date
Energy and Commerce Committee	House	Referred to	Jun 5, 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 S 2197	Related bill	Oct 22, 2015: Read twice and referred to the Committee on Finance.
114 HR 2506	Related bill	Jun 16, 2015: Placed on the Union Calendar, Calendar No. 114.
114 HR 2579	Related bill	Jun 16, 2015: Placed on the Union Calendar, Calendar No. 116.

Senior's Health Care Plan Protection Act of 2015

(Sec. 2) It is the intent of Congress to: (1) continue to study and request input on the effects of socioeconomic status and dual-eligible populations on the five-star quality rating system for Medicare Advantage (MA) plans before reforming it, and, pending study and input results, (2) delay Centers for Medicare & Medicaid (CMS) authority to terminate MA plan contracts solely on the basis of performance under the five-star rating system.

The Department of Health and Human Services (HHS) may not, through the end of plan year 2018, terminate a contract with respect to the offering of an MA plan by an MA organization solely because the plan has failed to achieve a minimum quality rating under the five-star rating system.

(Sec. 3) This bill amends part C (Medicare+Choice) of title XVIII (Medicare) of the Social Security Act (SSAct) to direct HHS (in effect, CMS) to revise for 2017, and periodically afterwards, the system for risk adjustments to payments to Medicare+Choice organizations so that an individual's risk score takes into account the number of chronic conditions with which the individual has been diagnosed.

HHS must, including an actuarial opinion of the CMS Chief Actuary, evaluate the impacts of:

- including two years of data to compare the models used to determine the risk scores for 2013 and 2014,
- removing the diagnosis codes related to chronic kidney disease in the 2014 risk adjustment model, and
- including 10% of encounter data in computing payment for 2016 and CMS readiness to incorporate encounter data in risk scores.

HHS shall also analyze the best practices of MA plans to slow disease progression related to chronic kidney disease.

HHS shall then, if appropriate, make revisions to the risk adjustment system, based on such an evaluation or analysis, to better reflect and appropriately weight for the population served.

(Sec. 4) Congress declares that:

- the five-star quality rating system for MA plans lacks proper accounting for the socioeconomic status of plan enrollees and the extent to which those plans serve individuals also eligible for medical assistance under SSAct title XIX (Medicaid); and
- Congress will work with CMS and stakeholders, including beneficiary groups and managed care organizations, to ensure that the five-star quality rating system for MA plans properly accounts for the socioeconomic status of plan enrollees and the extent to which plans serve them.

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

- periodically monitor and improve the risk adjustment model for payments to MA organizations to ensure that it accurately accounts for beneficiary risk;
- closely examine and adjust as necessary the current MA risk adjustment methodology to ensure that plans enrolling beneficiaries with the greatest health care needs receive adequate reimbursement to deliver high-quality care and other services to help beneficiaries avoid costly complications and further progression of chronic conditions; and
- reconsider the implementation of changes in the MA risk adjustment methodology finalized for 2016 and, to the

extent appropriate, use the risk methodology finalized in 2015 for one additional year.

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 H4485-4487)
- **Jun 17, 2015:** DEBATE - The House proceeded with forty minutes of debate on H.R. 2582.
- **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 H4485-4486)
- **Jun 17, 2015:** On motion to suspend the rules and pass the bill, as amended Agreed to by voice vote. (text: CR H4485-4486)
- **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 5, 2015:** Referred to the Subcommittee on Health.
- **Jun 3, 2015:** Referred to the Subcommittee on Health.
- **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.