

S 3392

Local Coverage Determination Clarification Act of 2016

Congress: 114 (2015–2017, Ended)

Chamber: Senate

Policy Area: Health

Introduced: Sep 22, 2016

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

Latest Action: Read twice and referred to the Committee on Finance. (Sep 22, 2016)

Official Text: https://www.congress.gov/bill/114th-congress/senate-bill/3392

Sponsor

Name: Sen. Isakson, Johnny [R-GA]

Party: Republican • State: GA • Chamber: Senate

Cosponsors (2 total)

Cosponsor	Party / State	Role	Date Joined
Sen. Carper, Thomas R. [D-DE]	D · DE		Sep 22, 2016
Sen. Kirk, Mark Steven [R-IL]	R · IL		Sep 28, 2016

Committee Activity

Committee	Chamber	Activity	Date
Finance Committee	Senate	Referred To	Sep 22, 2016

Subjects & Policy Tags

Policy Area:

Health

Related Bills

Bill	Relationship	Last Action
114 HR 5721	Identical bill	Jul 19, 2016: Referred to the Subcommittee on Health.

Local Coverage Determination Clarification Act of 2016

This bill amends title XVIII (Medicare) of the Social Security Act to revise the process by which Medicare administrative contractors (MACs) issue and reconsider local coverage determinations (LCDs) that: (1) are new, (2) restrict or substantively revise existing LCDs, or (3) are otherwise specified in regulation. (MACs are private insurers that process Medicare claims within specified geographic areas.)

Before such an LCD may take effect, the MAC issuing the determination must, with respect to each geographic area to which the determination applies:

- publish online a proposed version of the determination and other specified, related information;
- convene one or more public meetings to review the draft determination, receive comments, and secure the advice of an expert panel;
- post online a record of the minutes from each such meeting;
- provide a period for submission of written public comments; and
- post online specified information related to the rationale for the final determination.

Upon the filing of an applicable request by an interested party with regard to the reconsideration of a specified LCD, the MAC that issued the determination shall:

- provide specified information related to whether the determination failed to correctly apply qualifying relevant evidence, exceeds the scope of its intended purpose, fails to apply as intended, or is otherwise erroneous;
- preserve the determination, modify the determination, or rescind the determination in part; and
- make publicly available a written description of such action.

An interested party may appeal a reconsideration decision to the Centers for Medicare & Medicaid Services (CMS).

CMS shall appoint a Medicare Reviews and Appeals Ombudsman to carry out specified duties with regard to LCDs.

Actions Timeline

- **Sep 22, 2016:** Introduced in Senate
- **Sep 22, 2016:** Read twice and referred to the Committee on Finance.