

## HR 4227

### Medicare Advantage Bill of Rights Act of 2015

**Congress:** 114 (2015–2017, Ended)

**Chamber:** House

**Policy Area:** Health

**Introduced:** Dec 10, 2015

**Current Status:** Referred to the Subcommittee on Health.

**Latest Action:** Referred to the Subcommittee on Health. (Dec 11, 2015)

**Official Text:** <https://www.congress.gov/bill/114th-congress/house-bill/4227>

## Sponsor

**Name:** Rep. DeLauro, Rosa L. [D-CT-3]

**Party:** Democratic • **State:** CT • **Chamber:** House

## Cosponsors

No cosponsors are listed for this bill.

## Committee Activity

Committee	Chamber	Activity	Date
Energy and Commerce Committee	House	Referred to	Dec 11, 2015
Ways and Means Committee	House	Referred to	Dec 10, 2015

## Subjects & Policy Tags

### Policy Area:

Health

## Related Bills

Bill	Relationship	Last Action
114 S 2392	Identical bill	Dec 10, 2015: Read twice and referred to the Committee on Finance.

## **Medicare Advantage Bill of Rights Act of 2015**

This bill amends title XVIII (Medicare) of the Social Security Act to establish limits on the removal of Medicare Advantage (MA) providers by MA organizations. Within 60 days before the first day of the annual coordinated election period for an MA plan, an MA organization may remove a provider from the plan only if the provider is: (1) medically negligent, (2) in violation of a legal or contractual requirement, or (3) otherwise unfit to furnish items and services as required.

An MA organization may remove a provider from an MA plan only after the completion of a fair notice and appeal process. Additionally, the MA organization must: (1) provide written notification of the removal to each enrollee receiving items or services from the provider, and (2) ensure that the removal satisfies certain continuity of care requirements.

The bill also establishes network adequacy requirements. Specifically, when establishing a plan network, an MA organization shall consider specified factors related to provider availability and the timely provision of care. Furthermore, an MA organization must annually certify to the Centers for Medicare & Medicaid Services that providers in each of its plan networks are able to provide services and meet enrollees' needs as required.

Sanctions for noncompliance with the bill's requirements apply.

### **Actions Timeline**

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- **Dec 11, 2015:** Referred to the Subcommittee on Health.
- **Dec 10, 2015:** Introduced in House
- **Dec 10, 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.
- **Dec 10, 2015:** Referred to the Subcommittee on Health.