

HR 5273

Helping Hospitals Improve Patient Care Act of 2016

Congress: 114 (2015–2017, Ended)

Chamber: House

Policy Area: Health

Introduced: May 18, 2016

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 8, 2016)

Official Text: <https://www.congress.gov/bill/114th-congress/house-bill/5273>

Sponsor

Name: Rep. Tiberi, Patrick J. [R-OH-12]

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

Cosponsors (1 total)

Cosponsor	Party / State	Role	Date Joined
Rep. McDermott, Jim [D-WA-7]	D - WA		May 18, 2016

Committee Activity

Committee	Chamber	Activity	Date
Energy and Commerce Committee	House	Discharged From	Jun 7, 2016
Finance Committee	Senate	Referred To	Jun 8, 2016
Ways and Means Committee	House	Referred to	May 19, 2016

Subjects & Policy Tags

Policy Area:

Health

Related Bills

Bill	Relationship	Last Action
114 HR 34	Related bill	Dec 13, 2016: Became Public Law No: 114-255.
114 HR 5268	Related bill	May 20, 2016: Referred to the Subcommittee on Health.
114 S 607	Related bill	Feb 5, 2016: Referred to the Subcommittee on Health.
114 HR 3291	Related bill	Aug 12, 2015: Referred to the Subcommittee on Health.
114 HR 2506	Related bill	Jun 16, 2015: Placed on the Union Calendar, Calendar No. 114.
114 HR 2580	Related bill	Jun 16, 2015: Placed on the Union Calendar, Calendar No. 113.
114 HR 441	Related bill	Feb 27, 2015: Referred to the Subcommittee on Health.
114 HR 672	Related bill	Feb 12, 2015: Referred to the Subcommittee on Health.
114 S 202	Related bill	Jan 21, 2015: Read twice and referred to the Committee on Finance. (text of measure as introduced: CR S349)

Helping Hospitals Improve Patient Care Act of 2016

TITLE I--PROVISIONS RELATING TO MEDICARE PART A

(Sec. 101) The bill amends title XVIII (Medicare) of the Social Security Act to require the Centers for Medicare & Medicaid Services (CMS) to develop, with respect to claims for hospital services, codes under the Healthcare Common Procedure Coding System (HCPCS) for similar inpatient and outpatient hospital services.

(Sec. 102) The bill establishes processes for adjusting a hospital's Medicare payments based on the hospital's overall proportion of inpatients who are dually eligible for Medicare and Medicaid.

(Sec. 103) The bill extends for five years the Rural Community Hospital Demonstration Program, through which Medicare pays certain rural hospitals on the basis of reasonable incurred costs rather than under the standard prospective payment system.

(Sec. 104) With respect to long-term care hospitals, the bill lifts a moratorium on bed increases. The bill reduces rates for high-cost outlier payments, which are additional Medicare payments made in extraordinarily high-cost cases.

(Sec. 105) The bill reduces the amount by which hospital payment rates for inpatient services increase in FY2018.

TITLE II--PROVISIONS RELATING TO MEDICARE PART B

(Sec. 201) The bill excludes certain off-campus outpatient departments (OPDs) from specified rules that mandate lower Medicare payments. Specifically, the exclusion applies to: (1) cancer hospitals in off-campus OPDs, and (2) mid-build OPDs. A "mid-build" OPD is one for which the provider had, before a certain date, a binding written agreement with an outside party for construction.

(Sec. 203) With respect to payment reductions for failing to meet requirements for the meaningful use of electronic health records (EHRs), the bill exempts eligible professionals who are based in ambulatory surgical centers.

TITLE III--OTHER MEDICARE PROVISIONS

(Sec. 301) Until plan year 2019, CMS may not terminate an MA plan solely because the plan failed to achieve a specified minimum quality rating.

(Sec. 302) CMS must annually report on Medicare enrollment data, as specified by the bill.

(Sec. 303) CMS shall: (1) request information and recommendations from stakeholders on information included in the Welcome to Medicare package, and (2) update the information included in the package accordingly.

Actions Timeline

- **Jun 8, 2016:** Received in the Senate and Read twice and referred to the Committee on Finance.
- **Jun 7, 2016:** Reported (Amended) by the Committee on Ways and Means. H. Rept. 114-604, Part I.
- **Jun 7, 2016:** Committee on Energy and Commerce discharged.
- **Jun 7, 2016:** Placed on the Union Calendar, Calendar No. 470.
- **Jun 7, 2016:** Mr. Tiberi moved to suspend the rules and pass the bill, as amended.
- **Jun 7, 2016:** Considered under suspension of the rules. (consideration: CR H3470-3475)
- **Jun 7, 2016:** DEBATE - The House proceeded with forty minutes of debate on H.R. 5273.
- **Jun 7, 2016:** Passed/agreed to in House: On motion to suspend the rules and pass the bill, as amended Agreed to by voice vote.(text: CR H3470-3473)
- **Jun 7, 2016:** On motion to suspend the rules and pass the bill, as amended Agreed to by voice vote. (text: CR H3470-3473)
- **Jun 7, 2016:** Motion to reconsider laid on the table Agreed to without objection.
- **May 24, 2016:** Committee Consideration and Mark-up Session Held.
- **May 24, 2016:** Ordered to be Reported (Amended) by Voice Vote.
- **May 19, 2016:** Referred to the Subcommittee on Health.
- **May 18, 2016:** Introduced in House
- **May 18, 2016:** 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.