

HR 5721

Local Coverage Determination Clarification Act of 2016

Congress: 114 (2015–2017, Ended)

Chamber: House

Policy Area: Health

Introduced: Jul 11, 2016

Current Status: Referred to the Subcommittee on Health.

Latest Action: Referred to the Subcommittee on Health. (Jul 19, 2016)

Official Text: <https://www.congress.gov/bill/114th-congress/house-bill/5721>

Sponsor

Name: Rep. Jenkins, Lynn [R-KS-2]

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

Cosponsors (15 total)

Cosponsor	Party / State	Role	Date Joined
Rep. Kind, Ron [D-WI-3]	D · WI		Jul 11, 2016
Rep. Harper, Gregg [R-MS-3]	R · MS		Jul 14, 2016
Rep. Blum, Rod [R-IA-1]	R · IA		Sep 9, 2016
Rep. Sessions, Pete [R-TX-32]	R · TX		Sep 9, 2016
Rep. Marchant, Kenny [R-TX-24]	R · TX		Sep 20, 2016
Rep. Peterson, Collin C. [D-MN-7]	D · MN		Sep 21, 2016
Rep. Price, Tom [R-GA-6]	R · GA		Sep 22, 2016
Rep. Kuster, Ann M. [D-NH-2]	D · NH		Sep 26, 2016
Rep. Bilirakis, Gus M. [R-FL-12]	R · FL		Nov 29, 2016
Rep. Blackburn, Marsha [R-TN-7]	R · TN		Nov 29, 2016
Rep. Crowley, Joseph [D-NY-14]	D · NY		Nov 29, 2016
Rep. Renacci, James B. [R-OH-16]	R · OH		Nov 29, 2016
Rep. Stivers, Steve [R-OH-15]	R · OH		Nov 29, 2016
Rep. Tonko, Paul [D-NY-20]	D · NY		Dec 5, 2016
Rep. Thompson, Mike [D-CA-5]	D · CA		Dec 8, 2016

Committee Activity

Committee	Chamber	Activity	Date
Energy and Commerce Committee	House	Referred To	Jul 11, 2016
Ways and Means Committee	House	Referred to	Jul 19, 2016

Subjects & Policy Tags

Policy Area:

Health

Related Bills

Bill	Relationship	Last Action
114 S 3392	Identical bill	Sep 22, 2016: Read twice and referred to the Committee on Finance.

Summary (as of Jul 11, 2016)

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

- **Jul 19, 2016:** Referred to the Subcommittee on Health.
- **Jul 11, 2016:** Introduced in House
- **Jul 11, 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.