S 810

SGR Repeal and Medicare Provider Payment Modernization Act of 2015

Congress: 114 (2015–2017, Ended)
Chamber: Senate
Policy Area: Health
Introduced: Mar 19, 2015
Current Status: Read twice and referred to the Committee on Finance.
Latest Action: Read twice and referred to the Committee on Finance. (Mar 19, 2015)
Official Text: https://www.congress.gov/bill/114th-congress/senate-bill/810

Sponsor

Name: Sen. Hatch, Orrin G. [R-UT]
Party: Republican • **State:** UT • **Chamber:** Senate

Cosponsors

No cosponsors are listed for this bill.

Committee Activity

Committee	Chamber	Activity	Date
Finance Committee	Senate	Referred To	Mar 19, 2015

Subjects & Policy Tags

Policy Area:

Health

Related Bills

Bill	Relationship	Last Action
114 HR 2	Related bill	**Apr 16, 2015:** Became Public Law No: 114-10.
114 HR 1470	Identical bill	**Mar 31, 2015:** Referred to the Subcommittee on the Constitution and Civil Justice.
114 HR 804	Related bill	**Feb 27, 2015:** Referred to the Subcommittee on Health.

Summary (as of Mar 19, 2015)

SGR Repeal and Medicare Provider Payment Modernization Act of 2015

Amends title XVIII (Medicare) of the Social Security Act (SSAct) to: (1) remove sustainable growth rate (SGR) methodology from the determination of annual conversion factors in the formula for payment for physicians' services, and (2) revise the update in rates for 2015 and subsequent years.

Directs the Secretary of Health and Human Services to establish a Merit-based Incentive Payment (MIP) system under which eligible professionals (including physicians, physician assistants, nurse practitioners, clinical nurse specialists, and certified registered nurse anesthetists) shall receive annual payment increases or decreases based on their performance.

Requires specified incentive payments to eligible participants in an alternative payment model.

Requires the Secretary to: (1) draft a plan for development of quality measures to assess professionals, including non-patient-facing professionals; and (2) make payments for chronic care management services.

Expands the kinds of uses of Medicare data available to qualified entities. Directs the Secretary to provide Medicare data to qualified clinical data registries to facilitate quality improvement or patient safety.

Declares it a national objective to achieve widespread exchange of health information through interoperable certified electronic health records technology nationwide by December 31, 2018.

Actions Timeline

- **Mar 19, 2015:** Introduced in Senate
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