

HR 3224

CARE Act of 2017

Congress: 115 (2017–2019, Ended)

Chamber: House

Policy Area: Health

Introduced: Jul 13, 2017

Current Status: Referred to the Subcommittee on Health.

Latest Action: Referred to the Subcommittee on Health. (Jul 25, 2017)

Official Text: <https://www.congress.gov/bill/115th-congress/house-bill/3224>

Sponsor

Name: Rep. Harper, Gregg [R-MS-3]

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

Cosponsors (11 total)

Cosponsor	Party / State	Role	Date Joined
Rep. Kelly, Trent [R-MS-1]	R · MS		Jul 13, 2017
Rep. Kind, Ron [D-WI-3]	D · WI		Jul 13, 2017
Rep. Loebssack, David [D-IA-2]	D · IA		Jul 13, 2017
Rep. Palazzo, Steven M. [R-MS-4]	R · MS		Jul 13, 2017
Rep. Peterson, Collin C. [D-MN-7]	D · MN		Jul 13, 2017
Rep. Thompson, Bennie G. [D-MS-2]	D · MS		Jul 13, 2017
Rep. Cramer, Kevin [R-ND-At Large]	R · ND		Sep 25, 2017
Rep. McKinley, David B. [R-WV-1]	R · WV		Dec 7, 2017
Rep. Clarke, Yvette D. [D-NY-9]	D · NY		Apr 24, 2018
Rep. Jenkins, Evan H. [R-WV-3]	R · WV		Jun 28, 2018
Rep. Poliquin, Bruce [R-ME-2]	R · ME		Sep 26, 2018

Committee Activity

Committee	Chamber	Activity	Date
Energy and Commerce Committee	House	Referred to	Jul 14, 2017
Ways and Means Committee	House	Referred to	Jul 25, 2017

Subjects & Policy Tags

Policy Area:

Health

Related Bills

No related bills are listed.

Critical Access and Rural Equity Act of 2017 or the CARE Act of 2017

This bill amends title XVIII (Medicare) of the Social Security Act to specify that, for purposes of determining Medicare payment and reasonable costs for both inpatient and outpatient critical access hospital (CAH) services, the Centers for Medicare & Medicaid Services (CMS) shall recognize as allowable costs those related to specified emergency, diagnostic, anesthetist, community health, and off-campus clinical services.

Furthermore, in determining payment and reasonable costs for both inpatient and outpatient CAH services, CMS shall not disallow payment to a CAH on the basis that such payment offsets the cost of a current permissible health care-related tax imposed on and paid by the CAH. CMS must make specified payment adjustments to account for such a tax.

Generally, under current law, a facility must be located beyond a specified driving distance from another hospital or facility in order to be designated as a CAH. The bill specifies that this requirement does not apply with respect to a CAH's off-campus provider-based clinic.

Current law further requires a facility to provide certain 24-hour emergency care services as a condition of designation as a CAH. The bill allows CMS to waive this requirement with respect to a facility that coordinates with a nearby facility or hospital that provides such services.

Actions Timeline

- **Jul 25, 2017:** Referred to the Subcommittee on Health.
- **Jul 14, 2017:** Referred to the Subcommittee on Health.
- **Jul 13, 2017:** Introduced in House
- **Jul 13, 2017:** 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.