# HR 3611

Healthcare Outcomes Act of 2017

**Congress:** 115 (2017–2019, Ended)
**Chamber:** House
**Policy Area:** Health
**Introduced:** Jul 28, 2017
**Current Status:** Referred to the House Committee on Ways and Means.
**Latest Action:** Referred to the House Committee on Ways and Means. (Jul 28, 2017)
**Official Text:** https://www.congress.gov/bill/115th-congress/house-bill/3611

## Sponsor

**Name:** Rep. Paulsen, Erik [R-MN-3]
**Party:** Republican • **State:** MN • **Chamber:** House

## Cosponsors (4 total)

| Cosponsor | Party / State | Role | Date Joined |
|---|---|---|---|
| Rep. Kind, Ron [D-WI-3] | D · WI | | Jul 28, 2017 |
| Rep. Marchant, Kenny [R-TX-24] | R · TX | | Jul 28, 2017 |
| Rep. Jenkins, Lynn [R-KS-2] | R · KS | | Sep 5, 2017 |
| Rep. Love, Mia B. [R-UT-4] | R · UT | | Mar 6, 2018 |

## Committee Activity

| Committee | Chamber | Activity | Date |
|---|---|---|---|
| Ways and Means Committee | House | Referred To | Jul 28, 2017 |

## Subjects & Policy Tags

**Policy Area:**

Health

## Related Bills

*No related bills are listed.*

## Summary (as of Jul 28, 2017)

**Healthcare Outcomes Act of 2017**

This bill amends title XVIII (Medicare) of the Social Security Act to replace the existing methodology for calculating Medicare payment adjustments for subsection (d) hospitals based on outcomes in readmissions and complications with a new methodology based on value-based outcomes in those and other areas. (In general, a "subsection (d) hospital" is an acute care hospital that receives payments under Medicare's inpatient prospective payment system.)

Specifically, the bill: (1) establishes a methodology for determining a hospital's financial impact attributable to complications, readmissions, return emergency room visits, and post-acute care episode expenditures; and (2) requires the Centers for Medicare & Medicaid Services (CMS) to select methodologies for identifying potentially avoidable outcomes in those categories. Subject to both a ceiling and a floor, among other specified refinements, a hospital's payment adjustment factor for an applicable prospective period shall be based on the ratio of that financial impact to the aggregate amount of standardized payments made to the hospital with respect to that period.

The CMS must ensure budget neutrality with respect to application of the payment adjustment factor across all subsection (d) hospitals.

The CMS shall regularly report to hospitals and to the public on each hospital's performance with regard to potentially avoidable outcomes.

## Actions Timeline

- **Jul 28, 2017:** Introduced in House
- **Jul 28, 2017:** Referred to the House Committee on Ways and Means.

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