

HR 4133

Medicare Patient Empowerment Act of 2017

Congress: 115 (2017–2019, Ended)

Chamber: House

Policy Area: Health

Introduced: Oct 25, 2017

Current Status: Referred to the Subcommittee on Health.

Latest Action: Referred to the Subcommittee on Health. (Oct 27, 2017)

Official Text: <https://www.congress.gov/bill/115th-congress/house-bill/4133>

Sponsor

Name: Rep. Sessions, Pete [R-TX-32]

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

Cosponsors (5 total)

Cosponsor	Party / State	Role	Date Joined
Rep. Roe, David P. [R-TN-1]	R · TN		Oct 25, 2017
Rep. Lamborn, Doug [R-CO-5]	R · CO		Dec 12, 2017
Rep. Cramer, Kevin [R-ND-At Large]	R · ND		Dec 13, 2017
Rep. Johnson, Bill [R-OH-6]	R · OH		May 23, 2018
Rep. Coffman, Mike [R-CO-6]	R · CO		Jul 16, 2018

Committee Activity

Committee	Chamber	Activity	Date
Energy and Commerce Committee	House	Referred to	Oct 27, 2017
Ways and Means Committee	House	Referred To	Oct 25, 2017

Subjects & Policy Tags

Policy Area:

Health

Related Bills

Bill	Relationship	Last Action
115 S 3610	Related bill	Nov 13, 2018: Read twice and referred to the Committee on Finance.

Medicare Patient Empowerment Act of 2017

This bill allows any Medicare beneficiary to enter into a contract with an eligible professional, regardless of whether the professional is a participating or non-participating physician or practitioner, for any item or service covered by Medicare. Such beneficiaries may submit a claim for Medicare payment in the amount that would otherwise apply, except that, where the professional is considered to be non-participating, payment shall be paid as if the professional were participating. An eligible professional is a physician, physician assistant, nurse practitioner, clinical nurse specialist, certified registered nurse anesthetist, certified nurse-midwife, clinical social worker, clinical psychologist, physical or occupational therapist, qualified speech-language pathologist, or qualified audiologist.

A Medicare beneficiary must agree in writing in such a contract to: (1) pay the eligible professional for a Medicare-covered item or service; and (2) submit, in lieu of the eligible professional, a claim for Medicare payment. However, a beneficiary may negotiate, as a term of the contract, for the eligible professional to file such claims on the beneficiary's behalf.

The bill preempts state laws from limiting the amount of charges for physician and practitioner services for which Medicare payment is made.

Actions Timeline

- **Oct 27, 2017:** Referred to the Subcommittee on Health.
- **Oct 25, 2017:** Introduced in House
- **Oct 25, 2017:** Referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, 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.