

HR 4554

Medicare Common Access Card Act of 2017

Congress: 115 (2017–2019, Ended)

Chamber: House

Policy Area: Health

Introduced: Dec 5, 2017

Current Status: Referred to the Subcommittee on Health.

Latest Action: Referred to the Subcommittee on Health. (Dec 8, 2017)

Official Text: <https://www.congress.gov/bill/115th-congress/house-bill/4554>

Sponsor

Name: Rep. Roskam, Peter J. [R-IL-6]

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

Cosponsors (9 total)

Cosponsor	Party / State	Role	Date Joined
Rep. Blumenauer, Earl [D-OR-3]	D · OR		Dec 5, 2017
Rep. Boyle, Brendan F. [D-PA-13]	D · PA		Dec 5, 2017
Rep. Buchanan, Vern [R-FL-16]	R · FL		Dec 5, 2017
Rep. Connolly, Gerald E. [D-VA-11]	D · VA		Dec 5, 2017
Rep. Costello, Ryan A. [R-PA-6]	R · PA		Dec 5, 2017
Rep. Davis, Danny K. [D-IL-7]	D · IL		Dec 5, 2017
Rep. Dingell, Debbie [D-MI-12]	D · MI		Dec 5, 2017
Rep. Meehan, Patrick [R-PA-7]	R · PA		Dec 5, 2017
Rep. Shimkus, John [R-IL-15]	R · IL		Dec 5, 2017

Committee Activity

Committee	Chamber	Activity	Date
Energy and Commerce Committee	House	Referred to	Dec 8, 2017
Ways and Means Committee	House	Referred To	Dec 5, 2017

Subjects & Policy Tags

Policy Area:

Health

Related Bills

No related bills are listed.

Medicare Common Access Card Act of 2017

This bill requires the Centers for Medicare & Medicaid Services (CMS) to establish a three-year pilot program, in at least three geographic areas, to demonstrate the feasibility of using smart-card technology to authenticate the identity of a Medicare beneficiary at points of service. The CMS shall select supplier and provider types that will be required to participate in the pilot program as a condition of Medicare payment, but must exempt from participation a supplier or provider that: (1) does not have access to card-reader technology, (2) does not have sufficient internet access, or (3) has a low volume of Medicare claims. The CMS shall select a private contractor to implement and operate the pilot program.

The CMS must submit specified reports to Congress on program design, implementation, and performance.

For purposes of conducting the pilot program, the CMS shall provide for the transfer of \$150 million from the Supplemental Medical Insurance Trust Fund to the CMS Program Management Account.

Actions Timeline

- **Dec 8, 2017:** Referred to the Subcommittee on Health.
- **Dec 5, 2017:** Introduced in House
- **Dec 5, 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.