



## S. 984—Steve Gleason Act of 2015 (Sen. Vitter, R-LA)

**CONTACT:** REBEKAH ARMSTRONG, REBEKAH.ARMSTRONG@MAIL.HOUSE.GOV, 202-226-0678

**FLOOR SCHEDULE:** JULY 15, 2015 UNDER A SUSPENSION OF THE RULES WHICH REQUIRES TWO-THIRDS MAJORITY FOR PASSAGE.

**TOPLINE SUMMARY:** [S. 984](#) would provide Medicare beneficiaries access to speech generating devices (SGD) and remove the rental cap for durable medical equipment (DME) for speech generating devices.

**CONSERVATIVE CONCERNS:** Some conservatives may be concerned this would expand the scope of Medicare coverage and would increase direct spending by \$28 million. In addition, [CBO warns](#) federal spending could continue to increase if the Centers for Medicare and Medicaid Services (CMS), which administers the Medicare DME program, does not revert to the capped-rental system for SGD. This could place more financial strain on Medicare.

- **Expand the Size and Scope of the Federal Government?** This bill would expand the scope of Medicare coverage without addressing the long-term solvency of Medicare.
- **Encroach into State or Local Authority?** No.
- **Delegate Any Legislative Authority to the Executive Branch?** No.
- **Contain Earmarks/Limited Tax Benefits/Limited Tariff Benefits?** No.

**DETAILED SUMMARY AND ANALYSIS:** Under [current law](#), Medicare categorizes speech generating devices (SGD) as durable medical equipment. Medicare pays for the SGD through a system called capped rental, which requires beneficiaries to rent the device for 13 months before becoming the owner of the device. This bill would amend this payment policy to allow beneficiaries the ability to purchase the SGD immediately instead of at the end of the rental period. This option would be available for beneficiaries from October 1, 2015- October 1, 2018. It is [expected](#) many beneficiaries would choose immediate purchase, rather than opting for a rental, which could raise federal spending since many beneficiaries do not use the device for the entire 13 months.

In addition, this bill would amend the [definition](#) of DME to include eye-tracking and gaze-interaction devices. This change would allow beneficiaries who are unable to use their limbs access to SGD.

### OUTSIDE GROUPS SUPPORT:

- [ALS Association](#)

**COMMITTEE ACTION:** This bill was introduced by Senator Vitter on April 16, 2015, and passed by voice vote on April 22, 2015. The bill was sent to the House and referred to the Committee on Energy and Commerce, and the

**COST:** The [Congressional Budget Office](#) (CBO) estimates that enacting S. 984 would increase direct spending by \$28 million over the 2016-2025 period.

Pay-as-you-go procedures apply because enacting the legislation would affect direct spending.

Committee on Ways and Means. The Ways and Means Committee marked up the bill on June 2, 2015, and ordered the bill favorably reported to the House of Representatives by a voice vote.

**ADMINISTRATION POSITION:** No statement of administration policy is available at this time.

**CONSTITUTIONAL AUTHORITY:** Bills that originate in the Senate do not require a constitutional authority statement.

## S. 971—Medicare Independence at Home Medical Practice Demonstration (Sen. Wyden, D-OR)

---

**CONTACT:** REBEKAH ARMSTRONG, REBEKAH.ARMSTRONG@MAIL.HOUSE.GOV, 202-226-0678

**FLOOR SCHEDULE:** JULY 15, 2015 UNDER A SUSPENSION OF THE RULES WHICH REQUIRES TWO-THIRDS MAJORITY FOR PASSAGE.

**TOPLINE SUMMARY:** [S. 971](#) would extend the Medicare independence at home practice demonstration program from three to five years.

**COST:** There is no Congressional Budget Office (CBO) estimate available at this time.

**CONSERVATIVE CONCERNS:** There are no substantive concerns.

- **Expand the Size and Scope of the Federal Government?** No.
- **Encroach into State or Local Authority?** No.
- **Delegate Any Legislative Authority to the Executive Branch?** No.
- **Contain Earmarks/Limited Tax Benefits/Limited Tariff Benefits?** No.

**DETAILED SUMMARY AND ANALYSIS:** The [independence at home](#) (IAH) demonstration project created under the Affordable Care Act (ACA), allows health care providers to perform primary care services for chronically ill patients in their home. CMS tracks the beneficiary's care experience through quality measures. Practices that succeed in meeting these quality measures while generating Medicare savings would have an opportunity to receive incentive payments after meeting a minimum savings requirement.

This bill would extend the expiring three-year program to five years to allow the current practices participating additional time to create a viable model.

**COMMITTEE ACTION:** This bill was introduced by Senator Wyden on April 16, 2015, and passed the Senate by unanimous consent on April 22, 2015. It was then received in the House and referred to the Committee on Ways and Means, and the Committee on Energy and Commerce. On June 2, 2015, the Committee on Ways and Means held a mark-up and the bill was ordered to be reported out by voice vote.

Read the committee report, [here](#).

**ADMINISTRATION POSITION:** No statement of administration policy is available at this time.

**CONSTITUTIONAL AUTHORITY:** Bills that originate in the Senate do not require a constitutional authority statement.

---

**NOTE:** *RSC Legislative Bulletins are for informational purposes only and should not be taken as statements of support or opposition from the Republican Study Committee.*

###