

H.R. 1191—Protecting Volunteer Firefighters and Emergency Responders Act (Barletta, R-PA)

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FLOOR SCHEDULE: MARCH 16, 2015 UNDER A SUSPENSION OF THE RULES WHICH REQUIRES TWO-THIRDS MAJORITY FOR PASSAGE.

TOPLINE SUMMARY: This [bill](#) would amend the Internal Revenue Code of 1986 to ensure certain emergency services volunteers are not counted when determining the number of full-time employees or full-time equivalents (FTE) of an employer for the purposes of the employer mandate in the Affordable Care Act (ACA). This bill is retroactive to December 31, 2013.

COST: There is no Congressional Budget Office (CBO) score is not available at this time.

CONSERVATIVE CONCERNS: There are no substantive conservative 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 same bill (H.R. 33) passed the House on January 12, 2015, by a vote of [401-0](#). The House will take up this bill again since the Senate used this piece of legislation as a shell for the 1-week DHS CR. Read the RSC legislative bulletin for H.R. 33 [here](#).

The ACA sets out a two-part calculation for determining: (1) firms that are subject to the penalty; and (2) workers within a firm that are subject to the penalty. Specifically, the ACA establishes a rule for determining whether an employer is considered "large" under the ACA definition and, therefore, potentially subject to a penalty.

"Full-time" is defined as having worked on average at least 30 hours per week. Hours worked by part-time employees (i.e., those working less than 30 hours per week) are converted into FTEs and are included in the calculation used to determine whether a firm is a large employer. To do this, overall hours worked by part-time employees during a month are added up, and the total is divided by 120 and added to the number of full-time employees to get the number of FTE workers.

According to the [committee report](#) released in the 113th Congress, the IRS has a history of treating volunteer firefighters as employees for tax purposes. If the IRS did determine these volunteers were indeed employees, volunteer fire departments would have to comply with the employer mandate requirements and be subject to a penalty if noncompliant.

The Treasury Department issued a [blog](#) post on January 10, 2014, and a [final regulation](#) on February 10, 2014, which noted the concerns about volunteer firefighters and states, “hours of service do not include hours worked by a bona fide volunteer.”

COMMITTEE ACTION: This bill was introduced on March 2, 2015, by Representative Barletta, and referred to the House Committee on Ways and Means where it awaits further action.

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

CONSTITUTIONAL AUTHORITY: According to the sponsor, Congress has the power to enact this legislation pursuant to the following: “Article I, Section 8, Clauses 1 and 18 of the U.S. Constitution.”

H.R. 284— Medicare Competitive Bidding (Tiberi, R-OH)

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FLOOR SCHEDULE: MARCH 16, 2015 UNDER A SUSPENSION OF THE RULES WHICH REQUIRES TWO-THIRDS MAJORITY FOR PASSAGE.

TOPLINE SUMMARY: This [bill](#) would add new requirements on firms who provide durable medical equipment (DME) through the Medicare competitive bidding program. This would apply for contracts beginning no earlier than January 1, 2017, and no later than January 1, 2019.

CONSERVATIVE CONCERNS: There are no substantive conservative 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.

COST: The Congressional Budget Office (CBO) [estimates](#) that enacting H.R. 284 would increase revenues by about \$1 million over the 2015-2025 period. The legislation could affect direct spending, but CBO estimates those effects would not be significant.

DETAILED SUMMARY AND ANALYSIS: Under the current [Medicare DMEPOS](#) (durable medical equipment, prosthetic and orthotic devices, and supplies) competitive bidding program, supplier bids are non-binding, meaning the supplier can accept or reject a contract after it is offered by the Centers for Medicare and Medicaid Services (CMS). Concerns have been raised that non-binding contracts encourage artificially low bids, since suppliers know they are not contractually required to provide the product. This can leave beneficiaries in certain areas with difficulty accessing equipment due to suppliers taking a significant reduction in reimbursements.

This bill would require entities wishing to submit a DME bid for a competitive acquisition to show proof of a bid surety bond worth \$50,000-\$100,000 before submitting their bid. In the event the entity’s bid was at or below the median composite bid rate and the entity does not accept the contract, the bid surety bond would be forfeited and the Secretary of Health and Human Services would collect on it. In addition, all entities would be required to meet all applicable state licensure requirements. Finally, the bill would require the Comptroller

General to conduct a study that evaluates the effect of the bid surety bond requirement on the participation of small suppliers and in the Medicare DMEPOS program.

COMMITTEE ACTION: This bill was introduced by Representative Tiberi on January 12, 2015, and referred to the Committee on Energy and Commerce, and the Committee on Ways and Means. On February 26, 2015, the Committee on Ways and Means held a [mark-up](#) and the bill was reported out, as [amended](#), by voice vote.

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

CONSTITUTIONAL AUTHORITY: According to the sponsor, Congress has the power to enact this legislation pursuant to the following: “Article I, Section 8, Clause 3.”

H.R. 876—NOTICE Act (Doggett, D-TX)

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FLOOR SCHEDULE: MARCH 16, 2015 UNDER A SUSPENSION OF THE RULES WHICH REQUIRES TWO-THIRDS MAJORITY FOR PASSAGE.

TOPLINE SUMMARY: This [bill](#) would require hospitals and critical access hospitals to inform a patient who receives outpatient observation services for more than 24 hours of: (1) their status as an outpatient as opposed to an inpatient; (2) the implications of the status on services furnished such as cost-sharing requirements and eligibility for services furnished at a skilled nursing facility; and (3) any additional information as determined by the Secretary of Health and Human Services. The notification will be signed by the patient or a staff member in the hospital if the patient refuses to sign.

COST: The [Congressional Budget Office](#) (CBO) estimates enacting H.R. 876 could affect direct spending; therefore, pay-as-you-go procedures apply. However, CBO estimates that the bill would not have significant budgetary effects over the 2015-2025 period.

CONSERVATIVE CONCERNS: There are no substantive conservative 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: For Medicare beneficiaries, [hospital status](#) affects how much beneficiaries are required to pay for hospital services, and whether Medicare will cover a skilled nursing facility (SNF) upon discharge. It is difficult to differentiate between inpatient and outpatient status since some outpatient observation visits can last over 24 hours. The difference between the two statuses can be very costly for Medicare beneficiaries. This bill would require patients who are in the hospital under observation to be notified of their status

OUTSIDE GROUPS SUPPORT:

- [American Health Care Association](#)
- [National Center for Assisted Living](#)

COMMITTEE ACTION: This bill was introduced by Representative Doggett on February 11, 2015, and referred to the Committee on Ways and Means, and the Committee on Energy and Commerce. . On February 26, 2015, the Committee on Ways and Means held a [mark-up](#) and the bill was reported out, as amended, by voice vote.

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

CONSTITUTIONAL AUTHORITY: According to the sponsor, Congress has the power to enact this legislation pursuant to the following: “Clause 1 of Section 8 of Article I of the United States Constitution.”

H.R. 639— Improving Regulatory Transparency for New Medical Therapies Act (Pitts, R-PA)

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FLOOR SCHEDULE: MARCH 16, 2015 UNDER A SUSPENSION OF THE RULES WHICH REQUIRES TWO-THIRDS MAJORITY FOR PASSAGE.

TOPLINE SUMMARY: This [bill](#) would amend the Controlled Substances Act (CSA) to require the Drug Enforcement Agency (DEA) to act on a recommendation from the Food and Drug Administration (FDA) to add a drug or substance to a schedule of controlled substances within a certain period. For newly approved drugs, the Attorney General will have 90 days after receiving the scientific and medical evaluation from the Secretary of Health and Human Services (HHS), or 90 after the date the Attorney General receives notification from HHS intends to recommend controls for under the CSA to issue an interim final rule controlling the drug.

COST: A Congressional Budget Office score is not available at this time.

CONSERVATIVE CONCERNS: There are no substantive conservative 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: Under current law, FDA-approved medicines with the potential for abuse are required by the CSA to be “[scheduled](#)” by the Drug Enforcement Agency (DEA) before they can be put on the market. The FDA provides its recommendation to the DEA; however, the DEA is under no time requirement to act. Between 1997-1999 and 2009-2013, the average time between FDA approval and DEA’s final scheduling increased from an average of 49.3 days to an average of 237.6 days.

COMMITTEE ACTION: This bill was introduced by Representative Pitts on February 2, 2015, and it was referred to the Committee on Energy and Commerce and the Committee on the Judiciary. On February 11, 2015, Energy and Commerce held a [mark-up](#) and the bill was passed, as [amended](#), by voice vote.

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

CONSTITUTIONAL AUTHORITY: According to the sponsor, Congress has the power to enact this legislation pursuant to the following: "Article I, Section 8, Clause 3, which states that Congress shall have the power ``to regulate commerce with foreign nations, and among the several states . . ."

H.R. 647— Access to Life-Saving Trauma Care for All Americans Act (Burgess, R-TX)

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FLOOR SCHEDULE: MARCH 16, 2015 UNDER A SUSPENSION OF THE RULES WHICH REQUIRES TWO-THIRDS MAJORITY FOR PASSAGE.

TOPLINE SUMMARY: This [bill](#) would amend the Public Health Service Act to reauthorize Trauma Center Care Grants and Trauma Service Availability Grants through fiscal year 2020.

COST: There is no Congressional Budget Office (CBO) score is not available at this time.

CONSERVATIVE CONCERNS: There are no substantive conservative 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: This bill would reauthorize Trauma Center Care Grants and Trauma Service Availability Grants for fiscal years 2016-2020. For each fiscal year, the legislation would authorize \$100,000,000 to assist in offsetting uncompensated care costs, and to ensure the continuation of the core missions of trauma centers and their future availability. In addition, the bill would clarify public, nonprofit, Indian Health Service, Indian tribal, and urban Indian trauma centers are eligible to receive grants, and would change the administration of those grant programs to be the responsibility of the Assistant Secretary for Preparedness and Response.

OUTSIDE GROUPS SUPPORT:

- [Association of Critical Care Transport](#)
- [American Association of Neurological Surgeons / Congress of Neurological Surgeons](#)
- [American Burn Association](#)
- [American College of Emergency Physicians](#)
- [American College of Surgeons](#)
- [Trauma Center Association of America](#)
- [American Association of Orthopaedic Surgeons](#)
- [Trauma Coalition](#)

COMMITTEE ACTION: This bill was introduced by Representative Burgess on February 2, 2015, and referred to the House Committee on Energy and Commerce. On February 11, 2015, Energy and Commerce held a [mark-up](#) and the bill was passed by voice vote.

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

CONSTITUTIONAL AUTHORITY: According to the sponsor, Congress has the power to enact this legislation pursuant to the following: “Article One, Section Eight, Clause One “The Congress shall have the power to lay and collect taxes, duties, imposts, and excises, to pay the debts and provide for the common defense and general welfare of the United States; but all duties, imposts and excises shall be uniform throughout the United States.” Article One, Section Eight, Clause Three “To regulate Commerce with foreign Nations, and among the several States, and with the Indian Tribes.”

H.R. 648— Trauma Systems and Regionalization of Emergency Care Reauthorization Act (Burgess, R-TX)

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FLOOR SCHEDULE: MARCH 16, 2015 UNDER A SUSPENSION OF THE RULES WHICH REQUIRES TWO-THIRDS MAJORITY FOR PASSAGE.

TOPLINE SUMMARY: This [bill](#) would amend the Public Health Service Act to reauthorize Trauma Care Systems Planning Grants and the Regionalization of Emergency Care Systems through fiscal year 2020.

COST: The Congressional Budget Office (CBO) [estimates](#) that implementing the bill would cost \$126 million over the 2015-2020 period, assuming appropriation of the authorized amounts.

CONSERVATIVE CONCERNS: There are no substantive conservative 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: In the 113th Congress, H.R. 4080, the Trauma Systems and Regionalization of Emergency Care Reauthorization Act, passed the House by voice vote. H.R. 648 is identical to that bill.

The grants reauthorized in this bill would support development and access to trauma systems, and for pilot projects to design, implement and evaluate innovative models of regionalized and comprehensive emergency care and trauma systems. In addition, it would direct states to consider national standards and requirements of the American Burn Association for the designation of a verified burn center.

OUTSIDE GROUPS SUPPORT:

- [Association of Critical Care Transport](#)
- [American Association of Neurological Surgeons /Congress of Neurological Surgeons](#)
- [American Burn Association](#)
- [American College of Emergency Physicians](#)
- [American College of Surgeons](#)
- [Trauma Center Association of America](#)
- [American Association of Orthopaedic Surgeons](#)
- [Trauma Coalition](#)

COMMITTEE ACTION: This bill was introduced by Representative Burgess on February 2, 2015, and referred to the House Committee on Energy and Commerce. On February 11, 2015, Energy and Commerce held a [mark-up](#) and the bill was passed by voice vote.

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

CONSTITUTIONAL AUTHORITY: According to the sponsor, Congress has the power to enact this legislation pursuant to the following: "Article One, Section Eight, Clause One "The Congress shall have the power to lay and collect taxes, duties, imposts, and excises, to pay the debts and provide for the common defense and general welfare of the United States; but all duties, imposts and excises shall be uniform throughout the United States." Article One, Section Eight, Clause Three "To regulate Commerce with foreign Nations, and among the several States, and with the Indian Tribes."