

113TH CONGRESS
1ST SESSION

H. R. 3531

To amend title XVIII of the Social Security Act to eliminate the 3-day prior hospitalization requirement for Medicare coverage of skilled nursing facility services in qualified skilled nursing facilities, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

NOVEMBER 19, 2013

Mr. RENACCI (for himself, Mr. PRICE of Georgia, Mr. WEBSTER of Florida, Mr. KELLY of Pennsylvania, Mr. STIVERS, Mr. CARNEY, Mr. BARBER, Ms. FUDGE, Mr. BUCSHON, and Mr. KILMER) introduced the following bill; which was referred to the Committee on Ways and Means

A BILL

To amend title XVIII of the Social Security Act to eliminate the 3-day prior hospitalization requirement for Medicare coverage of skilled nursing facility services in qualified skilled nursing facilities, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Creating Access to Re-
5 habilitation for Every Senior (CARES) Act of 2013”.

1 **SEC. 2. ELIMINATION OF MEDICARE 3-DAY PRIOR HOS-**
2 **PITALIZATION REQUIREMENT FOR COV-**
3 **ERAGE OF SKILLED NURSING FACILITY SERV-**
4 **ICES IN QUALIFIED SKILLED NURSING FA-**
5 **CILITIES.**

6 (a) IN GENERAL.—Subsection (f) of section 1812 of
7 the Social Security Act (42 U.S.C. 1395d) is amended to
8 read as follows:

9 “(f) COVERAGE OF EXTENDED CARE SERVICES
10 WITHOUT A 3-DAY PRIOR HOSPITALIZATION FOR QUALI-
11 FIED SKILLED NURSING FACILITY.—

12 “(1) IN GENERAL.—Effective for extended care
13 services furnished pursuant to an admission to a
14 skilled nursing facility that occurs more than 90
15 days after the date of the enactment of the Creating
16 Access to Rehabilitation for Every Senior (CARES)
17 Act of 2013, coverage shall be provided under this
18 part for an individual for such services in a qualified
19 skilled nursing facility that are not post-hospital ex-
20 tended care services.

21 “(2) CONTINUED APPLICATION OF CERTIFI-
22 CATION AND OTHER REQUIREMENTS AND PROVI-
23 SIONS.—The requirements of the following provi-
24 sions shall apply to extended care services provided
25 under paragraph (1) in the same manner as they
26 apply to post-hospital extended care services:

1 “(A) Paragraphs (2) and (6) of section
2 1814(a), except that the requirement of para-
3 graph (2)(B) of such section shall not apply in-
4 sofar as it relates to any required prior receipt
5 of inpatient hospital services.

6 “(B) Subsections (b)(2) and (e) of this sec-
7 tion.

8 “(C) Paragraphs (1)(G)(i), (2)(A), and (3)
9 of section 1861(v).

10 “(D) Section 1861(y).

11 “(E) Section 1862(a)(18).

12 “(F) Section 1866(a)(1)(H)(ii)(I).

13 “(G) Subsections (d) and (f) of section
14 1883.

15 “(H) Section 1888(e).

16 “(3) QUALIFIED SKILLED NURSING FACILITY
17 DEFINED.—

18 “(A) IN GENERAL.—In this subsection, the
19 term ‘qualified skilled nursing facility’ means a
20 skilled nursing facility that the Secretary deter-
21 mines—

22 “(i) subject to subparagraphs (B) and
23 (C), based upon the most recent ratings
24 under the system established for purposes
25 of rating skilled nursing facilities under

1 the Medicare Nursing Home Compare pro-
2 gram, has an overall rating of 3 or more
3 stars or a score of 4 stars or higher on the
4 individual quality domain or on the staff-
5 ing quality domain; and

6 “(ii) is not subject to a quality-of-care
7 corporate integrity agreement (relating to
8 one or more programs under this Act) that
9 is in effect with the Inspector General of
10 the Department of Health and Human
11 Services and that requires the facility to
12 retain an independent quality monitor.

13 The Secretary may make a determination under
14 clause (ii) based upon the most current infor-
15 mation contained in the website of the Inspec-
16 tor General.

17 “(B) WAIVER OF RATINGS TO ENSURE AC-
18 CESS.—The Secretary may, upon application,
19 waive the requirement of subparagraph (A)(i)
20 for a skilled nursing facility in order to ensure
21 access to extended care services that are not
22 post-hospital extended care services in par-
23 ticular underserved geographic areas.

24 “(C) GRACE PERIOD FOR CORRECTION OF
25 RATINGS.—In the case of a skilled nursing fa-

1 cility that qualifies as a qualified skilled nursing
2 facility for a period and that would be disquali-
3 fied under subparagraph (A)(i) because of a de-
4 cline in its star rating, before disqualifying the
5 facility the Secretary shall provide the facility
6 with a grace period of 1 year during which the
7 facility seeks to improve its ratings based on a
8 plan of correction approved by the Secretary.

9 “(D) HOLDING BENEFICIARIES HARMLESS
10 IN CASE OF DISQUALIFICATION OF A FACIL-
11 ITY.—In the case of a skilled nursing facility
12 that qualifies as a qualified skilled nursing fa-
13 cility for a period and that is disqualified under
14 subparagraph (A), such disqualification shall
15 not apply to or affect individuals who are ad-
16 mitted to the facility at the time of the disquali-
17 fication.”.

18 (b) MEDPAC STUDY OF COST OF IMPLEMENTA-
19 TION.—The Medicare Payment Advisory Commission shall
20 conduct a study of, and submit a report to Congress and
21 the Secretary of Health and Human Services on, the cost
22 of impact of the amendment made by subsection (a), no
23 later than June 1, 2016.

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