



MEMORANDUM

October 15, 2019

To: Committee on Energy and Commerce Members and Staff

Fr: Committee on Energy and Commerce Staff

Re: Full Committee Markup of H.R. 3, H.R. 4671, H.R. 4618, H.R. 4650, and H.R. 4665

On Thursday, October 17, 2019, at 10 a.m. in the John D. Dingell Room, 2123 of the Rayburn House Office Building, the Committee on Energy and Commerce will hold a markup of the following bills:

H.R. 3, the “Lower Drug Costs Now Act of 2019”; **H.R. 4665**, the “Medicare Vision Act of 2019”; **H.R. 4671**, the “Helping Seniors Afford Health Care Act”; **H.R. 4618**, the “Medicare Hearing Act of 2019”; and **H.R. 4650**, the “Medicare Dental Act of 2019”.

I. H.R. 3, THE “LOWER DRUG COSTS NOW ACT OF 2019”

Reps. Pallone (D-NJ), Neal (D-MA), and Scott (D-VA) introduced H.R. 3, the “Lower Drug Costs Now Act of 2019”, that would establish a fair price negotiation program and empower the Secretary of Health and Human Services (HHS) to negotiate directly with drug manufacturers for the prices of certain drugs that lack competition.

The bill would also establish a mandatory rebate for drug manufacturers of certain covered Part B and Part D drugs that increase in price faster than inflation. It would also change the structure of the standard benefit design for Medicare Part D and create an out-of-pocket maximum for Part D enrollees. For more specific information on H.R. 3, please refer to the Subcommittee on Health [legislative hearing memo](#).

II. H.R. 4665, THE “MEDICARE VISION ACT OF 2019”

H.R. 4665, the “Medicare Vision Act of 2019”, introduced by Reps. Schrier (D-WA), O’Halloran (D-AZ), Slotkin (D-MI), and DelBene (D-WA), would add a vision benefit to the Medicare Part B program. The Medicare program currently only covers vision services related to certain eye diseases such as glaucoma or diabetic retinopathy. H.R. 4665 seeks to fill this gap in coverage by providing Medicare beneficiaries with access to crucial vision services.

H.R. 4665 provides coverage under Medicare Part B for routine eye examinations and fitting services for eyeglasses and contact lenses. It also provides coverage for either one pair of

eyeglasses during a two-year period or a two-year supply of contact lenses through Medicare's competitive bidding process for orthotics and prosthetics.

III. H.R. 4671, THE "HELPING SENIORS AFFORD HEALTH CARE ACT"

H.R. 4671, the "Helping Seniors Afford Health Care Act" introduced by Reps. Kim (D-NJ), Blunt Rochester (D-DE), and Evans (D-PA), would modify the Medicare Savings Program (MSP) and increase the income eligibility levels for partial dual-eligible beneficiaries who receive financial assistance through MSP.

The MSP provides financial assistance for Medicare premiums and cost-sharing for eligible low-income adults over age 65 and adults with disabilities. The Qualified Medicare Beneficiary (QMB) Program is the most expansive program under MSP, and helps pay for Medicare Part A premiums, Part B premiums, coinsurance, deductibles and copayments for individuals at or below 100 percent of the Federal Poverty Level (FPL). The Specified Low-Income Medicare Beneficiary (SLMB) program provides financial assistance with Part B premiums for individuals with income of at least 101 percent but less than 120 percent of the FPL. The Qualifying Individual (QI) program provides assistance with Part B premiums for individuals with incomes between 121 and 135 percent of the FPL.

H.R. 4671 would increase the income eligibility level to 135 percent of FPL for QMBs, and up to 200 percent of FPL for the SLMB program beginning plan year 2021. The bill provides additional funding to states at a 100 percent Federal Medical Assistance Percentage (FMAP) rate. The bill also aligns the Low-Income Subsidy (LIS) program and MSP eligibility and resource tests by increasing the MSP resource standards to the Medicaid spousal impoverishment resource allowance standard.

Additionally, H.R. 4671 simplifies MSP enrollment by giving states the option to use Express Lane and 12-month continuous eligibility for the MSP program. The bill also applies three-month retroactive eligibility for QMBs. The bill prohibits any medical assistance for some or all Medicare cost-sharing under the MSP programs from being considered income or resources in determining eligibility for any other Federal, state, or local public benefit program. Lastly, the bill provides \$50 million annually in grants to states to conduct outreach regarding Medicare enrollment assistance and benefit availability for fiscal years 2021 through 2025.

IV. H.R. 4618, THE "MEDICARE HEARING ACT OF 2019"

H.R. 4618, the "Medicare Hearing Act of 2019" introduced by Reps. McBath (D-GA) and Dingell (D-MI), would add a hearing benefit to Medicare Part B. The Medicare program currently covers hearing and balance exams but excludes coverage for most other hearing services and hearing aids.

H.R. 4618 would fill this gap by providing coverage for hearing aids for individuals with severe or profound hearing loss through Medicare's competitive bidding program for orthotics

and prosthetics. H.R. 4618 also allows for qualified audiologists operating within their scope of practice to provide aural rehabilitation and treatment services.

V. H.R. 4650, THE “MEDICARE DENTAL ACT OF 2019”

H.R. 4650, the “Medicare Dental Act of 2019” introduced by Reps. Kelly (D-IL) and Horsford (D-NV), would add a dental benefit to Medicare Part B. The Medicare program currently excludes coverage for most dental services such as preventive dental care, routine dental treatments, or dentures.

H.R. 4650 provides vital dental preventive and screening services, as well as coverage for basic (e.g. tooth extractions and oral disease management services) and major (e.g. root canals) treatment services. It also provides coverage for dentures through Medicare’s competitive bidding process for orthotics and prosthetics.