

118TH CONGRESS
1ST SESSION

H. R. 5392

To amend title XVIII of the Social Security Act to ensure timely review of local coverage determination requests under the Medicare program.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 12, 2023

Mr. DUNN of Florida (for himself and Ms. TENNEY) introduced the following bill; which was 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

A BILL

To amend title XVIII of the Social Security Act to ensure timely review of local coverage determination requests under the Medicare program.

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 “Timely Access to Cov-
5 erage Decisions Act of 2023”.

1 **SEC. 2. ENSURING TIMELY REVIEW OF LOCAL COVERAGE**
2 **DETERMINATION REQUESTS UNDER THE**
3 **MEDICARE PROGRAM.**

4 Section 1862(l)(5) of the Social Security Act (42
5 U.S.C. 1395y(l)(5)) is amended by adding at the end the
6 following new subparagraph:

7 “(E) TIMEFRAME FOR DECISIONS ON RE-
8 QUESTS FOR LOCAL COVERAGE DETERMINA-
9 TIONS.—

10 “(i) IN GENERAL.—The Secretary
11 shall require each Medicare administrative
12 contractor that receives a document that
13 identifies itself as a request for a local cov-
14 erage determination on or after the date
15 that is 90 days after the date of the enact-
16 ment of this subparagraph to determine
17 whether such request is a complete request
18 or an incomplete request not later than 30
19 days after such contractor receives such
20 document.

21 “(ii) NOTIFICATION WITH RESPECT
22 TO INCOMPLETE REQUESTS.—In the case a
23 Medicare administrative contractor makes
24 a determination described in clause (i) with
25 respect to a document so described that
26 such document is an incomplete request for

1 a local coverage determination, not later
2 than 60 days after the date on which such
3 contractor received such document, such
4 contractor shall transmit to the entity that
5 submitted such document a notification of
6 such determination that includes a speci-
7 fication of each item of additional informa-
8 tion needed to make such document a com-
9 plete request for a local coverage deter-
10 mination.

11 “(iii) DECISION TIMELINE FOR COM-
12 PLETE REQUESTS.—In the case a Medicare
13 administrative contractor makes a deter-
14 mination described in clause (i) with re-
15 spect to a document so described that such
16 document is an complete request for a
17 local coverage determination, not later
18 than 9 months after the date on which
19 such contractor received such document,
20 such contractor shall—

21 “(I) complete any necessary re-
22 search relating to such request;

23 “(II) consult with outside experts
24 on such request;

1 “(III) undertake a 45-day public
2 comment period on such request; and

3 “(IV) issue a decisions with re-
4 spect to such request.”.

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