On March 19, 2015, Representative Michael Burgess, M.D. (R-Texas) and a bipartisan group of cosponsors introduced the SGR Repeal and Medicare Provider Modernization Act of 2015 in the House of Representatives. H.R. 1470 would set the update to the conversion factor used to calculate Medicare payments to physicians at 0.0 percent through June 30, 2015, then to 0.5 percent for the remainder of 2015 and for each of the years 2016 through 2019. The cosponsors in the House were Fred Upton (R-Mich) and Frank Pallone (D-NJ), Chair and Ranking Member of the Energy and Commerce Committee, respectively; Paul Ryan (R-Wis) and Sander Levin (D-Mich), Chair and Ranking Member of the House Ways and Means Committee; Kevin Brady (R-Texas) and Jim McDermott, Chair and Ranking Member of the Ways and Means Committee’s Subcommittee on Health; and Charles Boustany, M.D. (R-La).

Senator Orrin Hatch (R-Utah) introduced a companion bill in the Senate. Both bills are described as identical to a bill that passed the House but did not come up for a vote in the Senate in 2014.

**Incentive payments.** Beginning with 2026, there would be two conversion factors, one for doctors who participate in an alternative payment model and another for those who do not. The bill also would consolidate the incentive payments for meaningful use of electronic health records and physician quality reporting, as well as value-based payments. All three elements would be incorporated into the scoring for one merit-based incentive payment. Another section provides that physicians and practitioners who manage the care of Medicare beneficiaries with multiple chronic conditions would be permitted to bill for that work.

**Other provisions.** Beginning in 2015, the bill would require the HHS Secretary to make information about the services physicians furnished to Medicare beneficiaries, charges submitted, and payments received. The information may focus on the most commonly performed procedures or groups of procedures. The agency also must consult with stakeholders to consider how to improve the management and analysis of resource use. Finally, the bill would clarify that state law, including common law, governing medical malpractice and product liability actions, are unaffected by relevant provisions of the Affordable Care Act or the Social Security Act provisions governing Medicare and Medicaid.