

A P P E N D I X

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**Commissioners' voting  
on recommendations**

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## Commissioners' voting on recommendations

In the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000, the Congress required MedPAC to call for individual Commissioner votes on each recommendation, and to document the voting record in its report. The information below satisfies that mandate.

### Chapter 1: Context for Medicare spending

No recommendations

### Chapter 2: Assessing payment adequacy and updating payments in fee-for-service Medicare

#### Section 2A: Hospital inpatient and outpatient services

**2A-1** The Secretary should add 13 DRGs to the post-acute transfer policy in fiscal year 2004 and then evaluate the effects on hospitals and beneficiaries before proposing further expansions.

*Yes:* Burke, DeBusk, DeParle, Durenberger, Feezor, Hackbarth, Muller, Nelson, Newhouse, Raphael, Reischauer, Rosenblatt, Rowe, Smith, Stowers

*No:* Wolter

*Not voting:* Wakefield

**2A-2** The Congress should enact a low-volume adjustment to the rates used in the inpatient PPS. This adjustment should apply only to hospitals that are more than 15 miles from another facility offering acute inpatient care.

*Yes:* Burke, DeBusk, DeParle, Durenberger, Feezor, Hackbarth, Muller, Nelson, Newhouse, Raphael, Reischauer, Rosenblatt, Rowe, Smith, Stowers, Wakefield, Wolter

**2A-3** The Secretary should reevaluate the labor share used in the wage index system that geographically adjusts rates in the inpatient PPS, with any resulting change phased in over two years.

*Yes:* Burke, DeBusk, DeParle, Durenberger, Feezor, Hackbarth, Muller, Nelson, Raphael, Reischauer, Rosenblatt, Rowe, Smith, Stowers, Wakefield, Wolter

*Not voting:* Newhouse

**2A-4** The Congress should raise the inpatient base rate for hospitals in rural and other urban areas to the level of the rate for those in large urban areas, phased in over two years.

*Yes:* Burke, DeBusk, DeParle, Durenberger, Feezor, Hackbarth, Muller, Nelson, Newhouse, Raphael, Reischauer, Rosenblatt, Rowe, Smith, Stowers, Wakefield, Wolter

**2A-5** The Congress should raise the cap on the disproportionate share add-on a hospital can receive in the inpatient PPS from 5.25 percent to 10 percent, phased in over two years.  
*Yes: Burke, DeBusk, Durenberger, Feezor, Hackbarth, Muller, Nelson, Newhouse, Reischauer, Rosenblatt, Rowe, Smith, Stowers, Wakefield, Wolter*  
*No: DeParle*  
*Not voting: Raphael*

**2A-6** The Congress should increase payment rates for the inpatient PPS by the rate of increase in the hospital market basket, less 0.4 percent, for fiscal year 2004.  
*Yes: Burke, DeBusk, DeParle, Durenberger, Feezor, Hackbarth, Muller, Nelson, Newhouse, Raphael, Reischauer, Rosenblatt, Rowe, Smith, Stowers, Wakefield, Wolter*

**2A-7** The Congress should increase payment rates for the outpatient PPS by the rate of increase in the hospital market basket, less 0.9 percent, for calendar year 2004.  
*Yes: Burke, DeBusk, DeParle, Durenberger, Feezor, Hackbarth, Muller, Nelson, Newhouse, Raphael, Reischauer, Rosenblatt, Rowe, Smith, Stowers, Wakefield, Wolter*

## Section 2B: Physician services

**2B** The Congress should update payments for physician services by the projected change in input prices, less an adjustment for productivity growth of 0.9 percent, for 2004.  
*Yes: Burke, DeBusk, DeParle, Durenberger, Feezor, Hackbarth, Muller, Nelson, Newhouse, Raphael, Reischauer, Rosenblatt, Smith, Stowers, Wakefield, Wolter*  
*Absent: Rowe*

## Section 2C: Skilled nursing facility services

**2C-1** The Secretary should continue a series of nationally representative studies on access to skilled nursing facility services (similar to studies previously conducted by the Department of Health and Human Services' Office of Inspector General).  
*Yes: Burke, DeBusk, DeParle, Durenberger, Feezor, Hackbarth, Muller, Nelson, Newhouse, Raphael, Reischauer, Rosenblatt, Smith, Stowers, Wakefield, Wolter*  
*Absent: Rowe*

**2C-2** The Congress should eliminate the update to payment rates for skilled nursing facility services for fiscal year 2004.  
*Yes: Burke, DeBusk, DeParle, Durenberger, Feezor, Hackbarth, Muller, Nelson, Newhouse, Raphael, Reischauer, Rosenblatt, Smith, Stowers, Wakefield, Wolter*  
*Absent: Rowe*

**2C-3A** Consistent with previous MedPAC recommendations, the Secretary should develop a new classification system for care in skilled nursing facilities.  
Because it may take time to develop this system, the Secretary should draw on new and existing research to reallocate payments to achieve a better balance of available resources between the rehabilitation and nonrehabilitation groups.  
To allow for immediate reallocation of resources, the Congress should give the Secretary the authority to:

- remove some or all of the 6.7 percent payment add-on currently applied to the rehabilitation RUG–III groups.
- reallocate money to the nonrehabilitation RUG–III groups to achieve a better balance of resources among all of the RUG–III groups.

**2C-3B** If necessary action does not occur within a timely manner, the Congress should provide for a market basket update, less an adjustment for productivity growth of 0.9 percent, for hospital-based skilled nursing facilities to be effective October 1, 2003.

*Yes: Burke, DeBusk, DeParle, Durenberger, Feezor, Hackbarth, Muller, Nelson, Newhouse, Raphael, Reischauer, Rosenblatt, Rowe, Smith, Stowers, Wakefield, Wolter*

## **Section 2D: Home health services**

**2D-1** The Secretary should continue a series of nationally representative studies on access to home health services (similar to studies previously conducted by the Department of Health and Human Services’ Office of Inspector General).

*Yes: Burke, DeBusk, DeParle, Durenberger, Feezor, Hackbarth, Muller, Nelson, Newhouse, Raphael, Reischauer, Rosenblatt, Smith, Stowers, Wakefield, Wolter*

*Absent: Rowe*

**2D-2** The Congress should extend for one year add-on payments at 5 percent for home health services provided to Medicare beneficiaries who live in rural areas.

*Yes: Burke, DeBusk, DeParle, Durenberger, Feezor, Hackbarth, Muller, Nelson, Newhouse, Raphael, Reischauer, Rosenblatt, Smith, Stowers, Wakefield, Wolter*

*Absent: Rowe*

**2D-3** The Congress should eliminate the update to payment rates for home health services for fiscal year 2004.

*Yes: Burke, DeBusk, DeParle, Durenberger, Feezor, Hackbarth, Muller, Nelson, Newhouse, Reischauer, Rosenblatt, Smith, Stowers, Wakefield, Wolter*

*Not voting: Raphael*

*Absent: Rowe*

## **Section 2E: Outpatient dialysis services**

**2E** The Congress should update the composite rate payment by the projected change in input prices, less 0.9 percent, for calendar year 2004.

*Yes: Burke, DeBusk, DeParle, Durenberger, Hackbarth, Muller, Nelson, Newhouse, Raphael, Reischauer, Rosenblatt, Smith, Stowers, Wakefield, Wolter*

*Not voting: Feezor*

*Absent: Rowe*

## Section 2F: Ambulatory surgical center services

**2F-1** The Secretary should expedite collection of recent ASC charge and cost data for the purpose of analyzing and revising the ASC payment system.

*Yes:* Burke, DeBusk, DeParle, Durenberger, Feezor, Hackbarth, Muller, Nelson, Newhouse, Raphael, Reischauer, Rosenblatt, Smith, Stowers, Wakefield, Wolter

*Absent:* Rowe

**2F-2** The Congress should eliminate the update to payment rates for ASC services for fiscal year 2004.

*Yes:* Burke, DeBusk, Durenberger, Feezor, Hackbarth, Muller, Nelson, Newhouse, Raphael, Reischauer, Rosenblatt, Smith, Stowers, Wakefield, Wolter

*Not voting:* DeParle

*Absent:* Rowe

**2F-3** Until the Secretary implements a revised ASC payment system, the Congress should ensure that payment rates for ASC procedures do not exceed hospital outpatient PPS rates for those procedures, after accounting for differences in the bundle of services covered.

*Yes:* Burke, DeBusk, Durenberger, Feezor, Hackbarth, Muller, Nelson, Newhouse, Raphael, Reischauer, Rosenblatt, Smith, Stowers, Wakefield, Wolter

*Not voting:* DeParle

*Absent:* Rowe

### Chapter 3: Access to care in the Medicare program

No recommendations

### Chapter 4: Payment for new technologies in Medicare's prospective payment systems

The Secretary should introduce clinical criteria for eligibility of drugs and biologicals to receive pass-through payments under the outpatient prospective payment system.

*Yes:* Burke, DeBusk, DeParle, Durenberger, Feezor, Hackbarth, Muller, Nelson, Newhouse, Raphael, Reischauer, Rosenblatt, Smith, Stowers, Wakefield, Wolter

*Absent:* Rowe

### Chapter 5: Health insurance choices for Medicare beneficiaries

No recommendations