

Committee Print

[SHOWING THE TEXT OF H.R. 2328, AS FAVORABLY FORWARDED BY THE ENERGY AND COMMERCE SUBCOMMITTEE ON HEALTH ON JULY 11, 2019]

116TH CONGRESS
1ST SESSION

H. R. 2328

To reauthorize and extend funding for community health centers and the National Health Service Corps.

IN THE HOUSE OF REPRESENTATIVES

APRIL 15, 2019

Mr. O'HALLERAN (for himself and Ms. STEFANIK) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To reauthorize and extend funding for community health centers and the National Health Service Corps.

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; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “Reauthorizing and Extending America’s Community
6 Health Act” or the “REACH Act”.

7 (b) TABLE OF CONTENTS.—The table of contents for
8 this Act is as follows:

Sec. 1. Short title; table of contents.

TITLE I—PUBLIC HEALTH PROGRAMS

- Sec. 101. Extension for community health centers, the National Health Service Corps, and teaching health centers that operate GME programs.
- Sec. 102. Extension for special diabetes programs.
- Sec. 103. Extension for Family to Family Health Information Centers.
- Sec. 104. Extension of Personal Responsibility Education Program.
- Sec. 105. Extension of sexual risk avoidance education program.

TITLE II—MEDICARE PROGRAMS

- Sec. 201. Extension of the work geographic index floor under the Medicare program.
- Sec. 202. Extension of funding outreach and assistance for low-income programs.
- Sec. 203. Extension of funding for quality measure endorsement, input, and selection under the Medicare program.
- Sec. 204. Extension of the Independence at Home Medical Practice Demonstration Program under the Medicare program.
- Sec. 205. Extension of appropriations and transfers to the Patient-Centered Outcomes Research Trust Fund; extension of certain health insurance fees.
- Sec. 206. Transitional coverage and retroactive Medicare part D coverage for certain low-income beneficiaries.
- Sec. 207. Health Equity and Access for Returning Troops and Servicemembers Act of 2019.
- Sec. 208. Exclusion of complex rehabilitative manual wheelchairs from Medicare competitive acquisition program; Non-application of Medicare fee-schedule adjustments for certain wheelchair accessories and cushions.

1 **TITLE I—PUBLIC HEALTH**
 2 **PROGRAMS**

3 **SEC. 101. EXTENSION FOR COMMUNITY HEALTH CENTERS,**
 4 **THE NATIONAL HEALTH SERVICE CORPS,**
 5 **AND TEACHING HEALTH CENTERS THAT OP-**
 6 **ERATE GME PROGRAMS.**

7 (a) COMMUNITY HEALTH CENTERS.—Section
 8 10503(b)(1)(F) of the Patient Protection and Affordable
 9 Care Act (42 U.S.C. 254b–2(b)(1)(F)) is amended by

1 striking “fiscal year 2019” and inserting “each of fiscal
2 years 2019 through 2023”.

3 (b) NATIONAL HEALTH SERVICE CORPS.—Section
4 10503(b)(2)(F) of the Patient Protection and Affordable
5 Care Act (42 U.S.C. 254b–2(b)(2)(F)) is amended by
6 striking “2018 and 2019” and inserting “2019 through
7 2023”.

8 (c) TEACHING HEALTH CENTERS THAT OPERATE
9 GRADUATE MEDICAL EDUCATION PROGRAMS.—Section
10 340H(g)(1) of the Public Health Service Act (42 U.S.C.
11 256h(g)(1)) is amended by striking “2018 and 2019” and
12 inserting “2019 through 2023”.

13 **SEC. 102. EXTENSION FOR SPECIAL DIABETES PROGRAMS.**

14 (a) REAUTHORIZATION OF SPECIAL DIABETES PRO-
15 GRAMS FOR TYPE I DIABETES.—Section 330B(b)(2)(D)
16 of the Public Health Service Act (42 U.S.C. 254c–
17 2(b)(2)(D)) is amended by striking “for each of fiscal
18 years 2018 and 2019” and inserting “fiscal years 2019
19 through 2023”.

20 (b) REAUTHORIZATION OF SPECIAL DIABETES PRO-
21 GRAMS FOR INDIANS FOR DIABETES SERVICES.—Section
22 330C(c)(2)(D) of the Public Health Service Act (42
23 U.S.C. 254c–3(e)(2)(D)) is amended by striking “fiscal
24 years 2018 and 2019” and inserting “fiscal years 2019
25 through 2023”.

1 **SEC. 103. EXTENSION FOR FAMILY TO FAMILY HEALTH IN-**
2 **FORMATION CENTERS.**

3 Section 501(c)(1)(A)(vii) of the Social Security Act
4 (42 U.S.C. 701(c)(1)(A)(vii)) is amended by striking “and
5 2019” and inserting “through 2023”.

6 **SEC. 104. EXTENSION OF PERSONAL RESPONSIBILITY EDU-**
7 **CATION PROGRAM.**

8 Section 513 of the Social Security Act (42 U.S.C.
9 713) is amended—

10 (1) in paragraphs (1)(A) and (4)(A) of sub-
11 section (a), by striking “2019” and inserting
12 “2023” each place it appears;

13 (2) in subsection (a)(4)(B)(i), by striking
14 “2019” and inserting “2023”; and

15 (3) in subsection (f), by striking “2019” and
16 inserting “2023”.

17 **SEC. 105. EXTENSION OF SEXUAL RISK AVOIDANCE EDU-**
18 **CATION PROGRAM.**

19 Section 510 of the Social Security Act (42 U.S.C.
20 710) is amended by striking “fiscal years 2018 and 2019”
21 each place it appears in subsections (a)(1), (a)(2)(A),
22 (f)(1) and (f)(2) and inserting “fiscal years 2019 through
23 2023”.

1 **TITLE II—MEDICARE PROGRAMS**

2 **SEC. 201. EXTENSION OF THE WORK GEOGRAPHIC INDEX**

3 **FLOOR UNDER THE MEDICARE PROGRAM.**

4 Section 1848(e)(1)(E) of the Social Security Act (42
5 U.S.C. 1395w-4(e)(1)(E)) is amended by striking “2020”
6 and inserting “2023”.

7 **SEC. 202. EXTENSION OF FUNDING OUTREACH AND ASSIST-** 8 **ANCE FOR LOW-INCOME PROGRAMS.**

9 (a) ADDITIONAL FUNDING FOR STATE HEALTH IN-
10 SURANCE PROGRAMS.—Subsection (a)(1)(B) of section
11 119 of the Medicare Improvements for Patients and Pro-
12 viders Act of 2008 (42 U.S.C. 1395b-3 note), as amended
13 by section 3306 of the Patient Protection and Affordable
14 Care Act (Public Law 111-148), section 610 of the Amer-
15 ican Taxpayer Relief Act of 2012 (Public Law 112-240),
16 section 1110 of the Pathway for SGR Reform Act of 2013
17 (Public Law 113-67), section 110 of the Protecting Ac-
18 cess to Medicare Act of 2014 (Public Law 113-93), sec-
19 tion 208 of the Medicare Access and CHIP Reauthoriza-
20 tion Act of 2015 (Public Law 114-10), and section 50207
21 of the Bipartisan Budget Act of 2018 (Public Law 115-
22 123), is amended—

23 (1) in clause (vii), by striking “and” at the end;

24 (2) in clause (viii), by striking “and” at the
25 end;

1 (3) in clause (ix), by striking the period at the
2 end and inserting “; and”; and

3 (4) by inserting after clause (ix) the following
4 new clause:

5 “(x) for each of fiscal years 2020
6 through 2022, of \$15,000,000.”.

7 (b) ADDITIONAL FUNDING FOR AREA AGENCIES ON
8 AGING.—Subsection (b)(1)(B) of such section 119, as so
9 amended, is amended—

10 (1) in clause (vii), by striking “and” at the end;

11 (2) in clause (viii), by striking “and” at the
12 end;

13 (3) in clause (ix), by striking the period at the
14 end and inserting “; and”; and

15 (4) by inserting after clause (ix) the following
16 new clause:

17 “(x) for each of fiscal years 2020
18 through 2022, of \$15,000,000.”.

19 (c) ADDITIONAL FUNDING FOR AGING AND DIS-
20 ABILITY RESOURCE CENTERS.—Subsection (c)(1)(B) of
21 such section 119, as so amended, is amended—

22 (1) in clause (vii), by striking “and” at the end;

23 (2) in clause (viii), by striking “and” at the
24 end;

1 (3) in clause (ix), by striking the period at the
2 end and inserting “; and”; and

3 (4) by inserting after clause (ix) the following
4 new clause:

5 “(x) for each of fiscal years 2020
6 through 2022, of \$5,000,000.”.

7 (d) **ADDITIONAL FUNDING FOR CONTRACT WITH**
8 **THE NATIONAL CENTER FOR BENEFITS AND OUTREACH**
9 **ENROLLMENT.**—Subsection (d)(2) of such section 119, as
10 so amended, is amended—

11 (1) in clause (vii), by striking “and” at the end;

12 (2) in clause (viii), by striking “and” at the
13 end;

14 (3) in clause (ix), by striking the period at the
15 end and inserting “; and”; and

16 (4) by inserting after clause (ix) the following
17 new clause:

18 “(x) for each of fiscal years 2020
19 through 2022, of \$15,000,000.”.

20 **SEC. 203. EXTENSION OF FUNDING FOR QUALITY MEASURE**
21 **ENDORSEMENT, INPUT, AND SELECTION**
22 **UNDER THE MEDICARE PROGRAM.**

23 (a) **IN GENERAL.**—Section 1890(d)(2) of the Social
24 Security Act (42 U.S.C. 1395aaa(d)(2)) is amended—

1 (1) by striking “and \$7,500,000” and inserting
2 “\$7,500,000”; and

3 (2) by striking “and 2019.” and inserting “and
4 2019, and \$30,000,000 for each of fiscal years 2020
5 through 2022.”.

6 (b) INPUT FOR REMOVAL OF MEASURES.—Section
7 1890(b) of the Social Security Act (42 U.S.C. 1395aaa(b))
8 is amended by inserting after paragraph (3) the following:

9 “(4) REMOVAL OF MEASURES.—The entity
10 may, through the multistakeholder groups convened
11 under paragraph (7)(A), provide input to the Sec-
12 retary on quality and efficiency measures described
13 in paragraph (7)(B) that could be considered for re-
14 moval.”.

15 (c) PRIORITIZATION OF MEASURE ENDORSEMENT.—
16 Section 1890(b) of the Social Security Act (42 U.S.C.
17 1395aaa(b)), as amended by subsection (b), is further
18 amended by adding at the end the following:

19 “(9) PRIORITIZATION OF MEASURE ENDORSE-
20 MENT.—The entity—

21 “(A) during the period beginning on the
22 date of the enactment of this paragraph and
23 ending on December 31, 2023, shall prioritize
24 the endorsement of measures relating to mater-
25 nal morbidity and mortality by the entity with

1 a contract under subsection (a) in connection
2 with endorsement of measures described in
3 paragraph (2); and

4 “(B) on and after January 1, 2024, may
5 prioritize the endorsement of such measures by
6 such entity.”.

7 **SEC. 204. EXTENSION OF THE INDEPENDENCE AT HOME**
8 **MEDICAL PRACTICE DEMONSTRATION PRO-**
9 **GRAM UNDER THE MEDICARE PROGRAM.**

10 (a) IN GENERAL.—Section 1866E(e)(1) of the Social
11 Security Act (42 U.S.C. 1395cc–5(e)(1)) is amended by
12 striking “7-year” and inserting “10-year”.

13 (b) EFFECTIVE DATE.—The amendment made by
14 subsection (a) shall take effect as if included in the enact-
15 ment of Public Law 111–148.

16 **SEC. 205. EXTENSION OF APPROPRIATIONS AND TRANS-**
17 **FERS TO THE PATIENT-CENTERED OUT-**
18 **COMES RESEARCH TRUST FUND; EXTENSION**
19 **OF CERTAIN HEALTH INSURANCE FEES.**

20 (a) IN GENERAL.—

21 (1) INTERNAL REVENUE CODE.—Section 9511
22 of the Internal Revenue Code of 1986 is amended—

23 (A) in subsection (b)(1)(E), by striking
24 “2014” and all that follows through “2019”
25 and inserting “2014 through 2022”;

1 (B) in subsection (d)(2)(A), by striking
2 “2019” and inserting “2022”; and

3 (C) in subsection (f), by striking “2019”
4 and inserting “2022”.

5 (2) TITLE XI.—Section 1183(a)(2) of the Social
6 Security Act (42 U.S.C. 1320e–2(a)(2)) is amended
7 by striking “2014” and all that follows through
8 “2019” and inserting “2014 through 2022”.

9 (b) EXTENSION OF CERTAIN HEALTH INSURANCE
10 FEES.—

11 (1) HEALTH INSURANCE POLICIES.—Section
12 4375(e) of the Internal Revenue Code of 1986 is
13 amended by striking “2019” and inserting “2022”.

14 (2) SELF-INSURED HEALTH PLANS.—Section
15 4376(e) of the Internal Revenue Code of 1986 is
16 amended by striking “2019” and inserting “2022”.

17 **SEC. 206. TRANSITIONAL COVERAGE AND RETROACTIVE**
18 **MEDICARE PART D COVERAGE FOR CERTAIN**
19 **LOW-INCOME BENEFICIARIES.**

20 Section 1860D–14 of the Social Security Act (42
21 U.S.C. 1395w–114) is amended—

22 (1) by redesignating subsection (e) as sub-
23 section (f); and

24 (2) by adding after subsection (d) the following
25 new subsection:

1 “(e) LIMITED INCOME NEWLY ELIGIBLE TRANSI-
2 TION PROGRAM.—

3 “(1) IN GENERAL.—Beginning not later than
4 January 1, 2021, the Secretary shall carry out a
5 program to provide transitional coverage for covered
6 part D drugs for LI NET eligible individuals in ac-
7 cordance with this subsection.

8 “(2) LI NET ELIGIBLE INDIVIDUAL DEFINED.—
9 For purposes of this subsection, the term ‘LI NET
10 eligible individual’ means a part D eligible individual
11 who—

12 “(A) meets the requirements of clauses (ii)
13 and (iii) of subsection (a)(3)(A); and

14 “(B) has not yet enrolled in a prescription
15 drug plan or an MA–PD plan, or, who has so
16 enrolled, but with respect to whom coverage
17 under such plan has not yet taken effect.

18 “(3) TRANSITIONAL COVERAGE.—For purposes
19 of this subsection, the term ‘transitional coverage’
20 means, with respect to an LI NET eligible indi-
21 vidual—

22 “(A) immediate access to covered part D
23 drugs at the point of sale during the period
24 that begins on the first day of the month such
25 individual is determined to meet the require-

1 ments of clauses (ii) and (iii) of subsection
2 (a)(3)(A) and ends on the date that coverage
3 under a prescription drug plan or MA–PD plan
4 takes effect with respect to such individual; and

5 “(B) in the case of an LI NET eligible in-
6 dividual who is a full-benefit dual eligible indi-
7 vidual (as defined in section 1935(c)(6)) or a
8 recipient of supplemental security income bene-
9 fits under title XVI, retroactive coverage (in the
10 form of reimbursement of the amounts that
11 would have been paid under this part had such
12 individual been enrolled in a prescription drug
13 plan or MA–PD plan) of covered part D drugs
14 purchased by such individual during the period
15 that begins on the date that is the later of—

16 “(i) the date that such individual was
17 first eligible for a low-income subsidy
18 under this part; or

19 “(ii) the date that is 36 months prior
20 to the date such individual enrolls in a pre-
21 scription drug plan or MA–PD plan,
22 and ends on the date that coverage under such
23 plan takes effect.

24 “(4) PROGRAM ADMINISTRATION.—

1 “(A) SINGLE POINT OF CONTACT.—The
2 Secretary shall, to the extent feasible, admin-
3 ister the program under this subsection through
4 a contract with a single program administrator.

5 “(B) BENEFIT DESIGN.—The Secretary
6 shall ensure that the transitional coverage pro-
7 vided to LI NET eligible individuals under this
8 subsection—

9 “(i) provides access to all covered part
10 D drugs under an open formulary;

11 “(ii) permits all pharmacies deter-
12 mined by the Secretary to be in good
13 standing to process claims under the pro-
14 gram;

15 “(iii) is consistent with such require-
16 ments as the Secretary considers necessary
17 to improve patient safety and ensure ap-
18 propriate dispensing of medication; and

19 “(iv) meets such other requirements
20 as the Secretary may establish.

21 “(5) RELATIONSHIP TO OTHER PROVISIONS OF
22 THIS TITLE; WAIVER AUTHORITY.—

23 “(A) IN GENERAL.—The following provi-
24 sions shall not apply with respect to the pro-
25 gram under this subsection:

1 “(i) Paragraphs (1) and (3)(B) of sec-
2 tion 1860D–4(a) (relating to dissemination
3 of general information; availability of infor-
4 mation on changes in formulary through
5 the internet).

6 “(ii) Subparagraphs (A) and (B) of
7 section 1860D–4(b)(3) (relating to require-
8 ments on development and application of
9 formularies; formulary development).

10 “(iii) Paragraphs (1)(C) and (2) of
11 section 1860D–4(c) (relating to medication
12 therapy management program).

13 “(B) WAIVER AUTHORITY.—The Secretary
14 may waive such other requirements of titles XI
15 and this title as may be necessary to carry out
16 the purposes of the program established under
17 this subsection.”.

18 **SEC. 207. HEALTH EQUITY AND ACCESS FOR RETURNING**

19 **TROOPS AND SERVICEMEMBERS ACT OF 2019.**

20 (a) MODIFICATION OF REQUIREMENT FOR CERTAIN
21 FORMER MEMBERS OF THE ARMED FORCES TO ENROLL
22 IN MEDICARE PART B TO BE ELIGIBLE FOR TRICARE
23 FOR LIFE.—

24 (1) TRICARE ELIGIBILITY.—

1 (A) IN GENERAL.—Subsection (d) of sec-
2 tion 1086 of title 10, United States Code, is
3 amended by adding at the end the following
4 new paragraph:

5 “(6)(A) The requirement in paragraph (2)(A)
6 to enroll in the supplementary medical insurance
7 program under part B of title XVIII of the Social
8 Security Act (42 U.S.C. 1395j et seq.) shall not
9 apply to a person described in subparagraph (B)
10 during any month in which such person is not enti-
11 tled to a benefit described in subparagraph (A) of
12 section 226(b)(2) of the Social Security Act (42
13 U.S.C. 426(b)(2)) if such person has received the
14 counseling and information under subparagraph (C).

15 “(B) A person described in this subpara-
16 graph is a person—

17 “(i) who is under 65 years of age;

18 “(ii) who is entitled to hospital insur-
19 ance benefits under part A of title XVIII
20 of the Social Security Act pursuant to sub-
21 paragraph (A) or (C) of section 226(b)(2)
22 of such Act (42 U.S.C. 426(b)(2));

23 “(iii) whose entitlement to a benefit
24 described in subparagraph (A) of such sec-

1 tion has terminated due to performance of
2 substantial gainful activity; and

3 “(iv) who is retired under chapter 61
4 of this title.

5 “(C) The Secretary of Defense shall co-
6 ordinate with the Secretary of Health and
7 Human Services and the Commissioner of So-
8 cial Security to notify persons described in sub-
9 paragraph (B) of, and provide information and
10 counseling regarding, the effects of not enroll-
11 ing in the supplementary medical insurance
12 program under part B of title XVIII of the So-
13 cial Security Act (42 U.S.C. 1395j et seq.), as
14 described in subparagraph (A).”.

15 (B) CONFORMING AMENDMENT.—Para-
16 graph (2)(A) of such subsection is amended by
17 striking “is enrolled” and inserting “except as
18 provided by paragraph (6), is enrolled”.

19 (C) IDENTIFICATION OF PERSONS.—Sec-
20 tion 1110a of such title is amended by adding
21 at the end the following new subsection:

22 “(c) CERTAIN INDIVIDUALS NOT REQUIRED TO EN-
23 ROLL IN MEDICARE PART B.—In carrying out subsection
24 (a), the Secretary of Defense shall coordinate with the

1 Secretary of Health and Human Services and the Commis-
2 sioner of Social Security to—

3 “(1) identify persons described in subparagraph
4 (B) of section 1086(d)(6) of this title; and

5 “(2) provide information and counseling pursu-
6 ant to subparagraph (C) of such section.”.

7 (2) NON-APPLICATION OF MEDICARE PART B
8 LATE ENROLLMENT PENALTY.—Section 1839(b) of
9 the Social Security Act (42 U.S.C. 1395r(b)) is
10 amended, in the second sentence, by inserting “or
11 months for which the individual can demonstrate
12 that the individual is an individual described in
13 paragraph (6)(B) of section 1086(d) of title 10,
14 United States Code, who is enrolled in the
15 TRICARE program pursuant to such section” after
16 “an individual described in section 1837(k)(3)”.

17 (3) REPORT.—Not later than October 1, 2024,
18 the Secretary of Defense, the Secretary of Health
19 and Human Services, and the Commissioner of So-
20 cial Security shall jointly submit to the Committees
21 on Armed Services of the House of Representatives
22 and the Senate, the Committee on Ways and Means
23 and the Committee on Energy and Commerce of the
24 House of Representatives, and the Committee on Fi-
25 nance of the Senate a report on the implementation

1 of section 1086(d)(6) of title 10, United States
2 Code, as added by paragraph (1). Such report shall
3 include, with respect to the period covered by the re-
4 port—

5 (A) the number of individuals enrolled in
6 TRICARE for Life who are not enrolled in the
7 supplementary medical insurance program
8 under part B of title XVIII of the Social Secu-
9 rity Act (42 U.S.C. 1395j et seq.) by reason of
10 such section 1086(d)(6); and

11 (B) the number of individuals who—

12 (i) are retired from the Armed Forces
13 under chapter 61 of title 10, United States
14 Code;

15 (ii) are entitled to hospital insurance
16 benefits under part A of title XVIII of the
17 Social Security Act pursuant to receiving
18 benefits for 24 months as described in sub-
19 paragraph (A) or (C) of section 226(b)(2)
20 of such Act (42 U.S.C. 426(b)(2)); and

21 (iii) because of such entitlement, are
22 no longer enrolled in TRICARE Standard,
23 TRICARE Prime, TRICARE Extra, or
24 TRICARE Select under chapter 55 of title
25 10, United States Code.

1 (4) DEPOSIT OF SAVINGS INTO MEDICARE IM-
2 PROVEMENT FUND.—Section 1898(b)(1) of the So-
3 cial Security Act (42 U.S.C. 1395iii(b)(1)) is amend-
4 ed by striking “during and after fiscal year 2021,
5 \$0” and inserting “during and after fiscal year
6 2024, \$5,000,000”.

7 (5) APPLICATION.—The amendments made by
8 paragraphs (1) and (2) shall apply with respect to
9 a person who, on or after October 1, 2023, is a per-
10 son described in section 1086(d)(6)(B) of title 10,
11 United States Code, as added by paragraph (1).

12 (b) COVERAGE OF CERTAIN DNA SPECIMEN PROVE-
13 NANCE ASSAY TESTS UNDER MEDICARE.—

14 (1) BENEFIT.—

15 (A) COVERAGE.—Section 1861 of the So-
16 cial Security Act (42 U.S.C. 1395x) is amend-
17 ed—

18 (i) in subsection (s)(2)—

19 (I) in subparagraph (GG), by
20 striking “and” at the end;

21 (II) in subparagraph (HH), by
22 striking the period and inserting “;
23 and”; and

24 (III) by adding at the end the
25 following new subparagraph:

1 “(II) a prostate cancer DNA Specimen Provenance Assay test (DSPA test) (as defined in subsection (kkk));”; and

2
3
4 (ii) by adding at the end the following
5 new subsection:

6 “(kkk) PROSTATE CANCER DNA SPECIMEN PROVENANCE ASSAY TEST.—The term ‘prostate cancer DNA Specimen Provenance Assay Test’ (DSPA test) means a test that, after a determination of cancer in one or more prostate biopsy specimens obtained from an individual, assesses the identity of the DNA in such specimens by comparing such DNA with the DNA that was separately taken from such individual at the time of the biopsy.”.

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14 (B) EXCLUSION FROM COVERAGE.—Section 1862(a)(1) of the Social Security Act (42 U.S.C. 1395y(a)(1)) is amended—

15
16
17 (i) in subparagraph (O), by striking
18 “and” at the end;

19 (ii) in subparagraph (P), by striking
20 the semicolon at the end and inserting “,
21 and”; and

22 (iii) by adding at the end the following new subparagraph:

23
24 “(Q) in the case of a prostate cancer DNA
25 Specimen Provenance Assay test (DSPA test) (as

1 defined in section 1861(kkk)), unless such test is
2 furnished on or after January 1, 2021, and before
3 January 1, 2026, and such test is ordered by the
4 physician who furnished the prostate cancer biopsy
5 that obtained the specimen tested;”.

6 (2) PAYMENT AMOUNT AND RELATED REQUIRE-
7 MENTS.—Section 1834 of the Social Security Act
8 (42 U.S.C. 1395m) is amended by adding at the end
9 the following new subsection:

10 “(x) PROSTATE CANCER DNA SPECIMEN PROVE-
11 NANCE ASSAY TESTS.—

12 “(1) PAYMENT FOR COVERED TESTS.—

13 “(A) IN GENERAL.—Subject to subpara-
14 graph (B), the payment amount for a prostate
15 cancer DNA Specimen Provenance Assay test
16 (DSPA test) (as defined in section 1861(kkk))
17 shall be \$200. Such payment shall be payment
18 for all of the specimens obtained from the bi-
19 opsy furnished to an individual that are tested.

20 “(B) LIMITATION.—Payment for a DSPA
21 test under subparagraph (A) may only be made
22 on an assignment-related basis.

23 “(C) PROHIBITION ON SEPARATE PAY-
24 MENT.—No separate payment shall be made for
25 obtaining DNA that was separately taken from

1 an individual at the time of a biopsy described
2 in subparagraph (A).

3 “(2) HCPCS CODE AND MODIFIER ASSIGN-
4 MENT.—

5 “(A) IN GENERAL.—The Secretary shall
6 assign one or more HCPCS codes to a prostate
7 cancer DNA Specimen Provenance Assay test
8 and may use a modifier to facilitate making
9 payment under this section for such test.

10 “(B) IDENTIFICATION OF DNA MATCH ON
11 CLAIM.—The Secretary shall require an indica-
12 tion on a claim for a prostate cancer DNA
13 Specimen Provenance Assay test of whether the
14 DNA of the prostate biopsy specimens match
15 the DNA of the individual diagnosed with pros-
16 tate cancer. Such indication may be made
17 through use of a HCPCS code, a modifier, or
18 other means, as determined appropriate by the
19 Secretary.

20 “(3) DNA MATCH REVIEW.—

21 “(A) IN GENERAL.—The Secretary shall
22 review at least three years of claims under part
23 B for prostate cancer DNA Specimen Prove-
24 nance Assay tests to identify whether the DNA
25 of the prostate biopsy specimens match the

1 DNA of the individuals diagnosed with prostate
2 cancer.

3 “(B) POSTING ON INTERNET WEBSITE.—
4 Not later than July 1, 2023, the Secretary shall
5 post on the internet website of the Centers for
6 Medicare & Medicaid Services the findings of
7 the review conducted under subparagraph
8 (A).”.

9 (3) COST-SHARING.—Section 1833(a)(1) of the
10 Social Security Act (42 U.S.C. 1395l(a)(1)) is
11 amended—

12 (A) by striking “and (CC)” and inserting
13 “(CC)”; and

14 (B) by inserting before the semicolon at
15 the end the following: “, and (DD) with respect
16 to a prostate cancer DNA Specimen Provenance
17 Assay test (DSPA test) (as defined in section
18 1861(kkk)), the amount paid shall be an
19 amount equal to 80 percent of the lesser of the
20 actual charge for the test or the amount speci-
21 fied under section 1834(x)”.

1 **SEC. 208. EXCLUSION OF COMPLEX REHABILITATIVE MAN-**
2 **UAL WHEELCHAIRS FROM MEDICARE COM-**
3 **PETITIVE ACQUISITION PROGRAM; NON-AP-**
4 **PLICATION OF MEDICARE FEE-SCHEDULE**
5 **ADJUSTMENTS FOR CERTAIN WHEELCHAIR**
6 **ACCESSORIES AND CUSHIONS.**

7 (a) EXCLUSION OF COMPLEX REHABILITATIVE MAN-
8 UAL WHEELCHAIRS FROM COMPETITIVE ACQUISITION
9 PROGRAM.—Section 1847(a)(2)(A) of the Social Security
10 Act (42 U.S.C. 1395w–3(a)(2)(A)) is amended—

11 (1) by inserting “, complex rehabilitative man-
12 ual wheelchairs (as determined by the Secretary),
13 and certain manual wheelchairs (identified, as of Oc-
14 tober 1, 2018, by HCPCS codes E1235, E1236,
15 E1237, E1238, and K0008 or any successor to such
16 codes)” after “group 3 or higher”; and

17 (2) by striking “such wheelchairs” and insert-
18 ing “such complex rehabilitative power wheelchairs,
19 complex rehabilitative manual wheelchairs, and cer-
20 tain manual wheelchairs”.

21 (b) NON-APPLICATION OF MEDICARE FEE SCHED-
22 ULE ADJUSTMENTS FOR WHEELCHAIR ACCESSORIES AND
23 SEAT AND BACK CUSHIONS WHEN FURNISHED IN CON-
24 NECTION WITH COMPLEX REHABILITATIVE MANUAL
25 WHEELCHAIRS.—

1 (1) IN GENERAL.—Notwithstanding any other
2 provision of law, the Secretary of Health and
3 Human Services shall not, during the period begin-
4 ning on January 1, 2020, and ending on December
5 31, 2020, use information on the payment deter-
6 mined under the competitive acquisition programs
7 under section 1847 of the Social Security Act (42
8 U.S.C. 1395w–3) to adjust the payment amount
9 that would otherwise be recognized under section
10 1834(a)(1)(B)(ii) of such Act (42 U.S.C.
11 1395m(a)(1)(B)(ii)) for wheelchair accessories (in-
12 cluding seating systems) and seat and back cushions
13 when furnished in connection with complex rehabili-
14 tative manual wheelchairs (as determined by the
15 Secretary), and certain manual wheelchairs (identi-
16 fied, as of October 1, 2018, by HCPCS codes
17 E1235, E1236, E1237, E1238, and K0008 or any
18 successor to such codes).

19 (2) IMPLEMENTATION.—Notwithstanding any
20 other provision of law, the Secretary may implement
21 this subsection by program instruction or otherwise.

1 **TITLE III—MEDICAID PROGRAM**

2 **SEC. 301. MODIFICATION OF REDUCTIONS IN MEDICAID**
3 **DSH ALLOTMENTS.**

4 Section 1923(f)(7)(A) of the Social Security Act (42
5 U.S.C. 1396r-4(f)(7)(A)) is amended—

6 (1) in clause (i), in the matter preceding sub-
7 clause (I), by striking “2020” and inserting “2022”;
8 and

9 (2) in clause (ii)—

10 (A) in subclause (I), by striking “2020”
11 and inserting “2022”; and

12 (B) in subclause (II), by striking “for each
13 of fiscal years 2021 through 2025” and insert-
14 ing “for each of fiscal years 2023 through
15 2025”.

16 **SEC. 302. PUBLIC AVAILABILITY OF HOSPITAL UPPER PAY-**
17 **MENT LIMIT DEMONSTRATIONS.**

18 Section 1903 of the Social Security Act (42 U.S.C.
19 1396b) is amended by adding at the end the following new
20 subsection:

21 “(bb) PUBLIC AVAILABILITY OF HOSPITAL UPPER
22 PAYMENT LIMIT DEMONSTRATIONS.—The Secretary shall
23 make publicly available upper payment limit demonstra-
24 tions for hospital services that a State submits with re-
25 spect to a fiscal year of the State (beginning with State

1 fiscal year 2022) to the Administrator of the Centers for
2 Medicare & Medicaid Services.”.

3 **SEC. 303. REPORT BY COMPTROLLER GENERAL.**

4 Not later than the date that is 21 months after the
5 date of the enactment of this Act, the Comptroller General
6 of the United States shall identify and report to Congress
7 policy considerations for legislative action with respect to
8 establishing an equitable formula for determining dis-
9 proportionate share hospital allotments for States under
10 section 1923 of the Social Security Act (42 U.S.C. 1396r-
11 4) that takes into account the following factors:

12 (1) The level of uncompensated care costs of
13 hospitals in a State.

14 (2) Expenditures of a State with respect to hos-
15 pitals, including payment adjustments made under
16 such section 1923 to disproportionate share hos-
17 pitals (as defined under the State plan under title
18 XIX of such Act (42 U.S.C. 1396 et seq.) pursuant
19 to subsection (a)(1)(A) of such section 1923), upper
20 payment limit supplemental payments, and other re-
21 lated payments that hospitals may receive from the
22 State.

23 (3) State policy decisions that may affect the
24 level of uncompensated care costs of hospitals in a
25 State.

Amend the title so as to read: “A bill to reauthorize and extend funding for critical public health programs that improve access to health care and strengthen the health care workforce, to extend provisions of the Medicare program, and for other purposes.”.