

**AMENDMENT TO H.R. 6371**  
**OFFERED BY MR. BILIRAKIS OF FLORIDA**

Add at the end the following new section:

1 **SEC. 6. INCREASING THE NONFACILITY PRACTICE EX-**  
2 **PENSE RELATIVE VALUE UNITS FOR SPECI-**  
3 **FIED SERVICES FURNISHED UNDER THE**  
4 **MEDICARE PROGRAM.**

5 (a) IN GENERAL.—Section 1848(c)(2) of the Social  
6 Security Act (42 U.S.C. 1395w-4(c)(2)) is amended by  
7 adding at the end the following subparagraph:

8 “(P) INCREASE OF NONFACILITY PRACTICE  
9 EXPENSE RELATIVE VALUE UNITS FOR SPECI-  
10 FIED SERVICES.—

11 “(i) IN GENERAL.—The Secretary  
12 shall increase the nonfacility practice ex-  
13 pense relative value units applied to a  
14 specified service (as defined in clause (ii))  
15 furnished in—

16 “(I) 2024, by 10 percent of the  
17 number of nonfacility practice expense  
18 relative value units that would other-  
19 wise apply to such service furnished in

1 such year without application of this  
2 clause; and

3 “(II) 2025, by 15 percent of the  
4 number of nonfacility practice expense  
5 relative value units that would other-  
6 wise apply to such service furnished in  
7 such year without application of this  
8 clause.

9 “(ii) SPECIFIED SERVICE DEFINED.—  
10 For purposes of this subparagraph, the  
11 term ‘specified service’ means, with respect  
12 to a service furnished in a year, a service  
13 with a nonfacility practice expense relative  
14 value unit that was calculated for such  
15 year (without application of this subpara-  
16 graph) based on 65 percent or more of the  
17 service’s direct practice expense cost being  
18 attributed to equipment and supply costs.

19 “(iii) FUNDING.—There shall be  
20 transferred from the General Fund of the  
21 Treasury to the Federal Supplementary  
22 Medical Insurance Trust Fund under sec-  
23 tion 1841 such sums as the Secretary de-  
24 termines are necessary for purposes of in-  
25 creasing payment amounts pursuant to



1 ending on such date of enactment, including a de-  
2 scription of any changes in volume of such services  
3 furnished under such program and the availability of  
4 such services under such program and a description  
5 of wait-times, decreased hours, other factors that  
6 could impede a patient's access to such services  
7 (such as increased cost sharing);

8 (2) an analysis of any change in the proportion  
9 of services payable under such schedule furnished in  
10 nonfacility settings compared to the proportion of  
11 such services furnished at other sites of service over  
12 such period, including an analysis of the impact of  
13 any such change on health system consolidation, un-  
14 derserved and rural populations, quality of care of  
15 Medicare beneficiaries, and increased cost to the  
16 Medicare program;

17 (3) an analysis of whether significant annual  
18 changes in provider reimbursement are a cause of  
19 any change described in paragraph (2), disruptions  
20 in patient access to services, and increased cost  
21 sharing; and

22 (4) taking into account the analyses described  
23 in paragraphs (1) through (3), recommendations for  
24 improving Medicare patient access to specified serv-  
25 ices (as defined in section 1848(c)(2)(P) of the So-

- 1 cial Security Act, as added by subsection (a)) and
- 2 minimizing health system consolidation.

