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 SPECI10 FIED SERVICES.—

11 "(i) IN GENERAL.—The Secretary
12 shall increase the nonfacility practice ex13 pense relative value units applied to a
14 specified service (as defined in clause (ii))
15 furnished in—

"(I) 2024, by 10 percent of the
number of nonfacility practice expense
relative value units that would otherwise apply to such service furnished in

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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

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1	this subparagraph, to remain available
2	until expended.".
3	(b) Nonapplication of Budget Neutrality
4	Section $1848(c)(2)(B)(iv)$ of the Social Security Act (42
5	U.S.C. $1395w-4(c)(2)(B)(iv))$, as amended by section
6	3(b), is further amended—
7	(1) in subclause (V), by striking "; and" and
8	inserting a semicolon;
9	(2) in subclause (VI), by striking the period at
10	the end and inserting "; and"; and
11	(3) by adding at the end the following new sub-
12	clause:
13	"(VII) subparagraph (P) shall
14	not be taken into account in applying
15	clause (ii)(II).".
16	(c) REPORT.—Not later than 1 year after the date
17	of the enactment of this Act, the Comptroller General of
18	the United States shall submit to Congress a report on
19	the Medicare physician fee schedule and patient access,
20	including—
21	(1) an analysis of the number of health care
22	providers furnishing specified services (as defined in
23	section $1848(c)(2)(P)$ of the Social Security Act, as
24	added by subsection (a)) in a nonfacility setting
25	under the Medicare program over the 20 year period

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ending on such date of enactment, including a description of any changes in volume of such services
furnished under such program and the availability of
such services under such program and a description
of wait-times, decreased hours, other factors that
could impede a patient's access to such services
(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

(4) taking into account the analyses described
in paragraphs (1) through (3), recommendations for
improving Medicare patient access to specified services (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.

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