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(Original Signature of Member)

115TH CONGRESS  
1ST SESSION

# H. R. 3178

To amend title XVIII of the Social Security Act to improve the delivery of home infusion therapy and dialysis and the application of the Stark rule under the Medicare program, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

Mr. BRADY of Texas (for himself, Mr. NEAL, Mr. WALDEN, Mr. PALLONE, Mr. TIBERI, Mr. LEVIN, Mr. BURGESS, and Mr. GENE GREEN of Texas) introduced the following bill; which was referred to the Committee on

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## A BILL

To amend title XVIII of the Social Security Act to improve the delivery of home infusion therapy and dialysis and the application of the Stark rule under the Medicare program, and for other purposes.

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 “Medicare Part B Improvement Act of 2017”.

1 (b) TABLE OF CONTENTS.—The table of contents of  
2 this Act is as follows:

Sec. 1. Short title; table of contents.

TITLE I—IMPROVEMENTS IN PROVISION OF HOME INFUSION  
THERAPY

Sec. 101. Home infusion therapy services temporary transitional payment.

Sec. 102. Extension of Medicare Patient IVIG Access Demonstration Project.

Sec. 103. Orthotist’s and prosthetist’s clinical notes as part of the patient’s  
medical record.

TITLE II—IMPROVEMENTS IN DIALYSIS SERVICES

Sec. 201. Independent accreditation for dialysis facilities and assurance of high  
quality surveys.

Sec. 202. Expanding access to home dialysis therapy.

TITLE III—IMPROVEMENTS IN APPLICATION OF STARK RULE

Sec. 301. Modernizing the application of the Stark rule under Medicare.

Sec. 302. Deposit of savings into Medicare Improvement Fund.

3 **TITLE I—IMPROVEMENTS IN**  
4 **PROVISION OF HOME INFU-**  
5 **SION THERAPY**

6 **SEC. 101. HOME INFUSION THERAPY SERVICES TEM-**  
7 **PORARY TRANSITIONAL PAYMENT.**

8 (a) IN GENERAL.—Section 1834(u) of the Social Se-  
9 curity Act (42 U.S.C. 1395m(u)) is amended, by adding  
10 at the end the following new paragraph:

11 “(7) HOME INFUSION THERAPY SERVICES TEM-  
12 PORARY TRANSITIONAL PAYMENT.—

13 “(A) TEMPORARY TRANSITIONAL PAY-  
14 MENT.—

15 “(i) IN GENERAL.—The Secretary  
16 shall, in accordance with the payment  
17 methodology described in subparagraph

1 (B) and subject to the provisions of this  
2 paragraph, provide a home infusion ther-  
3 apy services temporary transitional pay-  
4 ment under this part to an eligible home  
5 infusion supplier (as defined in subpara-  
6 graph (F)) for items and services described  
7 in subparagraphs (A) and (B) of section  
8 1861(iii)(2)) furnished during the period  
9 specified in clause (ii) by such supplier in  
10 coordination with the furnishing of transi-  
11 tional home infusion drugs (as defined in  
12 clause (iii)).

13 “(ii) PERIOD SPECIFIED.—For pur-  
14 poses of clause (i), the period specified in  
15 this clause is the period beginning on Jan-  
16 uary 1, 2019, and ending on the day be-  
17 fore the date of the implementation of the  
18 payment system under paragraph (1)(A).

19 “(iii) TRANSITIONAL HOME INFUSION  
20 DRUG DEFINED.—For purposes of this  
21 paragraph, the term ‘transitional home in-  
22 fusion drug’ has the meaning given to the  
23 term ‘home infusion drug’ under section  
24 1861(iii)(3)(C)), except that clause (ii) of  
25 such section shall not apply if a drug de-

1           scribed in such clause is identified in  
2           clauses (i), (ii), (iii) or (iv) of subpara-  
3           graph (C) as of the date of the enactment  
4           of this paragraph.

5           “(B) PAYMENT METHODOLOGY.—For pur-  
6           poses of this paragraph, the Secretary shall es-  
7           tablish a payment methodology, with respect to  
8           items and services described in subparagraph  
9           (A)(i). Under such payment methodology the  
10          Secretary shall—

11                 “(i) create the three payment cat-  
12                 egories described in clauses (i), (ii), and  
13                 (iii) of subparagraph (C);

14                 “(ii) assign drugs to such categories,  
15                 in accordance with such clauses;

16                 “(iii) assign appropriate Healthcare  
17                 Common Procedure Coding System  
18                 (HCPCS) codes to each payment category;  
19                 and

20                 “(iv) establish a single payment  
21                 amount for each such payment category, in  
22                 accordance with subparagraph (D), for  
23                 each infusion drug administration calendar  
24                 day in the individual’s home for drugs as-  
25                 signed to such category.

1 “(C) PAYMENT CATEGORIES.—

2 “(i) PAYMENT CATEGORY 1.—The  
3 Secretary shall create a payment category  
4 1 and assign to such category drugs which  
5 are covered under the Local Coverage De-  
6 termination on External Infusion Pumps  
7 (LCD number L33794) and billed with the  
8 following HCPCS codes (as identified as of  
9 July 1, 2017, and as subsequently modi-  
10 fied by the Secretary): J0133, J0285,  
11 J0287, J0288, J0289, J0895, J1170,  
12 J1250, J1265, J1325, J1455, J1457,  
13 J1570, J2175, J2260, J2270, J2274,  
14 J2278, J3010, or J3285.

15 “(ii) PAYMENT CATEGORY 2.—The  
16 Secretary shall create a payment category  
17 2 and assign to such category drugs which  
18 are covered under such local coverage de-  
19 termination and billed with the following  
20 HCPCS codes (as identified as of July 1,  
21 2017, and as subsequently modified by the  
22 Secretary): J1559 JB, J1561 JB, J1562  
23 JB, J1569 JB, or J1575 JB.

24 “(iii) PAYMENT CATEGORY 3.—The  
25 Secretary shall create a payment category

1                   3 and assign to such category drugs which  
2                   are covered under such local coverage de-  
3                   termination and billed with the following  
4                   HCPCS codes (as identified as of July 1,  
5                   2017, and as subsequently modified by the  
6                   Secretary): J9000, J9039, J9040, J9065,  
7                   J9100, J9190, J9200, J9360, or J9370.

8                   “(iv) INFUSION DRUGS NOT OTHER-  
9                   WISE INCLUDED.—With respect to drugs  
10                  that are not included in payment category  
11                  1, 2, or 3 under clause (i), (ii), or (iii), re-  
12                  spectively, the Secretary shall assign to the  
13                  most appropriate of such categories, as de-  
14                  termined by the Secretary, drugs which  
15                  are—

16                  “(I) covered under such local cov-  
17                  erage determination and billed under  
18                  HCPCS codes J7799 or J7999 (as  
19                  identified as of July 1, 2017, and as  
20                  subsequently modified by the Sec-  
21                  retary); or

22                  “(II) billed under any code that  
23                  is implemented after the date of the  
24                  enactment of this paragraph and in-  
25                  cluded in such local coverage deter-

1                   mination or included in subregulatory  
2                   guidance as a home infusion drug de-  
3                   scribed in subparagraph (A)(i).

4                   “(D) PAYMENT AMOUNTS.—

5                   “(i) IN GENERAL.—Under the pay-  
6                   ment methodology, the Secretary shall pay  
7                   eligible home infusion suppliers, with re-  
8                   spect to items and services described in  
9                   subparagraph (A)(i) furnished during the  
10                  period described in subparagraph (A)(ii) by  
11                  such supplier to an individual, at amounts  
12                  equal to the amounts determined under the  
13                  physician fee schedule established under  
14                  section 1848 for services furnished during  
15                  the year for codes and units of such codes  
16                  described in clauses (ii), (iii), and (iv) with  
17                  respect to drugs included in the payment  
18                  category under subparagraph (C) specified  
19                  in the respective clause, determined with-  
20                  out application of any adjustment under  
21                  such section.

22                  “(ii) PAYMENT AMOUNT FOR CAT-  
23                  EGORY 1.—For purposes of clause (i), the  
24                  codes and units described in this clause,  
25                  with respect to drugs included in payment

1 category 1 described in subparagraph  
2 (C)(i), are one unit of HCPCS code 96365  
3 plus four units of HCPCS code 96366 (as  
4 identified as of July 1, 2017, and as subse-  
5 quently modified by the Secretary).

6 “(iii) PAYMENT AMOUNT FOR CAT-  
7 EGORY 2.—For purposes of clause (i), the  
8 codes and units described in this clause,  
9 with respect to drugs included in payment  
10 category 2 described in subparagraph  
11 (C)(i), are one unit of HCPCS code 96369  
12 plus four units of HCPCS code 96370 (as  
13 identified as of July 1, 2017, and as subse-  
14 quently modified by the Secretary).

15 “(iv) PAYMENT AMOUNT FOR CAT-  
16 EGORY 3.—For purposes of clause (i), the  
17 codes and units described in this clause,  
18 with respect to drugs included in payment  
19 category 3 described in subparagraph  
20 (C)(i), are one unit of HCPCS code 96413  
21 plus four units of HCPCS code 96415 (as  
22 identified as of July 1, 2017, and as subse-  
23 quently modified by the Secretary).

24 “(E) CLARIFICATIONS.—



1                   “(i) INFUSION DRUG ADMINISTRATION  
2                   DAY.—For purposes of this subsection, a  
3                   reference, with respect to the furnishing of  
4                   transitional home infusion drugs or home  
5                   infusion drugs to an individual by an eligi-  
6                   ble home infusion supplier, to payment to  
7                   such supplier for an infusion drug adminis-  
8                   tration calendar day in the individual’s  
9                   home shall refer to payment only for the  
10                  date on which professional services (as de-  
11                  scribed in section 1861(iii)(2)(A)) were  
12                  furnished to administer such drugs to such  
13                  individual. For purposes of the previous  
14                  sentence, an infusion drug administration  
15                  calendar day shall include all such drugs  
16                  administered to such individual on such  
17                  day.

18                  “(ii) TREATMENT OF MULTIPLE  
19                  DRUGS ADMINISTERED ON SAME INFUSION  
20                  DRUG ADMINISTRATION DAY.—In the case  
21                  that an eligible home infusion supplier,  
22                  with respect to an infusion drug adminis-  
23                  tration calendar day in an individual’s  
24                  home, furnishes to such individual transi-  
25                  tional home infusion drugs which are not

1 all assigned to the same payment category  
2 under subparagraph (C), payment to such  
3 supplier for such infusion drug administra-  
4 tion calendar day in the individual's home  
5 shall be a single payment equal to the  
6 amount of payment under this paragraph  
7 for the drug, among all such drugs so fur-  
8 nished to such individual during such cal-  
9 endar day, for which the highest payment  
10 would be made under this paragraph.

11 “(F) ELIGIBLE HOME INFUSION SUP-  
12 PLIERS.—In this paragraph, the term ‘eligible  
13 home infusion supplier’ means a supplier that is  
14 enrolled under this part as a pharmacy that  
15 provides external infusion pumps and external  
16 infusion pump supplies and that maintains all  
17 pharmacy licensure requirements in the State in  
18 which the applicable infusion drugs are admin-  
19 istered.

20 “(G) IMPLEMENTATION.—Notwithstanding  
21 any other provision of law, the Secretary may  
22 implement this paragraph by program instruc-  
23 tion or otherwise.”.

24 (b) CONFORMING AMENDMENT.—Section  
25 1842(b)(6)(I) of the Social Security Act (42 U.S.C.

1 1395u(b)(6)(I)) is amended by inserting “or, in the case  
2 of items and services described in clause (i) of section  
3 1834(u)(7)(A) furnished to an individual during the pe-  
4 riod described in clause (ii) of such section, payment shall  
5 be made to the eligible home infusion therapy supplier”  
6 after “payment shall be made to the qualified home infu-  
7 sion therapy supplier”.

8 **SEC. 102. EXTENSION OF MEDICARE PATIENT IVIG ACCESS**  
9 **DEMONSTRATION PROJECT.**

10 Section 101(b) of the Medicare IVIG Access and  
11 Strengthening Medicare and Repaying Taxpayers Act of  
12 2012 (42 U.S.C. 1395l note) is amended—

13 (1) in paragraph (1), by inserting after “for a  
14 period of 3 years” the following: “and, subject to the  
15 availability of funds under subsection (g)—

16 “(A) if the date of enactment of the Medi-  
17 care Part B Improvement Act of 2017 is on or  
18 before September 30, 2017, for the period be-  
19 ginning on October 1, 2017, and ending on De-  
20 cember 31, 2020; and

21 “(B) if the date of enactment of such Act  
22 is after September 30, 2017, for the period be-  
23 ginning on the date of enactment of such Act  
24 and ending on December 31, 2020’ ”; and

1           (2) in paragraph (2), by adding at the end the  
2 following new sentence: “Subject to the preceding  
3 sentence, a Medicare beneficiary enrolled in the dem-  
4 onstration project on September 30, 2017, shall be  
5 automatically enrolled during the period beginning  
6 on the date of the enactment of the Medicare Part  
7 B Improvement Act of 2017 and ending on Decem-  
8 ber 31, 2020, without submission of another applica-  
9 tion.”.

10 **SEC. 103. ORTHOTIST’S AND PROSTHETIST’S CLINICAL**  
11 **NOTES AS PART OF THE PATIENT’S MEDICAL**  
12 **RECORD.**

13           Section 1834(h) of the Social Security Act (42 U.S.C.  
14 1395m(h)) is amended by adding at the end the following  
15 new paragraph:

16           “(5) DOCUMENTATION CREATED BY  
17 ORTHOTISTS AND PROSTHETISTS.—For purposes of  
18 determining the reasonableness and medical neces-  
19 sity of orthotics and prosthetics, documentation cre-  
20 ated by an orthotist or prosthetist shall be consid-  
21 ered part of the patient’s medical record to support  
22 documentation created by eligible professionals de-  
23 scribed in section 1848(k)(3)(B).”.

1       **TITLE II—IMPROVEMENTS IN**  
2                   **DIALYSIS SERVICES**

3       **SEC. 201. INDEPENDENT ACCREDITATION FOR DIALYSIS**  
4                   **FACILITIES AND ASSURANCE OF HIGH QUAL-**  
5                   **ITY SURVEYS.**

6           (a) ACCREDITATION AND SURVEYS.—

7               (1) IN GENERAL.—Section 1865 of the Social  
8       Security Act (42 U.S.C. 1395bb) is amended—

9                   (A) in subsection (a)—

10                       (i) in paragraph (1), in the matter  
11                       preceding subparagraph (A), by striking  
12                       “or the conditions and requirements under  
13                       section 1881(b)”; and

14                       (ii) in paragraph (4), by inserting  
15                       “(including a renal dialysis facility)” after  
16                       “facility”; and

17                   (B) by adding at the end the following new  
18       subsection:

19           “(e) With respect to an accreditation body that has  
20       received approval from the Secretary under subsection  
21       (a)(3)(A) for accreditation of provider entities that are re-  
22       quired to meet the conditions and requirements under sec-  
23       tion 1881(b), in addition to review and oversight authori-  
24       ties otherwise applicable under this title, the Secretary  
25       shall (as the Secretary determines appropriate) conduct,

1 with respect to such accreditation body and provider enti-  
2 ties, any or all of the following more frequently than is  
3 otherwise required to be conducted under this title with  
4 respect to other accreditation bodies or other provider en-  
5 tities:

6 “(1) Validation surveys referred to in sub-  
7 section (d).

8 “(2) Accreditation program reviews (as defined  
9 in section 488.8(c) of title 42 of the Code of Federal  
10 Regulations, or a successor regulation).

11 “(3) Performance reviews (as defined in section  
12 488.8(a) of title 42 of the Code of Federal Regula-  
13 tions, or a successor regulation).”.

14 (2) TIMING FOR ACCEPTANCE OF REQUESTS  
15 FROM ACCREDITATION ORGANIZATIONS.—Not later  
16 than 90 days after the date of enactment of this  
17 Act, the Secretary of Health and Human Services  
18 shall begin accepting requests from national accredi-  
19 tation bodies for a finding described in section  
20 1865(a)(3)(A) of the Social Security Act (42 U.S.C.  
21 1395bb(a)(3)(A)) for purposes of accrediting pro-  
22 vider entities that are required to meet the condi-  
23 tions and requirements under section 1881(b) of  
24 such Act (42 U.S.C. 1395rr(b)).

1 (b) REQUIREMENT FOR TIMING OF SURVEYS OF  
2 NEW DIALYSIS FACILITIES.—Section 1881(b)(1) of the  
3 Social Security Act (42 U.S.C. 1395rr(b)(1)) is amended  
4 by adding at the end the following new sentence: “Begin-  
5 ning 180 days after the date of the enactment of this sen-  
6 tence, an initial survey of a provider of services or a renal  
7 dialysis facility to determine if the conditions and require-  
8 ments under this paragraph are met shall be initiated not  
9 later than 90 days after such date on which both the pro-  
10 vider enrollment form (without regard to whether such  
11 form is submitted prior to or after such date of enactment)  
12 has been determined by the Secretary to be complete and  
13 the provider’s enrollment status indicates approval is  
14 pending the results of such survey.”.

15 **SEC. 202. EXPANDING ACCESS TO HOME DIALYSIS THER-**  
16 **APY.**

17 (a) ALLOWING USE OF TELEHEALTH FOR MONTHLY  
18 END STAGE RENAL DISEASE-RELATED VISITS.—

19 (1) IN GENERAL.—Paragraph (3) of section  
20 1881(b) of the Social Security Act (42 U.S.C.  
21 1395rr(b)) is amended—

22 (A) by redesignating subparagraphs (A)  
23 and (B) as clauses (i) and (ii), respectively;

1 (B) in clause (i), as redesignated by sub-  
2 paragraph (A), by striking “under this subpara-  
3 graph” and inserting “under this clause”;

4 (C) in clause (ii), as redesignated by sub-  
5 paragraph (A), by inserting “subject to sub-  
6 paragraph (B),” before “on a comprehensive”;

7 (D) by striking “With respect to” and in-  
8 serting “(A) With respect to”; and

9 (E) by adding at the end the following new  
10 subparagraph:

11 “(B)(i) Subject to clause (ii), an individual who is  
12 determined to have end stage renal disease and who is re-  
13 ceiving home dialysis may choose to receive monthly end  
14 stage renal disease-related visits, furnished on or after  
15 January 1, 2019, via telehealth.

16 “(ii) Clause (i) shall apply to an individual only if  
17 the individual receives a face-to-face visit, without the use  
18 of telehealth—

19 “(I) in the case of the initial three months of  
20 home dialysis of such individual, at least monthly;  
21 and

22 “(II) after such initial three months, at least  
23 once every three consecutive months.”.



1           (2) CONFORMING AMENDMENT.—Paragraph (1)  
2           of such section is amended by striking “paragraph  
3           (3)(A)” and inserting “paragraph (3)(A)(i)”.

4           (b) EXPANDING ORIGINATING SITES FOR TELE-  
5 HEALTH TO INCLUDE RENAL DIALYSIS FACILITIES AND  
6 THE HOME FOR PURPOSES OF MONTHLY END STAGE  
7 RENAL DISEASE-RELATED VISITS.—

8           (1) IN GENERAL.—Section 1834(m) of the So-  
9           cial Security Act (42 U.S.C. 1395m(m)) is amend-  
10          ed—

11                   (A) in paragraph (4)(C)(ii), by adding at  
12           the end the following new subclauses:

13                           “(IX) A renal dialysis facility,  
14                           but only for purposes of section  
15                           1881(b)(3)(B).

16                           “(X) The home of an individual,  
17                           but only for purposes of section  
18                           1881(b)(3)(B).”; and

19                   (B) by adding at the end the following new  
20           paragraph:

21                   “(5) TREATMENT OF HOME DIALYSIS MONTHLY  
22           ESRD-RELATED VISIT.—The geographic require-  
23           ments described in paragraph (4)(C)(i) shall not  
24           apply with respect to telehealth services furnished on  
25           or after January 1, 2019, for purposes of section

1 1881(b)(3)(B), at an originating site described in  
2 subclause (VI), (IX), or (X) of paragraph  
3 (4)(C)(ii), subject to applicable State law require-  
4 ments, including State licensure requirements.”.

5 (2) NO FACILITY FEE IF ORIGINATING SITE  
6 FOR HOME DIALYSIS THERAPY IS THE HOME.—Sec-  
7 tion 1834(m)(2)(B) of the Social Security (42  
8 U.S.C. 1395m(m)(2)(B)) is amended—

9 (A) by redesignating clauses (i) and (ii) as  
10 subclauses (I) and (II), respectively, and by in-  
11 denting each of such subclauses 2 ems to the  
12 right;

13 (B) in subclause (II), as redesignated by  
14 subparagraph (A), by striking “clause (i) or  
15 this clause” and inserting “subclause (I) or this  
16 subclause”;

17 (C) by striking “SITE.—With respect to”  
18 and inserting “SITE.—

19 “(i) IN GENERAL.—Subject to clause  
20 (ii), with respect to”; and

21 (D) by adding at the end the following new  
22 clause:

23 “(ii) NO FACILITY FEE IF ORIGI-  
24 NATING SITE FOR HOME DIALYSIS THER-  
25 APY IS THE HOME.—No facility fee shall

1           be paid under this subparagraph to an  
2           originating site described in subclause (X)  
3           of paragraph (4)(C)(ii).”.

4           (c) CLARIFICATION REGARDING TELEHEALTH PRO-  
5 VIDED TO BENEFICIARIES.—Section 1128A(i)(6) of the  
6 Social Security Act (42 U.S.C. 1320a–7a(i)(6)) is amend-  
7 ed—

8           (1) in subparagraph (H), by striking “; or” and  
9           inserting a semicolon;

10          (2) in subparagraph (I), by striking the period  
11          at the end and inserting “; or”; and

12          (3) by adding at the end the following new sub-  
13          paragraph:

14                 “(J) the provision of telehealth on or after  
15                 January 1, 2019, to individuals with end stage  
16                 renal disease under title XVIII by a health care  
17                 provider for the purpose of furnishing of tele-  
18                 health.”.

19          (d) STUDY AND REPORT ON FURTHER EXPAN-  
20          SION.—

21                 (1) STUDY.—The Comptroller General of the  
22                 United States shall conduct a study to examine the  
23                 benefits and drawbacks of expanding the coverage  
24                 under the Medicare program under title XVIII of  
25                 the Social Security Act of renal dialysis services as

1 telehealth services, pursuant to the amendments  
2 made by this section, to include coverage of renal di-  
3 alysis services furnished via telehealth and store-  
4 and-forward technologies.

5 (2) REPORT.—Not later than two years after  
6 the date of the enactment of this Act, the Comp-  
7 troller General shall submit to Congress a report on  
8 the results of the study conducted under paragraph  
9 (1).

## 10 **TITLE III—IMPROVEMENTS IN** 11 **APPLICATION OF STARK RULE**

### 12 **SEC. 301. MODERNIZING THE APPLICATION OF THE STARK** 13 **RULE UNDER MEDICARE.**

14 (a) CLARIFICATION OF THE WRITING REQUIREMENT  
15 AND SIGNATURE REQUIREMENT FOR ARRANGEMENTS  
16 PURSUANT TO THE STARK RULE.—

17 (1) WRITING REQUIREMENT.—Section  
18 1877(h)(1) of the Social Security Act (42 U.S.C.  
19 1395nn(h)(1)) is amended by adding at the end the  
20 following new subparagraph:

21 “(D) WRITTEN REQUIREMENT CLARIFIED.—In  
22 the case of any requirement pursuant to this section  
23 for a compensation arrangement to be in writing,  
24 such requirement shall be satisfied by such means as  
25 determined by the Secretary, including by a collec-

1       tion of documents, including contemporaneous docu-  
2       ments evidencing the course of conduct between the  
3       parties involved.”.

4           (2)     SIGNATURE     REQUIREMENT.—Section  
5       1877(e) of the Social Security Act (42 U.S.C.  
6       1395nn(e)) is amended—

7           (A) in paragraph (1)(A)(i), by inserting  
8       “before or not later than 90 days after the ef-  
9       fective date of the lease” after “signed by the  
10      parties”;

11          (B) in paragraph (1)(B)(i), by inserting  
12      “before or not later than 90 days after the ef-  
13      fective date of the lease” after “signed by the  
14      parties”; and

15          (C) in paragraph (3)(A)(i), by inserting  
16      “before or not later than 90 days after the ef-  
17      fective date of the arrangement” after “signed  
18      by the parties”.

19       (b) INDEFINITE HOLDOVER FOR LEASE ARRANGE-  
20      MENTS AND PERSONAL SERVICES ARRANGEMENTS PUR-  
21      SUANT TO THE STARK RULE.—Section 1877 of the Social  
22      Security Act (42 U.S.C. 1395nn) is amended—

23           (1) in subsection (e)—

24           (A) in paragraph (1), by adding at the end  
25      the following new subparagraph:

1           “(C)   HOLDOVER   LEASE   ARRANGE-  
2           MENTS.—In the case of a holdover lease ar-  
3           rangement for the lease of office space or equip-  
4           ment, which immediately follows a lease ar-  
5           rangement described in subparagraph (A) for  
6           the use of such office space or subparagraph  
7           (B) for the use of such equipment and that ex-  
8           pired after a term of at least one year, pay-  
9           ments made by the lessee to the lessor pursuant  
10          to such holdover lease arrangement, if—

11                   “(i) the lease arrangement met the  
12                   conditions of subparagraph (A) for the  
13                   lease of office space or subparagraph (B)  
14                   for the use of equipment when the ar-  
15                   rangement expired;

16                   “(ii) the holdover lease arrangement is  
17                   on the same terms and conditions as the  
18                   immediately preceding arrangement; and

19                   “(iii) the holdover arrangement con-  
20                   tinues to satisfy the conditions of subpara-  
21                   graph (A) for the lease of office space or  
22                   subparagraph (B) for the use of equip-  
23                   ment.”; and

24                   (B) in paragraph (3), by adding at the end  
25          the following new subparagraph:

1           “(C) HOLDOVER PERSONAL SERVICE AR-  
2           RANGEMENT.—In the case of a holdover per-  
3           sonal service arrangement, which immediately  
4           follows an arrangement described in subpara-  
5           graph (A) that expired after a term of at least  
6           one year, remuneration from an entity pursuant  
7           to such holdover personal service arrangement,  
8           if—

9                   “(i) the personal service arrangement  
10                  met the conditions of subparagraph (A)  
11                  when the arrangement expired;

12                   “(ii) the holdover personal service ar-  
13                  rangement is on the same terms and condi-  
14                  tions as the immediately preceding ar-  
15                  rangement; and

16                   “(iii) the holdover arrangement con-  
17                  tinues to satisfy the conditions of subpara-  
18                  graph (A).”;

19           (2) in subsection (h)(1), as amended by sub-  
20           section (a)(1)—

21                   (A) in the heading, by inserting “; HOLD-  
22                  OVER ARRANGEMENT” after “REMUNERATION”;  
23                  and

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

1           “(E) HOLDOVER ARRANGEMENT.—The term  
2     ‘holdover arrangement’ means an arrangement, with  
3     respect to an agreement (including a lease or other  
4     arrangement) that has expired but as of the date of  
5     such expiration had been in compliance with the ap-  
6     plicable requirements of this section, under which  
7     the parties to such expired agreement have, since  
8     such date of expiration, continued to perform under  
9     the terms and conditions of such expired agree-  
10    ment.”.

11   **SEC. 302. DEPOSIT OF SAVINGS INTO MEDICARE IMPROVE-**  
12                   **MENT FUND.**

13           Section 1898(b)(1) of the Social Security Act (42  
14   U.S.C. 1395iii(b)(1)) is amended by inserting after “dur-  
15   ing and after fiscal year 2021, \$270,000,000” the fol-  
16   lowing: “minus such dollar amount equal to the amount  
17   by which the projected expenditures under this title after  
18   application of the provisions of (including amendments  
19   made by) the Medicare Part B Improvement Act of 2017  
20   (other than section 302 of such Act) are estimated to ex-  
21   ceed the projected expenditures under this title without  
22   application of such provisions (other than such section  
23   302)”.