

**AMENDMENT IN THE NATURE OF A SUBSTITUTE  
TO H.R. 2328  
OFFERED BY M . \_\_\_\_\_**

Strike all after the enacting clause and insert the following:

**1 SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

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

**5** (b) TABLE OF CONTENTS.—The table of contents for  
**6** 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  
10 striking “fiscal year 2019” and inserting “each of fiscal  
11 years 2019 through 2023”.

12           (b) NATIONAL HEALTH SERVICE CORPS.—Section  
13 10503(b)(2)(F) of the Patient Protection and Affordable  
14 Care Act (42 U.S.C. 254b–2(b)(2)(F)) is amended by  
15 striking “2018 and 2019” and inserting “2019 through  
16 2023”.

17           (c) TEACHING HEALTH CENTERS THAT OPERATE  
18 GRADUATE MEDICAL EDUCATION PROGRAMS.—Section  
19 340H(g)(1) of the Public Health Service Act (42 U.S.C.  
20 256h(g)(1)) is amended by striking “2018 and 2019” and  
21 inserting “2019 through 2023”.

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

2 (a) REAUTHORIZATION OF SPECIAL DIABETES PRO-  
3 GRAMS FOR TYPE I DIABETES.—Section 330B(b)(2)(D)  
4 of the Public Health Service Act (42 U.S.C. 254c-  
5 2(b)(2)(D)) is amended by striking “for each of fiscal  
6 years 2018 and 2019” and inserting “fiscal years 2019  
7 through 2023”.

8 (b) REAUTHORIZATION OF SPECIAL DIABETES PRO-  
9 GRAMS FOR INDIANS FOR DIABETES SERVICES.—Section  
10 330C(c)(2)(D) of the Public Health Service Act (42  
11 U.S.C. 254c-3(c)(2)(D)) is amended by striking “fiscal  
12 years 2018 and 2019” and inserting “fiscal years 2019  
13 through 2023”.

14 **SEC. 103. EXTENSION FOR FAMILY TO FAMILY HEALTH IN-**  
15 **FORMATION CENTERS.**

16 Section 501(c)(1)(A)(vii) of the Social Security Act  
17 (42 U.S.C. 701(c)(1)(A)(vii)) is amended by striking “and  
18 2019” and inserting “through 2023”.

19 **SEC. 104. EXTENSION OF PERSONAL RESPONSIBILITY EDU-**  
20 **CATION PROGRAM.**

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

23 (1) in paragraphs (1)(A) and (4)(A) of sub-  
24 section (a), by striking “2019” and inserting  
25 “2023” each place it appears;

1 (2) in subsection (a)(4)(B)(i), by striking  
2 “2019” and inserting “2023”; and  
3 (3) in subsection (f), by striking “2019” and  
4 inserting “2023”.

5 **SEC. 105. EXTENSION OF SEXUAL RISK AVOIDANCE EDU-**  
6 **CATION PROGRAM.**

7 Section 510 of the Social Security Act (42 U.S.C.  
8 710) is amended by striking “fiscal years 2018 and 2019”  
9 each place it appears in subsections (a)(1), (a)(2)(A),  
10 (f)(1) and (f)(2) and inserting “fiscal years 2019 through  
11 2023”.

12 **TITLE II—MEDICARE PROGRAMS**

13 **SEC. 201. EXTENSION OF THE WORK GEOGRAPHIC INDEX**  
14 **FLOOR UNDER THE MEDICARE PROGRAM.**

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

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

20 (a) **ADDITIONAL FUNDING FOR STATE HEALTH IN-**  
21 **SURANCE PROGRAMS.**—Subsection (a)(1)(B) of section  
22 119 of the Medicare Improvements for Patients and Pro-  
23 viders Act of 2008 (42 U.S.C. 1395b-3 note), as amended  
24 by section 3306 of the Patient Protection and Affordable  
25 Care Act (Public Law 111-148), section 610 of the Amer-

1 ican Taxpayer Relief Act of 2012 (Public Law 112–240),  
2 section 1110 of the Pathway for SGR Reform Act of 2013  
3 (Public Law 113–67), section 110 of the Protecting Ac-  
4 cess to Medicare Act of 2014 (Public Law 113–93), sec-  
5 tion 208 of the Medicare Access and CHIP Reauthoriza-  
6 tion Act of 2015 (Public Law 114–10), and section 50207  
7 of the Bipartisan Budget Act of 2018 (Public Law 115–  
8 123), is amended—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

17          (d) ADDITIONAL FUNDING FOR CONTRACT WITH  
18 THE NATIONAL CENTER FOR BENEFITS AND OUTREACH  
19 ENROLLMENT.—Subsection (d)(2) of such section 119, as  
20 so amended, is amended—

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

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

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

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

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

5 **SEC. 203. EXTENSION OF FUNDING FOR QUALITY MEASURE**  
6 **ENDORSEMENT, INPUT, AND SELECTION**  
7 **UNDER THE MEDICARE PROGRAM.**

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

10 (1) by striking “and \$7,500,000” and inserting  
11 “\$7,500,000”; and

12 (2) by striking “and 2019.” and inserting “and  
13 2019, and \$30,000,000 for each of fiscal years 2020  
14 through 2022.”.

15 (b) INPUT FOR REMOVAL OF MEASURES.—Section  
16 1890(b) of the Social Security Act (42 U.S.C. 1395aaa(b))  
17 is amended by inserting after paragraph (3) the following:

18 “(4) REMOVAL OF MEASURES.—The entity  
19 may, through the multistakeholder groups convened  
20 under paragraph (7)(A), provide input to the Sec-  
21 retary on quality and efficiency measures described  
22 in paragraph (7)(B) that could be considered for re-  
23 moval.”.

24 (c) PRIORITIZATION OF MEASURE ENDORSEMENT.—  
25 Section 1890(b) of the Social Security Act (42 U.S.C.

1 1395aaa(b)), as amended by subsection (b), is further  
2 amended by adding at the end the following:

3 “(9) PRIORITIZATION OF MEASURE ENDORSE-  
4 MENT.—The entity—

5 “(A) during the period beginning on the  
6 date of the enactment of this paragraph and  
7 ending on December 31, 2023, shall prioritize  
8 the endorsement of measures relating to mater-  
9 nal morbidity and mortality by the entity with  
10 a contract under subsection (a) in connection  
11 with endorsement of measures described in  
12 paragraph (2); and

13 “(B) on and after January 1, 2024, may  
14 prioritize the endorsement of such measures by  
15 such entity.”.

16 **SEC. 204. EXTENSION OF THE INDEPENDENCE AT HOME**  
17 **MEDICAL PRACTICE DEMONSTRATION PRO-**  
18 **GRAM UNDER THE MEDICARE PROGRAM.**

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

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



1 **SEC. 205. EXTENSION OF APPROPRIATIONS AND TRANS-**  
2 **FERS TO THE PATIENT-CENTERED OUT-**  
3 **COMES RESEARCH TRUST FUND; EXTENSION**  
4 **OF CERTAIN HEALTH INSURANCE FEES.**

5 (a) IN GENERAL.—

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

8 (A) in subsection (b)(1)(E), by striking  
9 “2014” and all that follows through “2019”  
10 and inserting “2014 through 2022”;

11 (B) in subsection (d)(2)(A), by striking  
12 “2019” and inserting “2022”; and

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

15 (2) TITLE XI.—Section 1183(a)(2) of the Social  
16 Security Act (42 U.S.C. 1320e–2(a)(2)) is amended  
17 by striking “2014” and all that follows through  
18 “2019” and inserting “2014 through 2022”.

19 (b) EXTENSION OF CERTAIN HEALTH INSURANCE  
20 FEES.—

21 (1) HEALTH INSURANCE POLICIES.—Section  
22 4375(e) of the Internal Revenue Code of 1986 is  
23 amended by striking “2019” and inserting “2022”.

24 (2) SELF-INSURED HEALTH PLANS.—Section  
25 4376(e) of the Internal Revenue Code of 1986 is  
26 amended by striking “2019” and inserting “2022”.

1 **SEC. 206. TRANSITIONAL COVERAGE AND RETROACTIVE**  
2 **MEDICARE PART D COVERAGE FOR CERTAIN**  
3 **LOW-INCOME BENEFICIARIES.**

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

6 (1) by redesignating subsection (e) as sub-  
7 section (f); and

8 (2) by adding after subsection (d) the following  
9 new subsection:

10 “(e) LIMITED INCOME NEWLY ELIGIBLE TRANSI-  
11 TION PROGRAM.—

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

17 “(2) LI NET ELIGIBLE INDIVIDUAL DEFINED.—  
18 For purposes of this subsection, the term ‘LI NET  
19 eligible individual’ means a part D eligible individual  
20 who—

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

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

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

5           “(A) immediate access to covered part D  
6 drugs at the point of sale during the period  
7 that begins on the first day of the month such  
8 individual is determined to meet the require-  
9 ments of clauses (ii) and (iii) of subsection  
10 (a)(3)(A) and ends on the date that coverage  
11 under a prescription drug plan or MA–PD plan  
12 takes effect with respect to such individual; and

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

1           “(i) the date that such individual was  
2           first eligible for a low-income subsidy  
3           under this part; or

4           “(ii) the date that is 36 months prior  
5           to the date such individual enrolls in a pre-  
6           scription drug plan or MA–PD plan,  
7           and ends on the date that coverage under such  
8           plan takes effect.

9           “(4) PROGRAM ADMINISTRATION.—

10           “(A) SINGLE POINT OF CONTACT.—The  
11           Secretary shall, to the extent feasible, admin-  
12           ister the program under this subsection through  
13           a contract with a single program administrator.

14           “(B) BENEFIT DESIGN.—The Secretary  
15           shall ensure that the transitional coverage pro-  
16           vided to LI NET eligible individuals under this  
17           subsection—

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

20           “(ii) permits all pharmacies deter-  
21           mined by the Secretary to be in good  
22           standing to process claims under the pro-  
23           gram;

24           “(iii) is consistent with such require-  
25           ments as the Secretary considers necessary

1 to improve patient safety and ensure ap-  
2 propriate dispensing of medication; and

3 “(iv) meets such other requirements  
4 as the Secretary may establish.

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

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

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

15 “(ii) Subparagraphs (A) and (B) of  
16 section 1860D–4(b)(3) (relating to require-  
17 ments on development and application of  
18 formularies; formulary development).

19 “(iii) Paragraphs (1)(C) and (2) of  
20 section 1860D–4(c) (relating to medication  
21 therapy management program).

22 “(B) WAIVER AUTHORITY.—The Secretary  
23 may waive such other requirements of titles XI  
24 and this title as may be necessary to carry out

1 the purposes of the program established under  
2 this subsection.”.

3 **SEC. 207. HEALTH EQUITY AND ACCESS FOR RETURNING**  
4 **TROOPS AND SERVICEMEMBERS ACT OF 2019.**

5 (a) MODIFICATION OF REQUIREMENT FOR CERTAIN  
6 FORMER MEMBERS OF THE ARMED FORCES TO ENROLL  
7 IN MEDICARE PART B TO BE ELIGIBLE FOR TRICARE  
8 FOR LIFE.—

9 (1) TRICARE ELIGIBILITY.—

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

14 “(6)(A) The requirement in paragraph (2)(A)  
15 to enroll in the supplementary medical insurance  
16 program under part B of title XVIII of the Social  
17 Security Act (42 U.S.C. 1395j et seq.) shall not  
18 apply to a person described in subparagraph (B)  
19 during any month in which such person is not enti-  
20 tled to a benefit described in subparagraph (A) of  
21 section 226(b)(2) of the Social Security Act (42  
22 U.S.C. 426(b)(2)) if such person has received the  
23 counseling and information under subparagraph (C).

24 “(B) A person described in this subpara-  
25 graph is a person—

1 “(i) who is under 65 years of age;

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

7 “(iii) whose entitlement to a benefit  
8 described in subparagraph (A) of such sec-  
9 tion has terminated due to performance of  
10 substantial gainful activity; and

11 “(iv) who is retired under chapter 61  
12 of this title.

13 “(C) The Secretary of Defense shall co-  
14 ordinate with the Secretary of Health and  
15 Human Services and the Commissioner of So-  
16 cial Security to notify persons described in sub-  
17 paragraph (B) of, and provide information and  
18 counseling regarding, the effects of not enroll-  
19 ing in the supplementary medical insurance  
20 program under part B of title XVIII of the So-  
21 cial Security Act (42 U.S.C. 1395j et seq.), as  
22 described in subparagraph (A).”.

23 (B) CONFORMING AMENDMENT.—Para-  
24 graph (2)(A) of such subsection is amended by

1 striking “is enrolled” and inserting “except as  
2 provided by paragraph (6), is enrolled”.

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

6 “(c) CERTAIN INDIVIDUALS NOT REQUIRED TO EN-  
7 ROLL IN MEDICARE PART B.—In carrying out subsection  
8 (a), the Secretary of Defense shall coordinate with the  
9 Secretary of Health and Human Services and the Commis-  
10 sioner of Social Security to—

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

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

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



1           (3) REPORT.—Not later than October 1, 2024,  
2           the Secretary of Defense, the Secretary of Health  
3           and Human Services, and the Commissioner of So-  
4           cial Security shall jointly submit to the Committees  
5           on Armed Services of the House of Representatives  
6           and the Senate, the Committee on Ways and Means  
7           and the Committee on Energy and Commerce of the  
8           House of Representatives, and the Committee on Fi-  
9           nance of the Senate a report on the implementation  
10          of section 1086(d)(6) of title 10, United States  
11          Code, as added by paragraph (1). Such report shall  
12          include, with respect to the period covered by the re-  
13          port—

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

20                 (B) the number of individuals who—

21                         (i) are retired from the Armed Forces  
22                         under chapter 61 of title 10, United States  
23                         Code;

24                         (ii) are entitled to hospital insurance  
25                         benefits under part A of title XVIII of the

1 Social Security Act pursuant to receiving  
2 benefits for 24 months as described in sub-  
3 paragraph (A) or (C) of section 226(b)(2)  
4 of such Act (42 U.S.C. 426(b)(2)); and

5 (iii) because of such entitlement, are  
6 no longer enrolled in TRICARE Standard,  
7 TRICARE Prime, TRICARE Extra, or  
8 TRICARE Select under chapter 55 of title  
9 10, United States Code.

10 (4) DEPOSIT OF SAVINGS INTO MEDICARE IM-  
11 PROVEMENT FUND.—Section 1898(b)(1) of the So-  
12 cial Security Act (42 U.S.C. 1395iii(b)(1)) is amend-  
13 ed by striking “during and after fiscal year 2021,  
14 \$0” and inserting “during and after fiscal year  
15 2024, \$5,000,000”.

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

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

23 (1) BENEFIT.—

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

4 (i) in subsection (s)(2)—

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

7 (II) in subparagraph (HH), by  
8 striking the period and inserting “;  
9 and”; and

10 (III) by adding at the end the  
11 following new subparagraph:

12 “(II) a prostate cancer DNA Specimen Prove-  
13 nance Assay test (DSPA test) (as defined in sub-  
14 section (kkk));”; and

15 (ii) by adding at the end the following  
16 new subsection:

17 “(kkk) PROSTATE CANCER DNA SPECIMEN PROVE-  
18 NANCE ASSAY TEST.—The term ‘prostate cancer DNA  
19 Specimen Provenance Assay Test’ (DSPA test) means a  
20 test that, after a determination of cancer in one or more  
21 prostate biopsy specimens obtained from an individual, as-  
22 sesses the identity of the DNA in such specimens by com-  
23 paring such DNA with the DNA that was separately taken  
24 from such individual at the time of the biopsy.”.

1 (B) EXCLUSION FROM COVERAGE.—Sec-  
2 tion 1862(a)(1) of the Social Security Act (42  
3 U.S.C. 1395y(a)(1)) is amended—

4 (i) in subparagraph (O), by striking  
5 “and” at the end;

6 (ii) in subparagraph (P), by striking  
7 the semicolon at the end and inserting “,  
8 and”; and

9 (iii) by adding at the end the fol-  
10 lowing new subparagraph:

11 “(Q) in the case of a prostate cancer DNA  
12 Specimen Provenance Assay test (DSPA test) (as  
13 defined in section 1861(kkk)), unless such test is  
14 furnished on or after January 1, 2021, and before  
15 January 1, 2026, and such test is ordered by the  
16 physician who furnished the prostate cancer biopsy  
17 that obtained the specimen tested;”.

18 (2) PAYMENT AMOUNT AND RELATED REQUIRE-  
19 MENTS.—Section 1834 of the Social Security Act  
20 (42 U.S.C. 1395m) is amended by adding at the end  
21 the following new subsection:

22 “(x) PROSTATE CANCER DNA SPECIMEN PROVE-  
23 NANCE ASSAY TESTS.—

24 “(1) PAYMENT FOR COVERED TESTS.—

1           “(A) IN GENERAL.—Subject to subpara-  
2 graph (B), the payment amount for a prostate  
3 cancer DNA Specimen Provenance Assay test  
4 (DSPA test) (as defined in section 1861(kkk))  
5 shall be \$200. Such payment shall be payment  
6 for all of the specimens obtained from the bi-  
7 opsy furnished to an individual that are tested.

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

11           “(C) PROHIBITION ON SEPARATE PAY-  
12 MENT.—No separate payment shall be made for  
13 obtaining DNA that was separately taken from  
14 an individual at the time of a biopsy described  
15 in subparagraph (A).

16           “(2) HCPCS CODE AND MODIFIER ASSIGN-  
17 MENT.—

18           “(A) IN GENERAL.—The Secretary shall  
19 assign one or more HCPCS codes to a prostate  
20 cancer DNA Specimen Provenance Assay test  
21 and may use a modifier to facilitate making  
22 payment under this section for such test.

23           “(B) IDENTIFICATION OF DNA MATCH ON  
24 CLAIM.—The Secretary shall require an indica-  
25 tion on a claim for a prostate cancer DNA

1 Specimen Provenance Assay test of whether the  
2 DNA of the prostate biopsy specimens match  
3 the DNA of the individual diagnosed with pros-  
4 tate cancer. Such indication may be made  
5 through use of a HCPCS code, a modifier, or  
6 other means, as determined appropriate by the  
7 Secretary.

8 “(3) DNA MATCH REVIEW.—

9 “(A) IN GENERAL.—The Secretary shall  
10 review at least three years of claims under part  
11 B for prostate cancer DNA Specimen Prove-  
12 nance Assay tests to identify whether the DNA  
13 of the prostate biopsy specimens match the  
14 DNA of the individuals diagnosed with prostate  
15 cancer.

16 “(B) POSTING ON INTERNET WEBSITE.—  
17 Not later than July 1, 2023, the Secretary shall  
18 post on the internet website of the Centers for  
19 Medicare & Medicaid Services the findings of  
20 the review conducted under subparagraph  
21 (A).”.

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

1 (A) by striking “and (CC)” and inserting  
2 “(CC)”; and

3 (B) by inserting before the semicolon at  
4 the end the following: “, and (DD) with respect  
5 to a prostate cancer DNA Specimen Provenance  
6 Assay test (DSPA test) (as defined in section  
7 1861(kkk)), the amount paid shall be an  
8 amount equal to 80 percent of the lesser of the  
9 actual charge for the test or the amount speci-  
10 fied under section 1834(x)”.

11 **SEC. 208. EXCLUSION OF COMPLEX REHABILITATIVE MAN-**  
12 **UAL WHEELCHAIRS FROM MEDICARE COM-**  
13 **PETITIVE ACQUISITION PROGRAM; NON-AP-**  
14 **PLICATION OF MEDICARE FEE-SCHEDULE**  
15 **ADJUSTMENTS FOR CERTAIN WHEELCHAIR**  
16 **ACCESSORIES AND CUSHIONS.**

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

21 (1) by inserting “, complex rehabilitative man-  
22 ual wheelchairs (as determined by the Secretary),  
23 and certain manual wheelchairs (identified, as of Oc-  
24 tober 1, 2018, by HCPCS codes E1235, E1236,

1 E1237, E1238, and K0008 or any successor to such  
2 codes)” after “group 3 or higher”; and

3 (2) by striking “such wheelchairs” and insert-  
4 ing “such complex rehabilitative power wheelchairs,  
5 complex rehabilitative manual wheelchairs, and cer-  
6 tain manual wheelchairs”.

7 (b) NON-APPLICATION OF MEDICARE FEE SCHED-  
8 ULE ADJUSTMENTS FOR WHEELCHAIR ACCESSORIES AND  
9 SEAT AND BACK CUSHIONS WHEN FURNISHED IN CON-  
10 NECTION WITH COMPLEX REHABILITATIVE MANUAL  
11 WHEELCHAIRS.—

12 (1) IN GENERAL.—Notwithstanding any other  
13 provision of law, the Secretary of Health and  
14 Human Services shall not, during the period begin-  
15 ning on January 1, 2020, and ending on December  
16 31, 2020, use information on the payment deter-  
17 mined under the competitive acquisition programs  
18 under section 1847 of the Social Security Act (42  
19 U.S.C. 1395w–3) to adjust the payment amount  
20 that would otherwise be recognized under section  
21 1834(a)(1)(B)(ii) of such Act (42 U.S.C.  
22 1395m(a)(1)(B)(ii)) for wheelchair accessories (in-  
23 cluding seating systems) and seat and back cushions  
24 when furnished in connection with complex rehabili-  
25 tative manual wheelchairs (as determined by the



1 Secretary), and certain manual wheelchairs (identi-  
2 fied, as of October 1, 2018, by HCPCS codes  
3 E1235, E1236, E1237, E1238, and K0008 or any  
4 successor to such codes).

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

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.”.

