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(Original Signature of Member)

118TH CONGRESS  
1ST SESSION

**H. R.**

To require the Secretary of Health and Human Services to submit an annual report on the impact of certain Medicare regulations on provider and payer consolidation.

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IN THE HOUSE OF REPRESENTATIVES

Mr. BURGESS (for himself, Mrs. DINGELL, and Mr. FERGUSON) introduced the following bill; which was referred to the Committee on

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**A BILL**

To require the Secretary of Health and Human Services to submit an annual report on the impact of certain Medicare regulations on provider and payer consolidation.

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.**

4 This Act may be cited as the “Providers and Payers  
5 COMPETE Act”.

1 **SEC. 2. ANNUAL REPORT ON THE IMPACT OF CERTAIN**  
2 **MEDICARE REGULATIONS ON PROVIDER AND**  
3 **PAYER CONSOLIDATION; PUBLIC COMMENT**  
4 **ON PROVIDER AND PAYER CONSOLIDATION**  
5 **FOR CERTAIN PROPOSED RULES.**

6 (a) ANNUAL REPORT.—Not later than December 30,  
7 2026, and annually thereafter, the Secretary of Health  
8 and Human Services (in this section referred to as the  
9 “Secretary”) shall submit to Congress a report on the im-  
10 pact in the aggregate on provider and payer consolidation  
11 with respect to regulations for parts B, C, and D of title  
12 XVIII of the Social Security Act (42 U.S.C. 1395j et seq.)  
13 implemented in the calendar year immediately prior to  
14 such report. Such report shall include regulations that—

15 (1) implement a change to an applicable pay-  
16 ment system, a rate schedule, or another payment  
17 system under parts B, C, or D of such title; or

18 (2) result in a significant rule effecting provider  
19 or payer consolidation.

20 (b) PUBLIC COMMENT ON IMPACT TO PROVIDER AND  
21 PAYER CONSOLIDATION.—Beginning for 2025, as part of  
22 any notice and comment rulemaking process that will re-  
23 sult in a significant rule effecting provider or payer con-  
24 solidation with respect to a proposed rule for parts B, C,  
25 and D of title XVIII of the Social Security Act (42 U.S.C.  
26 1395j et seq.), the Secretary shall seek public comment

1 on the projected impact of such proposed rule on provider  
2 and payer consolidation in the aggregate.

3 (c) DEFINITIONS.—In this section:

4 (1) PROVIDER AND PAYER CONSOLIDATION.—

5 The term “provider and payer consolidation” in-  
6 cludes the vertical or horizontal integration among  
7 providers of services (as defined in subsection (u) of  
8 section 1861 of the Social Security Act (42 U.S.C.  
9 1395x)), suppliers (as defined in subsection (d) of  
10 such section), accountable care organizations under  
11 section 1899 of the Social Security Act (42 U.S.C.  
12 1395jjj), Medicare Advantage organizations, PDP  
13 sponsors, pharmacy benefit managers, pharmacies,  
14 and integrated delivery systems.

15 (2) APPLICABLE PAYMENT SYSTEM.—The term  
16 “applicable payment system” includes—

17 (A) with respect to outpatient hospital  
18 services, the prospective payment system for  
19 covered OPD services established under section  
20 1833(t) of such Act (42 U.S.C. 1395(l)); and

21 (B) with respect to physicians’ services,  
22 the physician fee schedules established under  
23 section 1848 of such Act (42 U.S.C. 1395w–4).

1 **SEC. 3. CONSIDERATION OF EFFECTS ON PROVIDER AND**  
2 **PAYER CONSOLIDATION WITH RESPECT TO**  
3 **CMI MODELS.**

4 (a) **IN GENERAL.**—Section 1115A(b)(4)(A) of the  
5 Social Security Act (42 U.S.C. 1315a(b)(4)(A)) is amend-  
6 ed—

7 (1) in clause (i), by striking at the end “and”;

8 (2) in clause (ii), by striking the period at the  
9 end and inserting “; and”; and

10 (3) by adding at the end the following new  
11 clause:

12 “(iii) the extent to which, and how,  
13 the model has effected and could effect  
14 provider and payer consolidation, which in-  
15 cludes the vertical or horizontal integration  
16 among providers of services (as defined in  
17 subsection (u) of section 1861), suppliers  
18 (as defined in subsection (d) of such sec-  
19 tion), and accountable care organizations  
20 under section 1899.”.

21 (b) **EFFECTIVE DATE.**—The amendments made by  
22 subsection (a) shall apply with respect to models tested  
23 on or after January 1, 2025.