To amend title XVIII of the Social Security Act to increase the nonfacility practice expense relative value units for specified services furnished under the Medicare program.

IN THE HOUSE OF REPRESENTATIVES

Mr. BILIRAKIS introduced the following bill; which was referred to the Committee on ______________________

A BILL

To amend title XVIII of the Social Security Act to increase the nonfacility practice expense relative value units for specified services furnished under the Medicare program.

Be it enacted by the Senate and House of Representa-

tives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Providing Relief and Stability for Medicare Patients Act of 2023”.
SEC. 2. INCREASING THE NONFACILITY PRACTICE EXPENSE RELATIVE VALUE UNITS FOR SPECIFIED SERVICES FURNISHED UNDER THE MEDICARE PROGRAM.

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

“(P) INCREASE OF NONFACILITY PRACTICE EXPENSE RELATIVE VALUE UNITS FOR SPECIFIED SERVICES.—

“(i) IN GENERAL.—The Secretary shall increase the nonfacility practice expense relative value units applied to a specified service (as defined in clause (ii)) 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 such year without application of this clause; and

“(II) 2025, by 15 percent of the number of nonfacility practice expense relative value units that would otherwise apply to such service furnished in
such year without application of this clause.

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

“(iii) FUNDING.—There shall be transferred from the General Fund of the Treasury to the Federal Supplementary Medical Insurance Trust Fund under section 1841 such sums as the Secretary determines are necessary for purposes of increasing payment amounts pursuant to this subparagraph, to remain available until expended.”.

(b) NONAPPLICATION OF BUDGET NEUTRALITY.—Section 1848(c)(2)(B)(iv) of the Social Security Act (42 U.S.C. 1395w–4(c)(2)(B)(iv)) is amended—
(1) in subclause (IV), by striking “; and” and inserting a semicolon;

(2) in subclause (V), by striking the period at the end and inserting “; and”; and

(3) by adding at the end the following new subclause:

“(VI) subparagraph (P) shall not be taken into account in applying clause (ii)(II).”.

(c) REPORT.—Not later than 1 year after the date of the enactment of this Act, the Comptroller General of the United States shall submit to Congress a report on the Medicare physician fee schedule and patient access, including—

(1) an analysis of the number of health care providers furnishing specified services (as defined in section 1848(e)(2)(P) of the Social Security Act, as added by subsection (a)) in a nonfacility setting under the Medicare program over the 20 year period 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);

(2) an analysis of any change in the proportion of services payable under such schedule furnished in nonfacility settings compared to the proportion of such services furnished at other sites of service over such period, including an analysis of the impact of any such change on health system consolidation, underserved and rural populations, quality of care of Medicare beneficiaries, and increased cost to the Medicare program;

(3) an analysis of whether significant annual changes in provider reimbursement are a cause of any change described in paragraph (2), disruptions in patient access to services, and increased cost 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(e)(2)(P) of the Social Security Act, as added by subsection (a)) and minimizing health system consolidation.