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118TH CONGRESS 1ST SESSION	H.R.	(Original Signature of Member)

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.

- 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 "Providing Relief and
- 5 Stability for Medicare Patients Act of 2023".

1	SEC. 2. 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 SPECI-
10	FIED SERVICES.—
11	"(i) In General.—The Secretary
12	shall increase the nonfacility practice ex-
13	pense relative value units applied to a
14	specified service (as defined in clause (ii))
15	furnished in—
16	"(I) 2024, by 10 percent of the
17	number of nonfacility practice expense
18	relative value units that would other-
19	wise apply to such service furnished in
20	such year without application of this
21	clause; and
22	"(II) 2025, by 15 percent of the
23	number of nonfacility practice expense
24	relative value units that would other-
25	wise apply to such service furnished in

1	such year without application of this
2	clause.
3	"(ii) Specified service defined.—
4	For purposes of this subparagraph, the
5	term 'specified service' means, with respect
6	to a service furnished in a year, a service
7	with a nonfacility practice expense relative
8	value unit that was calculated for such
9	year (without application of this subpara-
10	graph) based on 65 percent or more of the
11	service's direct practice expense cost being
12	attributed to equipment and supply costs.
13	"(iii) Funding.—There shall be
13 14	"(iii) Funding.—There shall be transferred from the General Fund of the
14	transferred from the General Fund of the
14 15	transferred from the General Fund of the Treasury to the Federal Supplementary
141516	transferred from the General Fund of the Treasury to the Federal Supplementary Medical Insurance Trust Fund under sec-
14151617	transferred from the General Fund of the Treasury to the Federal Supplementary Medical Insurance Trust Fund under sec- tion 1841 such sums as the Secretary de-
1415161718	transferred from the General Fund of the Treasury to the Federal Supplementary Medical Insurance Trust Fund under sec- tion 1841 such sums as the Secretary de- termines are necessary for purposes of in-
141516171819	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
14151617181920	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
14 15 16 17 18 19 20 21	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.".

1	(1) in subclause (IV), by striking "; and and
2	inserting a semicolon;
3	(2) in subclause (V), by striking the period at
4	the end and inserting "; and"; and
5	(3) by adding at the end the following new sub-
6	clause:
7	"(VI) subparagraph (P) shall not
8	be taken into account in applying
9	clause (ii)(II).''.
10	(c) Report.—Not later than 1 year after the date
11	of the enactment of this Act, the Comptroller General of
12	the United States shall submit to Congress a report on
13	the Medicare physician fee schedule and patient access,
14	including—
15	(1) an analysis of the number of health care
16	providers furnishing specified services (as defined in
17	section $1848(c)(2)(P)$ of the Social Security Act, as
18	added by subsection (a)) in a nonfacility setting
19	under the Medicare program over the 20 year period
20	ending on such date of enactment, including a de-
21	scription of any changes in volume of such services
22	furnished under such program and the availability of
23	such services under such program and a description
24	of wait-times, decreased hours, other factors that

1	could impede a patient's access to such services
2	(such as increased cost sharing);
3	(2) an analysis of any change in the proportion
4	of services payable under such schedule furnished in
5	nonfacility settings compared to the proportion of
6	such services furnished at other sites of service over
7	such period, including an analysis of the impact of
8	any such change on health system consolidation, un-
9	derserved and rural populations, quality of care of
10	Medicare beneficiaries, and increased cost to the
11	Medicare program;
12	(3) an analysis of whether significant annual
13	changes in provider reimbursement are a cause of
14	any change described in paragraph (2), disruptions
15	in patient access to services, and increased cost
16	sharing; and
17	(4) taking into account the analyses described
18	in paragraphs (1) through (3), recommendations for
19	improving Medicare patient access to specified serv-
20	ices (as defined in section 1848(c)(2)(P) of the So-
21	cial Security Act, as added by subsection (a)) and
22	minimizing health system consolidation.