

116TH CONGRESS
1ST SESSION

H. R. 3417

To amend title XVIII of the Social Security Act to provide for patient improvements and rural and quality improvements under the Medicare program.

IN THE HOUSE OF REPRESENTATIVES

JUNE 21, 2019

Mr. NEAL (for himself and Mr. BRADY) introduced the following bill; which was referred to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To amend title XVIII of the Social Security Act to provide for patient improvements and rural and quality improvements 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; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “Beneficiary Education Tools, Telehealth, and Extenders
6 Reauthorization Act of 2019” or the “BETTER Act of
7 2019”.

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

Sec. 1. Short title; table of contents.

TITLE I—PATIENT IMPROVEMENTS

Sec. 101. Beneficiary enrollment notification and eligibility simplification.

Sec. 102. Extension of funding outreach and assistance for low-income programs.

Sec. 103. Medicare coverage of certain mental health telehealth services.

Sec. 104. Requiring prescription drug plan sponsors to include real-time benefit information as part of such sponsor's electronic prescription program under the Medicare program.

Sec. 105. Transitional coverage and retroactive Medicare part D coverage for certain low-income beneficiaries.

TITLE II—RURAL AND QUALITY IMPROVEMENTS

Sec. 201. Medicare GME treatment of hospitals establishing new medical residency training programs after hosting medical resident rotators for short durations.

Sec. 202. Extension of the work geographic index floor under the Medicare program.

Sec. 203. Extension of funding for quality measure endorsement, input, and selection under Medicare program.

Sec. 204. Improving measurements under the skilled nursing facility value-based purchasing program under the Medicare program.

3 **TITLE I—PATIENT** 4 **IMPROVEMENTS**

5 **SEC. 101. BENEFICIARY ENROLLMENT NOTIFICATION AND** 6 **ELIGIBILITY SIMPLIFICATION.**

7 (a) ELIGIBILITY AND ENROLLMENT NOTICES.—

8 (1) AS PART OF SOCIAL SECURITY ACCOUNT
 9 STATEMENT FOR INDIVIDUALS ATTAINING AGES 63
 10 TO 65.—Section 1143(a) of the Social Security Act
 11 (42 U.S.C. 1320b–13(a)) is amended by adding at
 12 the end the following new paragraph:

13 “(4) MEDICARE ELIGIBILITY INFORMATION.—

1 “(A) IN GENERAL.—In the case of statements
2 provided on or after the date that is 2 years after
3 the date of the enactment of this paragraph to indi-
4 viduals who are attaining ages 63, 64, and 65, the
5 statement shall also include a notice containing the
6 information described in subparagraph (B).

7 “(B) CONTENTS OF NOTICE.—The notice re-
8 quired under subparagraph (A) shall include a clear,
9 simple explanation of—

10 “(i) eligibility for benefits under the Medi-
11 care program under title XVIII, and in par-
12 ticular benefits under part B of such title;

13 “(ii) the reasons a late enrollment penalty
14 for failure to timely enroll could be assessed
15 and how such late enrollment penalty is cal-
16 culated, in particular for benefits under part B;

17 “(iii) the availability of relief from the late
18 enrollment penalty and retroactive enrollment
19 under section 1837(h) (including as such sec-
20 tion is applied under sections 1818(c) and
21 1818A(c)(3)), with examples of circumstances
22 under which such relief may be granted and ex-
23 amples of circumstances under which such relief
24 would not be granted;

1 “(iv) the need for coordination of benefits
2 (including primary and secondary coverage sce-
3 narios) pursuant to section 1862, in particular
4 for benefits under part B of such title; and

5 “(v) populations, such as residents of
6 Puerto Rico and veterans, for whom there are
7 special considerations with respect to enroll-
8 ment under title XVIII.

9 “(C) DEVELOPMENT OF NOTICE.—

10 “(i) IN GENERAL.—The Secretary, in co-
11 ordination with the Commissioner of Social Se-
12 curity, and taking into consideration informa-
13 tion collected pursuant to clause (ii), shall, not
14 later than 12 months after the last day of the
15 period for the request of information described
16 in clause (ii), develop the notice to be provided
17 pursuant to subparagraph (A).

18 “(ii) REQUEST FOR INFORMATION.—Not
19 later than 6 months after the date of the enact-
20 ment of this paragraph, the Secretary shall re-
21 quest written information, including rec-
22 ommendations, from stakeholders (including the
23 groups described in subparagraph (D)) on the
24 information to be included in the notice.

“(iii) NOTICE IMPROVEMENT.—Beginning 4 years after the date of enactment of this paragraph, and not less than once every two years thereafter, the Secretary, in coordination with the Commissioner of Social Security, shall—

“(I) review the content of the notice to be provided under subparagraph (A);

“(II) solicit recommendations on the notice through a request for information process as described in clause (ii); and

“(III) update and revise such notice as the Secretary deems appropriate.

“(D) GROUPS FOR CONSULTATION.—For purposes of subparagraph (C)(ii), the groups described in this clause include the following:

“(i) Individuals who are 60 years of age or older.

“(ii) Veterans.

“(iii) Individuals with disabilities.

“(iv) Individuals with end stage renal disease.

“(v) Low-income individuals and families.

“(vi) Employers (including human resources professionals).

1 “(vii) States (including representatives of
2 State-run Health Insurance Exchanges, Med-
3 icaid offices, and Departments of Insurance).

4 “(viii) State Health Insurance Assistance
5 Programs.

6 “(ix) Health insurers.

7 “(x) Health insurance agents and brokers.

8 “(xi) Such other groups as specified by the
9 Secretary.

10 “(E) POSTING OF NOTICE ON WEBSITES.—The
11 Commissioner of Social Security and the Secretary
12 shall ensure that the notice being used under sub-
13 paragraph (A) is posted in a prominent location on
14 the public Internet website of the Social Security
15 Administration and on the public Internet website of
16 the Centers for Medicare & Medicaid Services, re-
17 spectively.

18 “(F) REIMBURSEMENT OF COSTS.—

19 “(i) IN GENERAL.—Effective for fiscal
20 years beginning in the year in which the date
21 of enactment of this paragraph occurs, the
22 Commissioner of Social Security and the Sec-
23 retary shall enter into an agreement which shall
24 provide funding to cover the administrative

1 costs of the Commissioner’s activities under this
2 paragraph. Such agreement shall—

3 “(I) provide funds to the Commis-
4 sioner for the full cost of the Social Secu-
5 rity Administration’s work related to the
6 implementation of this paragraph, includ-
7 ing any initial costs incurred prior to the
8 finalization of such agreement;

9 “(II) provide such funding quarterly
10 in advance of the applicable quarter based
11 on estimating methodology agreed to by
12 the Commissioner and the Secretary; and

13 “(III) require an annual accounting
14 and reconciliation of the actual costs in-
15 curred and funds provided under this para-
16 graph.

17 “(ii) LIMITATION.—In no case shall funds
18 from the Social Security Administration’s Limi-
19 tation on Administrative Expenses be used to
20 carry out activities related to the implementa-
21 tion of this paragraph.

22 “(G) NO EFFECT ON OBLIGATION TO MAIL
23 STATEMENTS.—Nothing in this paragraph shall be
24 construed to relieve the Commissioner of Social Se-
25 curity from any requirement under subsection (c),

1 including the requirement to mail a statement on an
 2 annual basis to each eligible individual who is not re-
 3 ceiving benefits under title II and for whom a mail-
 4 ing address can be determined through such meth-
 5 ods as the Commissioner determines to be appro-
 6 priate.”.

7 (2) INDIVIDUALS IN MEDICARE WAITING PE-
 8 RIOD.—Title XI of the Social Security Act (42
 9 U.S.C. 1301 et seq.) is amended by inserting after
 10 section 1144 the following new section:

11 “MEDICARE ENROLLMENT NOTIFICATION AND ELIGI-
 12 BILITY NOTICES FOR INDIVIDUALS IN MEDICARE
 13 WAITING PERIOD

14 “Notices

15 “SEC. 1144A. (a)

16 “(1) IN GENERAL.—The Commissioner of So-
 17 cial Security shall distribute the notice to be pro-
 18 vided pursuant to section 1143(a)(4), as may be
 19 modified under paragraph (2), to individuals in the
 20 24-month waiting period under section 226(b).

21 “(2) AUTHORITY TO MODIFY NOTICE.—The
 22 Secretary, in coordination with the Commissioner of
 23 Social Security, may modify the notice to be distrib-
 24 uted under paragraph (1) as necessary to take into
 25 account the individuals described in such paragraph.

10 “(b) Beginning not later than 2 years after the date
11 of the enactment of this section, a notice required under
12 subsection (a)(1) shall be mailed to an individual no less
13 than two times in accordance with the following:

18 “(2) The notice shall subsequently be provided
19 to such individual not later than one month prior to
20 such date.

22 “(c)

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1 Security and the Secretary shall enter into an agree-
2 ment which shall provide funding to cover the ad-
3 ministrative costs of the Commissioner's activities
4 under this section. Such agreement shall—

5 “(A) provide funds to the Commissioner
6 for the full cost of the Social Security Adminis-
7 tration's work related to the implementation of
8 this section, including any initial costs incurred
9 prior to the finalization of such agreement;

10 “(B) provide such funding quarterly in ad-
11 vance of the applicable quarter based on esti-
12 mating methodology agreed to by the Commis-
13 sioner and the Secretary; and

14 “(C) require an annual accounting and
15 reconciliation of the actual costs incurred and
16 funds provided under this section.

17 “(2) LIMITATION.—In no case shall funds from
18 the Social Security Administration's Limitation on
19 Administrative Expenses be used to carry out activi-
20 ties related to the implementation of this section.”.

21 (b) BENEFICIARY ENROLLMENT SIMPLIFICATION.—

22 (1) EFFECTIVE DATE OF COVERAGE.—Section
23 1838(a) of the Social Security Act (42 U.S.C.
24 1395q(a)) is amended—

1 (A) by amending paragraph (2) to read as
2 follows:

3 “(2)(A) in the case of an individual who enrolls
4 pursuant to subsection (d) of section 1837 before
5 the month in which he first satisfies paragraph (1)
6 or (2) of section 1836, the first day of such month,

7 “(B) in the case of an individual who first sat-
8 isfies such paragraph in a month beginning before
9 January 2021 and who enrolls pursuant to such
10 subsection (d)—

11 “(i) in such month in which he first satis-
12 fies such paragraph, the first day of the month
13 following the month in which he so enrolls,

14 “(ii) in the month following such month in
15 which he first satisfies such paragraph, the first
16 day of the second month following the month in
17 which he so enrolls, or

18 “(iii) more than one month following such
19 month in which he satisfies such paragraph, the
20 first day of the third month following the
21 month in which he so enrolls,

22 “(C) in the case of an individual who first satis-
23 fies such paragraph in a month beginning on or
24 after January 1, 2021, and who enrolls pursuant to
25 such subsection (d) in such month in which he first

1 satisfies such paragraph or in any subsequent month
2 of his initial enrollment period, the first day of the
3 month following the month in which he so enrolls, or

4 “(D) in the case of an individual who enrolls
5 pursuant to subsection (e) of section 1837 in a
6 month beginning—

7 “(i) before January 1, 2021, the July 1
8 following the month in which he so enrolls, or

9 “(ii) on or after January 1, 2021, the first
10 day of the month following the month in which
11 he so enrolls, or”; and

12 (B) by amending paragraph (3) to read as
13 follows:

14 “(3) in the case of an individual who is deemed
15 to have enrolled—

16 “(A) on or before the last day of the third
17 month of his initial enrollment period, the first
18 day of the month in which he first meets the
19 applicable requirements of section 1836 or July
20 1, 1973, whichever is later, or

21 “(B) on or after the first day of the fourth
22 month of his initial enrollment period, and
23 where such month begins—

24 “(i) before January 1, 2021, as pre-
25 scribed under subparagraphs (B)(i),

1 (B)(ii), (B)(iii), and (D) of paragraph (2),
 2 or
 3 “(ii) on or after January 1, 2021, as
 4 prescribed under paragraph (2)(C).”.

5 (2) SPECIAL ENROLLMENT PERIODS FOR EX-
 6 CEPTIONAL CIRCUMSTANCES.—

7 (A) ENROLLMENT.—Section 1837 of the
 8 Social Security Act (42 U.S.C. 1395p) is
 9 amended by adding at the end the following
 10 new subsection:

11 “(m) Beginning January 1, 2021, the Secretary may
 12 establish special enrollment periods in the case of individ-
 13 uals who meet such exceptional conditions as the Secretary
 14 may provide, such as individuals who reside in an area
 15 with an emergency or disaster as determined by the Sec-
 16 retary.”.

17 (B) COVERAGE PERIOD.—Section 1838 of
 18 the Social Security Act (42 U.S.C. 1395q) is
 19 amended by adding at the end the following
 20 new subsection:

21 “(g) Notwithstanding subsection (a), in the case of
 22 an individual who enrolls during a special enrollment pe-
 23 riod pursuant to section 1837(m), the coverage period
 24 shall begin on a date the Secretary provides in a manner

1 consistent (to the extent practicable) with protecting con-
2 tinuity of health benefit coverage.”.

3 (C) CONFORMING AMENDMENT.—Section
4 1839(b) of the Social Security Act (42 U.S.C.
5 1395r(b)) is amended, in the first sentence, by
6 striking “or (l)” and inserting “, (l), or (m)”.

7 (3) TECHNICAL CORRECTION.—Section 1839(b)
8 of the Social Security Act (42 U.S.C. 1395r(b)) is
9 amended by adding at the end the following new
10 sentence: “For purposes of determining any increase
11 under this subsection for individuals whose enroll-
12 ment occurs on or after January 1, 2021, the second
13 sentence of this subsection shall be applied by sub-
14 stituting ‘close of the month’ for ‘close of the enroll-
15 ment period’ each place it appears.”.

16 (4) REPORT.—Not later than January 1, 2021,
17 the Secretary of Health and Human Services shall
18 submit to the Committee on Ways and Means and
19 Committee on Energy and Commerce of the House
20 of Representatives and the Committee on Finance
21 and Special Committee on Aging of the Senate a re-
22 port including recommendations on how to align ex-
23 isting Medicare enrollment periods under title XVIII
24 of the Social Security Act, including the general en-
25 rollment period under part B of such title and the

1 annual election period under the Medicare Advan-
2 tage program under part C of such title and under
3 the prescription drug program under part D of such
4 title. Such recommendations shall be consistent with
5 the goals of maximizing coverage continuity and
6 choice and easing beneficiary transition.

7 **SEC. 102. EXTENSION OF FUNDING OUTREACH AND ASSIST-**
8 **ANCE FOR LOW-INCOME PROGRAMS.**

9 (a) ADDITIONAL FUNDING FOR STATE HEALTH IN-
10 SURANCE PROGRAMS.—Subsection (a)(1)(B) of section
11 119 of the Medicare Improvements for Patients and Pro-
12 viders Act of 2008 (42 U.S.C. 1395b–3 note), as amended
13 by section 3306 of the Patient Protection and Affordable
14 Care Act (Public Law 111–148), section 610 of the Amer-
15 ican Taxpayer Relief Act of 2012 (Public Law 112–240),
16 section 1110 of the Pathway for SGR Reform Act of 2013
17 (Public Law 113–67), section 110 of the Protecting Ac-
18 cess to Medicare Act of 2014 (Public Law 113–93), sec-
19 tion 208 of the Medicare Access and CHIP Reauthoriza-
20 tion Act of 2015 (Public Law 114–10), and section 50207
21 of the Bipartisan Budget Act of 2018 (Public Law 115–
22 123), is amended—

- 23 (1) in clause (vii), by striking “and” at the end;
24 (2) in clause (viii), by striking “and” at the
25 end;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

7 (d) ADDITIONAL FUNDING FOR CONTRACT WITH
8 THE NATIONAL CENTER FOR BENEFITS AND OUTREACH
9 ENROLLMENT.—Subsection (d)(2) of such section 119, as
10 so amended, is amended—

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

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

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

16 (4) by inserting after clause (ix) the following
17 new clause:

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

20 **SEC. 103. MEDICARE COVERAGE OF CERTAIN MENTAL**
21 **HEALTH TELEHEALTH SERVICES.**

22 Section 1834(m) of the Social Security Act (42
23 U.S.C. 1395m(m)) is amended—

1 (1) in paragraph (2)(B)(i), by striking “and
2 paragraph (6)(C)” and inserting “, paragraph
3 (6)(C), and paragraph (8)(C)”;

4 (2) in paragraph (4)(C)(i), by striking “and
5 (7)” and inserting “(7), and (8)”;

6 (3) in paragraph (4)(F)(i), by inserting “serv-
7 ices identified by CPT codes 90834 and 90837 (and
8 as subsequently modified by the Secretary),” before
9 “and any additional service”;

10 (4) in paragraph (6)(A), by striking “paragraph
11 (4)(C)” and inserting “paragraph (4)(C)(i)”;

12 (5) in paragraph (7), by striking “The geo-
13 graphic requirements” and inserting “Subject to
14 paragraph (8)(D), the geographic requirements”;
15 and

16 (6) by adding at the end the following new
17 paragraph:

18 “(8) TREATMENT OF MENTAL HEALTH TELE-
19 HEALTH SERVICES.—

20 “(A) NON-APPLICATION OF ORIGINATING
21 SITE REQUIREMENTS.—The requirements de-
22 scribed in paragraph (4)(C)(i) shall not apply
23 with respect to telehealth services furnished on
24 or after January 1, 2020, that are mental
25 health telehealth services. Nothing in the pre-

1 vious sentence shall waive any applicable State
2 law requirements.

3 “(B) INCLUSION OF CERTAIN SITES.—
4 With respect to telehealth services described in
5 subparagraph (A), the term ‘originating site’
6 shall include the home of the eligible telehealth
7 individual at which the individual is located at
8 the time the service is furnished via a tele-
9 communications system.

10 “(C) NO ORIGINATING SITE FACILITY
11 FEE.—No facility fee shall be paid under para-
12 graph (2)(B) to an originating site with respect
13 to a telehealth service described in subpara-
14 graph (A) if the originating site does not other-
15 wise meet the requirements for an originating
16 site under paragraph (4)(C).

17 “(D) FACE-TO-FACE INITIAL ASSESSMENT;
18 REASSESSMENTS.—Payment may not be made
19 for mental health telehealth services under this
20 paragraph (if such payment would not other-
21 wise be allowed under this subsection without
22 application of this paragraph or paragraph (7))
23 furnished to an eligible telehealth individual un-
24 less—

1 “(i) within the 6-month period prior
2 to the provision of such mental health tele-
3 health services, the individual receives a
4 face-to-face clinical assessment, without
5 the use of telehealth, by a physician de-
6 scribed in subparagraph (F)(i) or a practi-
7 tioner described in subparagraph (F)(ii) of
8 the needs of such individual for such serv-
9 ices; and

10 “(ii) the individual receives a reassess-
11 ment (at a frequency specified by the Sec-
12 retary) by a physician so described or a
13 practitioner so described of the needs of
14 such individual for such services.

15 “(E) MENTAL HEALTH TELEHEALTH
16 SERVICES DEFINED.—For purposes of this
17 paragraph, the term ‘mental health telehealth
18 service’ means services identified by CPT codes
19 90834 and 90837 (and as subsequently modi-
20 fied by the Secretary).

21 “(F) PHYSICIAN AND PRACTITIONER DE-
22 SCRIBED.—For purposes of subparagraph (D):

23 “(i) PHYSICIAN.—A physician de-
24 scribed in this clause is a physician, as de-
25 fined in section 1861(r)(1).

1 “(ii) PRACTITIONER.—A practitioner
 2 described in this clause is a practitioner
 3 described in any of clauses (i), (iv), or (v)
 4 of section 1842(b)(18)(C).”.

5 **SEC. 104. REQUIRING PRESCRIPTION DRUG PLAN SPON-**
 6 **SORS TO INCLUDE REAL-TIME BENEFIT IN-**
 7 **FORMATION AS PART OF SUCH SPONSOR’S**
 8 **ELECTRONIC PRESCRIPTION PROGRAM**
 9 **UNDER THE MEDICARE PROGRAM.**

10 Section 1860D–4(e)(2) of the Social Security Act (42
 11 U.S.C. 1395w–104(e)(2)) is amended—

12 (1) in subparagraph (D), by striking “To the
 13 extent” and inserting “Except as provided in sub-
 14 paragraph (F), to the extent”; and

15 (2) by adding at the end the following new sub-
 16 paragraph:

17 “(F) REAL-TIME BENEFIT INFORMA-
 18 TION.—

19 “(i) IN GENERAL.—Not later than
 20 January 1, 2021, the program shall pro-
 21 vide for the real-time electronic trans-
 22 mission to prescribing health care profes-
 23 sionals, using technology capable of inte-
 24 grating with such professionals’ electronic
 25 prescribing and electronic health record

1 systems, of individual-specific formulary
2 and benefit information under a prescrip-
3 tion drug plan with respect to an indi-
4 vidual enrolled in such plan. Such informa-
5 tion shall include, with respect to the pre-
6 scribing of a covered part D drug to such
7 individual, the following:

8 “(I) A description of any clini-
9 cally-appropriate alternatives to such
10 drug included in the formulary of
11 such plan.

12 “(II) Information relating to ap-
13 plicable cost-sharing requirements for
14 such drug and such alternatives, in-
15 cluding a description of any variance
16 in such requirements based on the
17 pharmacy dispensing such drug or
18 such alternatives.

19 “(III) Information relating to
20 any prior authorization or other utili-
21 zation management requirements ap-
22 plicable to such drug and such alter-
23 natives within the formulary of such
24 plan.

1 “(ii) SPECIAL RULE FOR 2021.—The
 2 program shall be deemed to be in compli-
 3 ance with clause (i) for 2021 if the pro-
 4 gram complies with the provisions of sec-
 5 tion 423.160(b)(7) of title 42, Code of
 6 Federal Regulations (or a successor regula-
 7 tion), for such year.”.

8 **SEC. 105. TRANSITIONAL COVERAGE AND RETROACTIVE**
 9 **MEDICARE PART D COVERAGE FOR CERTAIN**
 10 **LOW-INCOME BENEFICIARIES.**

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

13 (1) by redesignating subsection (e) as sub-
 14 section (f); and

15 (2) by adding after subsection (d) the following
 16 new subsection:

17 “(e) LIMITED INCOME NEWLY ELIGIBLE TRANSI-
 18 TION PROGRAM.—

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

24 “(2) LI NET ELIGIBLE INDIVIDUAL DEFINED.—

25 For purposes of this subsection, the term ‘LI NET

1 eligible individual’ means a part D eligible individual
2 who—

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

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

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

13 “(A) immediate access to covered part D
14 drugs at the point of sale during the period
15 that begins on the first day of the month such
16 individual is determined to meet the require-
17 ments of clauses (ii) and (iii) of subsection
18 (a)(3)(A) and ends on the date that coverage
19 under a prescription drug plan or MA–PD plan
20 takes effect with respect to such individual; and

21 “(B) in the case of an LI NET eligible in-
22 dividual who is a full-benefit dual eligible indi-
23 vidual (as defined in section 1935(c)(6)) or a
24 recipient of supplemental security income bene-
25 fits under title XVI, retroactive coverage (in the

1 form of reimbursement of the amounts that
2 would have been paid under this part had such
3 individual been enrolled in a prescription drug
4 plan or MA–PD plan) of covered part D drugs
5 purchased by such individual during the period
6 that begins on the date that is the later of—

7 “(i) the date that such individual was
8 first eligible for a low-income subsidy
9 under this part; or

10 “(ii) the date that is 36 months prior
11 to the date such individual enrolls in a pre-
12 scription drug plan or MA–PD plan,
13 and ends on the date that coverage under such
14 plan takes effect.

15 “(4) PROGRAM ADMINISTRATION.—

16 “(A) SINGLE POINT OF CONTACT.—The
17 Secretary shall, to the extent feasible, admin-
18 ister the program under this subsection through
19 a contract with a single program administrator.

20 “(B) BENEFIT DESIGN.—The Secretary
21 shall ensure that the transitional coverage pro-
22 vided to LI NET eligible individuals under this
23 subsection—

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

1 “(ii) permits all pharmacies deter-
2 mined by the Secretary to be in good
3 standing to process claims under the pro-
4 gram;

5 “(iii) is consistent with such require-
6 ments as the Secretary considers necessary
7 to improve patient safety and ensure ap-
8 propriate dispensing of medication; and

9 “(iv) meets such other requirements
10 as the Secretary may establish.

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

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

16 “(i) Paragraphs (1) and (3)(B) of sec-
17 tion 1860D–4(a) (relating to dissemination
18 of general information; availability of infor-
19 mation on changes in formulary through
20 the Internet).

21 “(ii) Subparagraphs (A) and (B) of
22 section 1860D–4(b)(3) (relating to require-
23 ments on development and application of
24 formularies; formulary development).

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

4 “(B) WAIVER AUTHORITY.—The Secretary
 5 may waive such other requirements of title XI
 6 and this title as may be necessary to carry out
 7 the purposes of the program established under
 8 this subsection.”.

9 **TITLE II—RURAL AND QUALITY** 10 **IMPROVEMENTS**

11 **SEC. 201. MEDICARE GME TREATMENT OF HOSPITALS ES-** 12 **TABLISHING NEW MEDICAL RESIDENCY** 13 **TRAINING PROGRAMS AFTER HOSTING MED-** 14 **ICAL RESIDENT ROTATORS FOR SHORT DU-** 15 **RATIONS.**

16 (a) REDETERMINATION OF APPROVED FTE RESI-
 17 DENT AMOUNT.—Section 1886(h)(2)(F) of the Social Se-
 18 curity Act (42 U.S.C. 1395ww(h)(2)(F)) is amended—

19 (1) by inserting “(i)” before “In the case of”;
 20 and

21 (2) by adding at the end the following:

22 “(ii) In applying this subparagraph in the
 23 case of a hospital that, on or after the date of
 24 the enactment of this clause, begins to train
 25 residents and has not entered into a GME af-

1 filiation agreement (as defined by the Secretary
2 for purposes of paragraph (4)(H)(ii)), the Sec-
3 retary shall not establish an FTE resident
4 amount until such time as the Secretary deter-
5 mines that the hospital has trained at least 1.0
6 full-time-equivalent resident in an approved
7 medical residency training program in a cost re-
8 porting period.

9 “(iii) In applying this subparagraph for
10 cost reporting periods beginning on or after the
11 date of enactment of this clause, in the case of
12 a hospital that, as of such date of enactment,
13 has an approved FTE resident amount based
14 on the training in an approved medical resi-
15 dency program of—

16 “(I) less than 1.0 full-time-equivalent
17 resident in any cost reporting period begin-
18 ning before October 1, 1997, as deter-
19 mined by the Secretary; or

20 “(II) no more than 3.0 full-time-
21 equivalent residents in any cost reporting
22 period beginning on or after October 1,
23 1997, and before the date of the enactment
24 of this clause, as determined by the Sec-
25 retary,

1 in lieu of such FTE resident amount the Sec-
2 retary shall, in accordance with the method-
3 ology described in section 413.77(e) of title 42
4 of the Code of Federal Regulations (or any suc-
5 cessor regulation), establish a new FTE resi-
6 dent amount if the hospital trains at least 1.0
7 full-time-equivalent resident (in the case of a
8 hospital described in subclause (I)) or more
9 than 3.0 full-time-equivalent residents (in the
10 case of a hospital described in subclause (II)) in
11 a cost reporting period beginning on or after
12 such date of enactment and before the date that
13 is 5 years after such date of enactment.

14 “(iv) For purposes of carrying out this
15 subparagraph for cost reporting periods begin-
16 ning on or after the date of the enactment of
17 this clause, a hospital shall report full-time-
18 equivalent residents on its cost report for a cost
19 reporting period if the hospital trains at least
20 1.0 full-time-equivalent resident in an approved
21 medical residency training program in such pe-
22 riod.

23 “(v) As appropriate, the Secretary may
24 consider information from any cost reporting

1 period necessary to establish a new FTE resi-
2 dent amount as described in clause (iii).”.

3 (b) REDETERMINATION OF FTE RESIDENT LIMITA-
4 TION.—Section 1886(h)(4)(H)(i) of the Social Security
5 Act (42 U.S.C. 1395ww(h)(4)(H)(i)) is amended—

6 (1) by inserting “(I)” before “The Secretary”;

7 and

8 (2) by adding at the end the following:

9 “(II) In applying this clause in the
10 case of a hospital that, on or after the date
11 of the enactment of this subclause, begins
12 to train residents in a new approved med-
13 ical residency training program (as defined
14 by the Secretary), the Secretary shall not
15 determine a limitation applicable to the
16 hospital under subparagraph (F) until
17 such time as the Secretary determines that
18 the hospital has trained at least 1.0 full-
19 time-equivalent resident in such new ap-
20 proved medical residency training program
21 in a cost reporting period.

22 “(III) In applying this clause in the
23 case of a hospital that, as of the date of
24 the enactment of this subclause, has a lim-
25 itation under subparagraph (F), based on

1 a cost reporting period beginning before
2 October 1, 1997, of less than 1.0 full-time-
3 equivalent resident, the Secretary shall ad-
4 just the limitation in the manner applica-
5 ble to a new approved medical residency
6 training program if the Secretary deter-
7 mines the hospital trains at least 1.0 full-
8 time-equivalent resident in a program year
9 beginning on or after such date of enact-
10 ment and before the date that is 5 years
11 after such date of enactment.

12 “(IV) In applying this clause in the
13 case of a hospital that, as of the date of
14 the enactment of this subclause, has a lim-
15 itation under subparagraph (F), based on
16 a cost reporting period beginning on or
17 after October 1, 1997, and before such
18 date of enactment, of no more than 3.0
19 full-time-equivalent residents, the Sec-
20 retary shall adjust the limitation in the
21 manner applicable to a new approved med-
22 ical residency training program if the Sec-
23 retary determines the hospital begins train-
24 ing more than 3.0 full-time-equivalent resi-
25 dents in a program year beginning on or

1 after such date of enactment and before
 2 the date that is 5 years after such date of
 3 enactment.

4 “(V) An adjustment to the limitation
 5 applicable to a hospital made pursuant to
 6 subclause (III) or (IV) shall be made in a
 7 manner consistent with the methodology,
 8 as appropriate, in section 413.79(e) of title
 9 42, Code of Federal Regulations (or any
 10 successor regulation). As appropriate, the
 11 Secretary may consider information from
 12 any cost reporting periods necessary to
 13 make such an adjustment to the limita-
 14 tion.”.

15 (c) TECHNICAL AND CONFORMING AMENDMENTS.—

16 Section 1886 of the Social Security Act (42 U.S.C.
 17 1395ww) is amended—

18 (1) in subsection (d)(5)(B)(viii), by striking
 19 “subsection (h)(4)(H)” and inserting “paragraphs
 20 (2)(F)(iv) and (4)(H) of subsection (h)”; and

21 (2) in subsection (h)—

22 (A) in paragraph (4)(H)(iv), by striking
 23 “an rural area” and inserting “a rural area”;
 24 and

1 (B) in paragraph (7)(E), by striking
 2 “under this” and all that follows through the
 3 period at the end and inserting the following:
 4 “under this paragraph, paragraph (8), clause
 5 (i), (ii), (iii), or (v) of paragraph (2)(F), or
 6 clause (i) or (vi) of paragraph (4)(H).”.

7 (d) EFFECTIVE DATE.—The amendments made by
 8 this section shall apply to payment under section 1886 of
 9 the Social Security Act (42 U.S.C. 1395ww) for cost re-
 10 porting periods beginning on or after the date of the en-
 11 actment of this Act.

12 **SEC. 202. EXTENSION OF THE WORK GEOGRAPHIC INDEX**
 13 **FLOOR UNDER THE MEDICARE PROGRAM.**

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

17 **SEC. 203. EXTENSION OF FUNDING FOR QUALITY MEASURE**
 18 **ENDORSEMENT, INPUT, AND SELECTION**
 19 **UNDER MEDICARE PROGRAM.**

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

22 (1) by striking “and \$7,500,000” and inserting
 23 “\$7,500,000”; and

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

4 (b) INPUT FOR REMOVAL OF MEASURES.—Section
5 1890(b) of the Social Security Act (42 U.S.C. 1395aaa(b))
6 is amended by inserting after paragraph (3) the following:

7 “(4) REMOVAL OF MEASURES.—The entity may
8 provide input to the Secretary on quality and effi-
9 ciency measures described in paragraph (7)(B) that
10 could be considered for removal.”.

11 (c) PRIORITIZATION OF MEASURE ENDORSEMENT.—
12 Section 1890(b) of the Social Security Act (42 U.S.C.
13 1395aaa(b)) is amended by adding at the end the fol-
14 lowing:

15 “(9) PRIORITIZATION OF MEASURE ENDORSE-
16 MENT.—The Secretary—

17 “(A) during the period beginning on the
18 date of the enactment of this paragraph and
19 ending on December 31, 2023, shall prioritize
20 the endorsement of measures relating to mater-
21 nal morbidity and mortality by the entity with
22 a contract under subsection (a) in connection
23 with endorsement of measures described in
24 paragraph (2); and

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

4 **SEC. 204. IMPROVING MEASUREMENTS UNDER THE**
 5 **SKILLED NURSING FACILITY VALUE-BASED**
 6 **PURCHASING PROGRAM UNDER THE MEDI-**
 7 **CARE PROGRAM.**

8 (a) IN GENERAL.—Section 1888(h) of the Social Se-
 9 curity Act (42 U.S.C. 1395yy(h)) is amended—

10 (1) in paragraph (1), by adding at the end the
 11 following new subparagraph:

12 “(C) EXCLUSIONS.—With respect to pay-
 13 ments for services furnished on or after October
 14 1, 2021, this subsection shall not apply to a fa-
 15 cility for which there are not a minimum num-
 16 ber (as determined by the Secretary) of—

17 “(i) cases for the measures that apply
 18 to the facility for the performance period
 19 for the applicable fiscal year; or

20 “(ii) measures that apply to the facil-
 21 ity for the performance period for the ap-
 22 plicable fiscal year.”;

23 (2) in paragraph (2)(A)—

24 (A) by striking “The Secretary shall
 25 apply” and inserting “The Secretary—

1 “(i) shall apply”;

2 (B) by striking the period at the end and
3 inserting “; and”; and

4 (C) by adding at the end the following:

5 “(ii) may, with respect to payments
6 for services furnished on or after October
7 1, 2022, apply additional measures deter-
8 mined appropriate by the Secretary, which
9 may include measures of functional status,
10 patient safety, care coordination, or patient
11 experience.

12 Subject to the succeeding sentence, in the case
13 that the Secretary applies additional measures
14 under clause (ii), the Secretary shall consider
15 and apply, as appropriate, quality measures
16 specified under section 1899B(c)(1). In no case
17 may the Secretary apply more than 10 meas-
18 ures under this subparagraph.”;

19 (3) in subparagraph (A) of each of paragraphs
20 (3) and (4), by striking “measure” and inserting
21 “measures”; and

22 (4) by adding at the end the following new
23 paragraph:

24 “(12) VALIDATION.—

1 “(A) IN GENERAL.—The Secretary shall
2 apply to the measures applied under this sub-
3 section and the data submitted under sub-
4 section (e)(6) a process to validate such meas-
5 ures and data, as appropriate, which may be
6 similar to the process specified in section
7 1886(b)(3)(B)(viii)(XI) for validating inpatient
8 hospital measures.

9 “(B) FUNDING.—For purposes of carrying
10 out this paragraph, the Secretary shall provide
11 for the transfer, from the Federal Hospital In-
12 surance Trust Fund established under section
13 1817, of \$5,000,000 to the Centers for Medi-
14 care & Medicaid Services Program Management
15 Account for each of fiscal years 2022 through
16 2024.”.

17 (b) REPORT BY MEDPAC.—Not later than March
18 15, 2021, the Medicare Payment Advisory Commission
19 shall submit to Congress a report on establishing a proto-
20 type value-based payment program under a unified pro-
21 spective payment system for post-acute care services under
22 the Medicare program under title XVIII of the Social Se-
23 curity Act (42 U.S.C. 1395 et seq.). Such report—

24 (1) shall—

25 (A) consider design elements such as—

1 (i) measures that are important to the
2 Medicare program and to beneficiaries
3 under such program;

4 (ii) methodologies for scoring provider
5 performance and effects on payment; and

6 (iii) other elements determined appro-
7 priate by the Commission; and

8 (B) analyze the effects of implementing
9 such prototype program; and
10 (2) may—

11 (A) discuss the possible effects, with re-
12 spect to the Medicare program, on program
13 spending, post-acute care providers, patient out-
14 comes, and other effects determined appropriate
15 by the Commission; and

16 (B) include recommendations with respect
17 to such prototype program, as determined ap-
18 propriate by the Commission, to Congress and
19 the Secretary of Health and Human Services.

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