

**AMENDMENT IN THE NATURE OF A SUBSTITUTE
TO H.R. 3417
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 “Beneficiary Education Tools, Telehealth, and Extenders
4 Reauthorization Act of 2019” or the “BETTER Act of
5 2019”.

6 (b) TABLE OF CONTENTS.—The table of contents for
7 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.

1 **TITLE I—PATIENT**
2 **IMPROVEMENTS**

3 **SEC. 101. BENEFICIARY ENROLLMENT NOTIFICATION AND**
4 **ELIGIBILITY SIMPLIFICATION.**

5 (a) **ELIGIBILITY AND ENROLLMENT NOTICES.—**

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

11 “(4) **MEDICARE ELIGIBILITY INFORMATION.—**

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

18 “(B) **CONTENTS OF NOTICE.—**The notice re-
19 quired under subparagraph (A) shall include a clear,
20 simple explanation of—

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

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

5 “(iii) the availability of relief from the late
6 enrollment penalty and retroactive enrollment
7 under section 1837(h) (including as such sec-
8 tion is applied under sections 1818(c) and
9 1818A(c)(3)), with examples of circumstances
10 under which such relief may be granted and ex-
11 amples of circumstances under which such relief
12 would not be granted;

13 “(iv) coordination of benefits (including
14 primary and secondary coverage scenarios) pur-
15 suant to section 1862(b), in particular for bene-
16 fits under part B of such title; and

17 “(v) information for populations, such as
18 residents of Puerto Rico and veterans, for
19 whom there are special considerations with re-
20 spect to enrollment, eligibility, and coordination
21 of benefits under title XVIII.

22 “(C) DEVELOPMENT OF NOTICE.—

23 “(i) IN GENERAL.—The Secretary, in co-
24 ordination with the Commissioner of Social Se-
25 curity, and taking into consideration informa-

1 tion collected pursuant to clause (ii), shall, not
2 later than 12 months after the last day of the
3 period for the request of information described
4 in clause (ii), develop the notice to be provided
5 pursuant to subparagraph (A).

6 “(ii) REQUEST FOR INFORMATION.—Not
7 later than 6 months after the date of the enact-
8 ment of this paragraph, the Secretary shall re-
9 quest written information, including rec-
10 ommendations, from stakeholders (including the
11 groups described in subparagraph (D)) on the
12 information to be included in the notice.

13 “(iii) NOTICE IMPROVEMENT.—Beginning
14 4 years after the date of enactment of this
15 paragraph, and not less than once every two
16 years thereafter, the Secretary, in coordination
17 with the Commissioner of Social Security,
18 shall—

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

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

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

1 “(D) GROUPS FOR CONSULTATION.—For pur-
2 poses of subparagraph (C)(ii), the groups described
3 in this clause include the following:

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

6 “(ii) Veterans.

7 “(iii) Individuals with disabilities.

8 “(iv) Individuals with end stage renal dis-
9 ease.

10 “(v) Low-income individuals and families.

11 “(vi) Employers (including human re-
12 sources professionals).

13 “(vii) States (including representatives of
14 State-run Health Insurance Exchanges, Med-
15 icaid offices, and Departments of Insurance).

16 “(viii) State Health Insurance Assistance
17 Programs.

18 “(ix) Health insurers.

19 “(x) Health insurance agents and brokers.

20 “(xi) Such other groups as specified by the
21 Secretary.

22 “(E) POSTING OF NOTICE ON WEBSITES.—The
23 Commissioner of Social Security and the Secretary
24 shall post the notice required under subparagraph
25 (A) in a prominent location on the public Internet

1 website of the Social Security Administration and on
2 the public Internet website of the Centers for Medi-
3 care & Medicaid Services, respectively.

4 “(F) REIMBURSEMENT OF COSTS.—

5 “(i) IN GENERAL.—Effective for fiscal
6 years beginning in the year in which the date
7 of enactment of this paragraph occurs, the
8 Commissioner of Social Security and the Sec-
9 retary shall enter into an agreement which shall
10 provide funding to cover the administrative
11 costs of the Commissioner’s activities under this
12 paragraph. Such agreement shall—

13 “(I) provide funds to the Commis-
14 sioner for the full cost of the Social Secu-
15 rity Administration’s work related to the
16 implementation of this paragraph, includ-
17 ing any costs incurred prior to the finaliza-
18 tion of such agreement;

19 “(II) provide such funding quarterly
20 in advance of the applicable quarter based
21 on estimating methodology agreed to by
22 the Commissioner and the Secretary; and

23 “(III) require an annual accounting
24 and reconciliation of the actual costs in-

1 curred and funds provided under this para-
2 graph.

3 “(ii) LIMITATION.—In no case shall funds
4 from the Social Security Administration’s Limi-
5 tation on Administrative Expenses be used to
6 carry out activities related to the implementa-
7 tion of this paragraph, except as the Commis-
8 sioner determines is necessary in developing the
9 agreement under clause (i).

10 “(G) NO EFFECT ON OBLIGATION TO MAIL
11 STATEMENTS.—Nothing in this paragraph shall be
12 construed to relieve the Commissioner of Social Se-
13 curity from any requirement under subsection (c),
14 including the requirement to mail a statement on an
15 annual basis to each eligible individual who is not re-
16 ceiving benefits under title II and for whom a mail-
17 ing address can be determined through such meth-
18 ods as the Commissioner determines to be appro-
19 priate.”.

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

1 “MEDICARE ENROLLMENT NOTIFICATION AND ELIGI-
2 BILITY NOTICES FOR INDIVIDUALS IN MEDICARE
3 WAITING PERIOD

4 “Notices

5 “SEC. 1144A. (a)

6 “(1) IN GENERAL.—The Commissioner of So-
7 cial Security shall distribute the notice to be pro-
8 vided pursuant to section 1143(a)(4), as may be
9 modified under paragraph (2), to individuals in the
10 24-month waiting period under section 226(b).

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

16 “(3) POSTING OF NOTICE ON WEBSITES.—The
17 Commissioner of Social Security and the Secretary
18 shall post the notice required to be distributed under
19 paragraph (1) in a prominent location on the public
20 Internet website of the Social Security Administra-
21 tion and on the public Internet website of the Cen-
22 ters for Medicare & Medicaid Services, respectively.

23 “Timing

24 “(b) Beginning not later than 2 years after the date
25 of the enactment of this section, a notice required under

1 subsection (a)(1) shall be mailed to an individual no less
2 than two times in accordance with the following:

3 “(1) The notice shall be provided to such indi-
4 vidual not later than 3 months prior to the date on
5 which such individual’s enrollment period begins as
6 provided under section 1837.

7 “(2) The notice shall subsequently be provided
8 to such individual not later than one month prior to
9 such date.

10 “Reimbursement of Costs

11 “(c)

12 “(1) IN GENERAL.—Effective for fiscal years
13 beginning in the year in which the date of enactment
14 of this section occurs, the Commissioner of Social
15 Security and the Secretary shall enter into an agree-
16 ment which shall provide funding to cover the ad-
17 ministrative costs of the Commissioner’s activities
18 under this section. Such agreement shall—

19 “(A) provide funds to the Commissioner
20 for the full cost of the Social Security Adminis-
21 tration’s work related to the implementation of
22 this section, including any costs incurred prior
23 to the finalization of such agreement;

24 “(B) provide such funding quarterly in ad-
25 vance of the applicable quarter based on esti-

1 mating methodology agreed to by the Commis-
2 sioner and the Secretary; and

3 “(C) require an annual accounting and
4 reconciliation of the actual costs incurred and
5 funds provided under this section.

6 “(2) LIMITATION.—In no case shall funds from
7 the Social Security Administration’s Limitation on
8 Administrative Expenses be used to carry out activi-
9 ties related to the implementation of this section, ex-
10 cept as the Commissioner determines is necessary in
11 developing the agreement under paragraph (1).”.

12 (b) BENEFICIARY ENROLLMENT SIMPLIFICATION.—

13 (1) EFFECTIVE DATE OF COVERAGE.—Section
14 1838(a) of the Social Security Act (42 U.S.C.
15 1395q(a)) is amended—

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

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

22 “(B) in the case of an individual who first sat-
23 isfies such paragraph in a month beginning before
24 January 2021 and who enrolls pursuant to such
25 subsection (d)—

1 “(i) in such month in which he first satis-
2 fies such paragraph, the first day of the month
3 following the month in which he so enrolls,

4 “(ii) in the month following such month in
5 which he first satisfies such paragraph, the first
6 day of the second month following the month in
7 which he so enrolls, or

8 “(iii) more than one month following such
9 month in which he satisfies such paragraph, the
10 first day of the third month following the
11 month in which he so enrolls,

12 “(C) in the case of an individual who first satis-
13 fies such paragraph in a month beginning on or
14 after January 1, 2021, and who enrolls pursuant to
15 such subsection (d) in such month in which he first
16 satisfies such paragraph or in any subsequent month
17 of his initial enrollment period, the first day of the
18 month following the month in which he so enrolls, or

19 “(D) in the case of an individual who enrolls
20 pursuant to subsection (e) of section 1837 in a
21 month beginning—

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

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

4 (B) by amending paragraph (3) to read as
5 follows:

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

8 “(A) on or before the last day of the third
9 month of his initial enrollment period, the first
10 day of the month in which he first meets the
11 applicable requirements of section 1836 or July
12 1, 1973, whichever is later, or

13 “(B) on or after the first day of the fourth
14 month of his initial enrollment period, and
15 where such month begins—

16 “(i) before January 1, 2021, as pre-
17 scribed under subparagraphs (B)(i),
18 (B)(ii), (B)(iii), and (D) of paragraph (2),
19 or

20 “(ii) on or after January 1, 2021, as
21 prescribed under paragraph (2)(C).”.

22 (2) SPECIAL ENROLLMENT PERIODS FOR EX-
23 CEPTIONAL CIRCUMSTANCES.—

24 (A) ENROLLMENT.—Section 1837 of the
25 Social Security Act (42 U.S.C. 1395p) is

1 amended by adding at the end the following
2 new subsection:

3 “(m) Beginning January 1, 2021, the Secretary may
4 establish special enrollment periods in the case of individ-
5 uals who meet such exceptional conditions as the Secretary
6 may provide, such as individuals who reside in an area
7 with an emergency or disaster as determined by the Sec-
8 retary.”.

9 (B) COVERAGE PERIOD.—Section 1838 of
10 the Social Security Act (42 U.S.C. 1395q) is
11 amended by adding at the end the following
12 new subsection:

13 “(g) Notwithstanding subsection (a), in the case of
14 an individual who enrolls during a special enrollment pe-
15 riod pursuant to section 1837(m), the coverage period
16 shall begin on a date the Secretary provides in a manner
17 consistent (to the extent practicable) with protecting con-
18 tinuity of health benefit coverage.”.

19 (C) CONFORMING AMENDMENT.—Section
20 1839(b) of the Social Security Act (42 U.S.C.
21 1395r(b)) is amended, in the first sentence, by
22 striking “or (l)” and inserting “, (l), or (m)”.

23 (3) TECHNICAL CORRECTION.—Section 1839(b)
24 of the Social Security Act (42 U.S.C. 1395r(b)) is
25 amended by adding at the end the following new

1 sentence: “For purposes of determining any increase
2 under this subsection for individuals whose enroll-
3 ment occurs on or after January 1, 2021, the second
4 sentence of this subsection shall be applied by sub-
5 stituting ‘close of the month’ for ‘close of the enroll-
6 ment period’ each place it appears.”.

7 (4) REPORT.—Not later than January 1, 2021,
8 the Secretary of Health and Human Services shall
9 submit to the Committee on Ways and Means and
10 Committee on Energy and Commerce of the House
11 of Representatives and the Committee on Finance
12 and Special Committee on Aging of the Senate a re-
13 port including recommendations on how to align ex-
14 isting Medicare enrollment periods under title XVIII
15 of the Social Security Act, including the general en-
16 rollment period under part B of such title and the
17 annual election period under the Medicare Advan-
18 tage program under part C of such title and under
19 the prescription drug program under part D of such
20 title. Such recommendations shall be consistent with
21 the goals of maximizing coverage continuity and
22 choice and easing beneficiary transition.

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

3 (a) ADDITIONAL FUNDING FOR STATE HEALTH IN-
4 SURANCE PROGRAMS.—Subsection (a)(1)(B) of section
5 119 of the Medicare Improvements for Patients and Pro-
6 viders Act of 2008 (42 U.S.C. 1395b–3 note), as amended
7 by section 3306 of the Patient Protection and Affordable
8 Care Act (Public Law 111–148), section 610 of the Amer-
9 ican Taxpayer Relief Act of 2012 (Public Law 112–240),
10 section 1110 of the Pathway for SGR Reform Act of 2013
11 (Public Law 113–67), section 110 of the Protecting Ac-
12 cess to Medicare Act of 2014 (Public Law 113–93), sec-
13 tion 208 of the Medicare Access and CHIP Reauthoriza-
14 tion Act of 2015 (Public Law 114–10), and section 50207
15 of the Bipartisan Budget Act of 2018 (Public Law 115–
16 123), is amended—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

14 **SEC. 103. MEDICARE COVERAGE OF CERTAIN MENTAL**
15 **HEALTH TELEHEALTH SERVICES.**

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

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

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

23 (3) in paragraph (4)(F)(i), by inserting “serv-
24 ices identified by CPT codes 90832, 90834, and

1 90837 (and as subsequently modified by the Sec-
2 retary),” before “and any additional service”;

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

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

9 (6) by adding at the end the following new
10 paragraph:

11 “(8) TREATMENT OF MENTAL HEALTH TELE-
12 HEALTH SERVICES.—

13 “(A) NON-APPLICATION OF ORIGINATING
14 SITE REQUIREMENTS.—The requirements de-
15 scribed in paragraph (4)(C)(i) shall not apply
16 with respect to telehealth services furnished on
17 or after January 1, 2021, that are mental
18 health telehealth services. Nothing in the pre-
19 vious sentence shall waive any applicable State
20 law requirements.

21 “(B) INCLUSION OF CERTAIN SITES.—
22 With respect to telehealth services described in
23 subparagraph (A), the term ‘originating site’
24 shall include the home of the eligible telehealth
25 individual at which the individual is located at

1 the time the service is furnished via a tele-
2 communications system.

3 “(C) NO ORIGINATING SITE FACILITY
4 FEE.—No facility fee shall be paid under para-
5 graph (2)(B) to an originating site with respect
6 to a telehealth service described in subpara-
7 graph (A) if the originating site does not other-
8 wise meet the requirements for an originating
9 site under paragraph (4)(C).

10 “(D) FACE-TO-FACE INITIAL ASSESSMENT;
11 REASSESSMENTS.—Payment may not be made
12 for mental health telehealth services under this
13 paragraph (if such payment would not other-
14 wise be allowed under this subsection without
15 application of this paragraph or paragraph (7))
16 furnished to an eligible telehealth individual un-
17 less—

18 “(i) within the 6-month period prior
19 to the provision of such mental health tele-
20 health services, the individual receives a
21 face-to-face clinical assessment, without
22 the use of telehealth, by a physician de-
23 scribed in subparagraph (F)(i) or a practi-
24 tioner described in subparagraph (F)(ii) of

1 the needs of such individual for such serv-
2 ices; and

3 “(ii) the individual receives a reassess-
4 ment (at a frequency specified by the Sec-
5 retary) by a physician so described or a
6 practitioner so described of the needs of
7 such individual for such services.

8 “(E) MENTAL HEALTH TELEHEALTH
9 SERVICES DEFINED.—For purposes of this
10 paragraph, the term ‘mental health telehealth
11 service’ means services identified by CPT codes
12 90832, 90834, and 90837 (and as subsequently
13 modified by the Secretary).

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

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

19 “(ii) PRACTITIONER.—A practitioner
20 described in this clause is a practitioner
21 described in any of clauses (i), (iv), or (v)
22 of section 1842(b)(18)(C).”.

1 **SEC. 104. REQUIRING PRESCRIPTION DRUG PLAN SPON-**
2 **SORS TO INCLUDE REAL-TIME BENEFIT IN-**
3 **FORMATION AS PART OF SUCH SPONSOR'S**
4 **ELECTRONIC PRESCRIPTION PROGRAM**
5 **UNDER THE MEDICARE PROGRAM.**

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

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

11 (2) by adding at the end the following new sub-
12 paragraph:

13 “(F) REAL-TIME BENEFIT INFORMA-
14 TION.—

15 “(i) IN GENERAL.—Not later than
16 January 1, 2021, the program shall imple-
17 ment real-time benefit tools that are capa-
18 ble of integrating with a prescribing health
19 care professional’s electronic prescribing or
20 electronic health record system for the
21 transmission of formulary and benefit in-
22 formation in real time to prescribing health
23 care professionals. With respect to a cov-
24 ered part D drug, such tools shall be capa-
25 ble of transmitting such information spe-
26 cific to an individual enrolled in a prescrip-

1 tion drug plan. Such information shall in-
2 clude the following:

3 “(I) A list of any clinically-appro-
4 priate alternatives to such drug in-
5 cluded in the formulary of such plan.

6 “(II) Cost-sharing information
7 for such drug and such alternatives,
8 including a description of any vari-
9 ance in cost sharing based on the
10 pharmacy dispensing such drug or
11 such alternatives.

12 “(III) Information relating to
13 whether such drug is included in the
14 formulary of such plan and any prior
15 authorization or other utilization man-
16 agement requirements applicable to
17 such drug and such alternatives so in-
18 cluded.

19 “(ii) ELECTRONIC TRANSMISSION.—
20 The provisions of subclauses (I) and (II) of
21 clause (ii) of subparagraph (E) shall apply
22 to an electronic transmission described in
23 clause (i) in the same manner as such pro-
24 visions apply with respect to an electronic

1 transmission described in clause (i) of such
2 subparagraph.

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

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

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

15 (1) by redesignating subsection (e) as sub-
16 section (f); and

17 (2) by adding after subsection (d) the following
18 new subsection:

19 “(e) LIMITED INCOME NEWLY ELIGIBLE TRANSI-
20 TION PROGRAM.—

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

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

2 For purposes of this subsection, the term ‘LI NET
3 eligible individual’ means a part D eligible individual
4 who—

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

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

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

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

23 “(B) in the case of an LI NET eligible in-
24 dividual who is a full-benefit dual eligible indi-
25 vidual (as defined in section 1935(c)(6)) or a

1 recipient of supplemental security income bene-
2 fits under title XVI, retroactive coverage (in the
3 form of reimbursement of the amounts that
4 would have been paid under this part had such
5 individual been enrolled in a prescription drug
6 plan or MA–PD plan) of covered part D drugs
7 purchased by such individual during the period
8 that begins on the date that is the later of—

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

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

17 “(4) PROGRAM ADMINISTRATION.—

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

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

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

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

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

11 “(iv) meets such other requirements
12 as the Secretary may establish.

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

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

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

23 “(ii) Subparagraphs (A) and (B) of
24 section 1860D–4(b)(3) (relating to require-

1 ments on development and application of
2 formularies; formulary development).

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

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

11 **TITLE II—RURAL AND QUALITY** 12 **IMPROVEMENTS**

13 **SEC. 201. MEDICARE GME TREATMENT OF HOSPITALS ES-** 14 **TABLISHING NEW MEDICAL RESIDENCY** 15 **TRAINING PROGRAMS AFTER HOSTING MED-** 16 **ICAL RESIDENT ROTATORS FOR SHORT DU-** 17 **RATIONS.**

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

21 (1) by inserting “(i)” before “In the case of”;

22 and

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

24 “(ii) In applying this subparagraph in the
25 case of a hospital that trains residents and has

1 not entered into a GME affiliation agreement
2 (as defined by the Secretary for purposes of
3 paragraph (4)(H)(ii)), on or after the date of
4 the enactment of this clause, the Secretary shall
5 not establish an FTE resident amount until
6 such time as the Secretary determines that the
7 hospital has trained at least 1.0 full-time-equiv-
8 alent resident in an approved medical residency
9 training program in a cost reporting period.

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

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

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

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

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

1 “(v) As appropriate, the Secretary may
2 consider information from any cost reporting
3 period necessary to establish a new FTE resi-
4 dent amount as described in clause (iii).”.

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

8 (1) by inserting “(I)” before “The Secretary”;
9 and

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

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

1 “(III) In applying this clause in the
2 case of a hospital that, as of the date of
3 the enactment of this subclause, has a lim-
4 itation under subparagraph (F), based on
5 a cost reporting period beginning before
6 October 1, 1997, of less than 1.0 full-time-
7 equivalent resident, the Secretary shall ad-
8 just the limitation in the manner applica-
9 ble to a new approved medical residency
10 training program if the Secretary deter-
11 mines the hospital begins training at least
12 1.0 full-time-equivalent residents in a pro-
13 gram year beginning on or after such date
14 of enactment and before the date that is 5
15 years after such date of enactment.

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

1 ical residency training program if the Sec-
2 retary determines the hospital begins train-
3 ing more than 3.0 full-time-equivalent resi-
4 dents in a program year beginning on or
5 after such date of enactment and before
6 the date that is 5 years after such date of
7 enactment.

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

19 (c) TECHNICAL AND CONFORMING AMENDMENTS.—
20 Section 1886 of the Social Security Act (42 U.S.C.
21 1395ww) is amended—

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

25 (2) in subsection (h)—

1 (A) in paragraph (4)(H)(iv), by striking
2 “an rural area” and inserting “a rural area”;
3 and

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

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

15 **SEC. 202. EXTENSION OF THE WORK GEOGRAPHIC INDEX**
16 **FLOOR UNDER THE MEDICARE PROGRAM.**

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

20 **SEC. 203. EXTENSION OF FUNDING FOR QUALITY MEASURE**
21 **ENDORSEMENT, INPUT, AND SELECTION**
22 **UNDER MEDICARE PROGRAM.**

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

1 (1) by striking “and \$7,500,000” and inserting
2 “\$7,500,000”; and

3 (2) by striking “and 2019.” and inserting “and
4 2019, and \$30,000,000 for each of fiscal years 2020
5 through 2022.”.

6 (b) INPUT FOR REMOVAL OF MEASURES.—Section
7 1890(b) of the Social Security Act (42 U.S.C. 1395aaa(b))
8 is amended by inserting after paragraph (3) the following:

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

13 (c) PRIORITIZATION OF MEASURE ENDORSEMENT.—
14 Section 1890(b) of the Social Security Act (42 U.S.C.
15 1395aaa(b)) is amended by adding at the end the fol-
16 lowing:

17 “(9) PRIORITIZATION OF MEASURE ENDORSE-
18 MENT.—The entity—

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

1 with endorsement of measures described in
2 paragraph (2);

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

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

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

12 (1) in paragraph (1), by adding at the end the
13 following new subparagraph:

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

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

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

25 (2) in paragraph (2)(A)—

1 (A) by striking “The Secretary shall
2 apply” and inserting “The Secretary—

3 “(i) shall apply”;

4 (B) by striking the period at the end and
5 inserting “; and”; and

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

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

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

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

24 (4) by adding at the end the following new
25 paragraph:

1 “(12) VALIDATION.—

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

10 “(B) FUNDING.—For purposes of carrying
11 out this paragraph, the Secretary shall provide
12 for the transfer, from the Federal Hospital In-
13 surance Trust Fund established under section
14 1817, of \$5,000,000 to the Centers for Medi-
15 care & Medicaid Services Program Management
16 Account for each of fiscal years 2022 through
17 2024.”.

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

25 (1) shall—

- 1 (A) consider design elements such as—
- 2 (i) measures that are important to the
- 3 Medicare program and to beneficiaries
- 4 under such program;
- 5 (ii) methodologies for scoring provider
- 6 performance and effects on payment; and
- 7 (iii) other elements determined appro-
- 8 priate by the Commission; and
- 9 (B) analyze the effects of implementing
- 10 such prototype program; and
- 11 (2) may—
- 12 (A) discuss the possible effects, with re-
- 13 spect to the Medicare program, on program
- 14 spending, post-acute care providers, patient out-
- 15 comes, and other effects determined appropriate
- 16 by the Commission; and
- 17 (B) include recommendations with respect
- 18 to such prototype program, as determined ap-
- 19 propriate by the Commission, to Congress and
- 20 the Secretary of Health and Human Services.

