

**AMENDMENT IN THE NATURE OF A SUBSTITUTE
TO H.R. 3178
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 “Medicare Part B Improvement Act of 2017”.

4 (b) **TABLE OF CONTENTS.**—The table of contents of
5 this Act is as follows:

Sec. 1. Short title; table of contents.

**TITLE I—IMPROVEMENTS IN PROVISION OF HOME INFUSION
THERAPY**

Sec. 101. Home infusion therapy services temporary transitional payment.

Sec. 102. Extension of Medicare Patient IVIG Access Demonstration Project.

Sec. 103. Orthotist’s and prosthetist’s clinical notes as part of the patient’s medical record.

TITLE II—IMPROVEMENTS IN DIALYSIS SERVICES

Sec. 201. Independent accreditation for dialysis facilities and assurance of high quality surveys.

Sec. 202. Expanding access to home dialysis therapy.

TITLE III—IMPROVEMENTS IN APPLICATION OF STARK RULE

Sec. 301. Modernizing the application of the Stark rule under Medicare.

Sec. 302. Funds from the Medicare Improvement Fund.

1 **TITLE I—IMPROVEMENTS IN**
2 **PROVISION OF HOME INFU-**
3 **SION THERAPY**

4 **SEC. 101. HOME INFUSION THERAPY SERVICES TEM-**
5 **PORARY TRANSITIONAL PAYMENT.**

6 (a) IN GENERAL.—Section 1834(u) of the Social Se-
7 curity Act (42 U.S.C. 1395m(u)) is amended, by adding
8 at the end the following new paragraph:

9 “(7) HOME INFUSION THERAPY SERVICES TEM-
10 PORARY TRANSITIONAL PAYMENT.—

11 “(A) TEMPORARY TRANSITIONAL PAY-
12 MENT.—

13 “(i) IN GENERAL.—The Secretary
14 shall, in accordance with the payment
15 methodology described in subparagraph
16 (B) and subject to the provisions of this
17 paragraph, provide a home infusion ther-
18 apy services temporary transitional pay-
19 ment under this part to an eligible home
20 infusion supplier (as defined in subpara-
21 graph (F)) for items and services described
22 in subparagraphs (A) and (B) of section
23 1861(iii)(2)) furnished during the period
24 specified in clause (ii) by such supplier in
25 coordination with the furnishing of transi-

1 tional home infusion drugs (as defined in
2 clause (iii)).

3 “(ii) PERIOD SPECIFIED.—For pur-
4 poses of clause (i), the period specified in
5 this clause is the period beginning on Jan-
6 uary 1, 2019, and ending on the day be-
7 fore the date of the implementation of the
8 payment system under paragraph (1)(A).

9 “(iii) TRANSITIONAL HOME INFUSION
10 DRUG DEFINED.—For purposes of this
11 paragraph, the term ‘transitional home in-
12 fusion drug’ has the meaning given to the
13 term ‘home infusion drug’ under section
14 1861(iii)(3)(C)), except that clause (ii) of
15 such section shall not apply if a drug de-
16 scribed in such clause is identified in
17 clauses (i), (ii), (iii) or (iv) of subpara-
18 graph (C) as of the date of the enactment
19 of this paragraph.

20 “(B) PAYMENT METHODOLOGY.—For pur-
21 poses of this paragraph, the Secretary shall es-
22 tablish a payment methodology, with respect to
23 items and services described in subparagraph
24 (A)(i). Under such payment methodology the
25 Secretary shall—

1 “(i) create the three payment cat-
2 egories described in clauses (i), (ii), and
3 (iii) of subparagraph (C);

4 “(ii) assign drugs to such categories,
5 in accordance with such clauses;

6 “(iii) assign appropriate Healthcare
7 Common Procedure Coding System
8 (HCPCS) codes to each payment category;
9 and

10 “(iv) establish a single payment
11 amount for each such payment category, in
12 accordance with subparagraph (D), for
13 each infusion drug administration calendar
14 day in the individual’s home for drugs as-
15 signed to such category.

16 “(C) PAYMENT CATEGORIES.—

17 “(i) PAYMENT CATEGORY 1.—The
18 Secretary shall create a payment category
19 1 and assign to such category drugs which
20 are covered under the Local Coverage De-
21 termination on External Infusion Pumps
22 (LCD number L33794) and billed with the
23 following HCPCS codes (as identified as of
24 July 1, 2017, and as subsequently modi-
25 fied by the Secretary): J0133, J0285,

1 J0287, J0288, J0289, J0895, J1170,
2 J1250, J1265, J1325, J1455, J1457,
3 J1570, J2175, J2260, J2270, J2274,
4 J2278, J3010, or J3285.

5 “(ii) PAYMENT CATEGORY 2.—The
6 Secretary shall create a payment category
7 2 and assign to such category drugs which
8 are covered under such local coverage de-
9 termination and billed with the following
10 HCPCS codes (as identified as of July 1,
11 2017, and as subsequently modified by the
12 Secretary): J1559 JB, J1561 JB, J1562
13 JB, J1569 JB, or J1575 JB.

14 “(iii) PAYMENT CATEGORY 3.—The
15 Secretary shall create a payment category
16 3 and assign to such category drugs which
17 are covered under such local coverage de-
18 termination and billed with the following
19 HCPCS codes (as identified as of July 1,
20 2017, and as subsequently modified by the
21 Secretary): J9000, J9039, J9040, J9065,
22 J9100, J9190, J9200, J9360, or J9370.

23 “(iv) INFUSION DRUGS NOT OTHER-
24 WISE INCLUDED.—With respect to drugs
25 that are not included in payment category

1 1, 2, or 3 under clause (i), (ii), or (iii), re-
2 spectively, the Secretary shall assign to the
3 most appropriate of such categories, as de-
4 termined by the Secretary, drugs which
5 are—

6 “(I) covered under such local cov-
7 erage determination and billed under
8 HCPCS codes J7799 or J7999 (as
9 identified as of July 1, 2017, and as
10 subsequently modified by the Sec-
11 retary); or

12 “(II) billed under any code that
13 is implemented after the date of the
14 enactment of this paragraph and in-
15 cluded in such local coverage deter-
16 mination or included in subregulatory
17 guidance as a home infusion drug de-
18 scribed in subparagraph (A)(i).

19 “(D) PAYMENT AMOUNTS.—

20 “(i) IN GENERAL.—Under the pay-
21 ment methodology, the Secretary shall pay
22 eligible home infusion suppliers, with re-
23 spect to items and services described in
24 subparagraph (A)(i) furnished during the
25 period described in subparagraph (A)(ii) by

1 such supplier to an individual, at amounts
2 equal to the amounts determined under the
3 physician fee schedule established under
4 section 1848 for services furnished during
5 the year for codes and units of such codes
6 described in clauses (ii), (iii), and (iv) with
7 respect to drugs included in the payment
8 category under subparagraph (C) specified
9 in the respective clause, determined with-
10 out application of any adjustment under
11 such section.

12 “(ii) PAYMENT AMOUNT FOR CAT-
13 EGORY 1.—For purposes of clause (i), the
14 codes and units described in this clause,
15 with respect to drugs included in payment
16 category 1 described in subparagraph
17 (C)(i), are one unit of HCPCS code 96365
18 plus four units of HCPCS code 96366 (as
19 identified as of July 1, 2017, and as subse-
20 quently modified by the Secretary).

21 “(iii) PAYMENT AMOUNT FOR CAT-
22 EGORY 2.—For purposes of clause (i), the
23 codes and units described in this clause,
24 with respect to drugs included in payment
25 category 2 described in subparagraph

1 (C)(i), are one unit of HCPCS code 96369
2 plus four units of HCPCS code 96370 (as
3 identified as of July 1, 2017, and as subse-
4 quently modified by the Secretary).

5 “(iv) PAYMENT AMOUNT FOR CAT-
6 EGORY 3.—For purposes of clause (i), the
7 codes and units described in this clause,
8 with respect to drugs included in payment
9 category 3 described in subparagraph
10 (C)(i), are one unit of HCPCS code 96413
11 plus four units of HCPCS code 96415 (as
12 identified as of July 1, 2017, and as subse-
13 quently modified by the Secretary).

14 “(E) CLARIFICATIONS.—

15 “(i) INFUSION DRUG ADMINISTRATION
16 DAY.—For purposes of this subsection, a
17 reference, with respect to the furnishing of
18 transitional home infusion drugs or home
19 infusion drugs to an individual by an eligi-
20 ble home infusion supplier, to payment to
21 such supplier for an infusion drug adminis-
22 tration calendar day in the individual’s
23 home shall refer to payment only for the
24 date on which professional services (as de-
25 scribed in section 1861(iii)(2)(A)) were

1 furnished to administer such drugs to such
2 individual. For purposes of the previous
3 sentence, an infusion drug administration
4 calendar day shall include all such drugs
5 administered to such individual on such
6 day.

7 “(ii) TREATMENT OF MULTIPLE
8 DRUGS ADMINISTERED ON SAME INFUSION
9 DRUG ADMINISTRATION DAY.—In the case
10 that an eligible home infusion supplier,
11 with respect to an infusion drug adminis-
12 tration calendar day in an individual’s
13 home, furnishes to such individual transi-
14 tional home infusion drugs which are not
15 all assigned to the same payment category
16 under subparagraph (C), payment to such
17 supplier for such infusion drug administra-
18 tion calendar day in the individual’s home
19 shall be a single payment equal to the
20 amount of payment under this paragraph
21 for the drug, among all such drugs so fur-
22 nished to such individual during such cal-
23 endar day, for which the highest payment
24 would be made under this paragraph.

1 “(F) ELIGIBLE HOME INFUSION SUP-
2 PLIERS.—In this paragraph, the term ‘eligible
3 home infusion supplier’ means a supplier that is
4 enrolled under this part as a pharmacy that
5 provides external infusion pumps and external
6 infusion pump supplies and that maintains all
7 pharmacy licensure requirements in the State in
8 which the applicable infusion drugs are admin-
9 istered.

10 “(G) IMPLEMENTATION.—Notwithstanding
11 any other provision of law, the Secretary may
12 implement this paragraph by program instruc-
13 tion or otherwise.”.

14 (b) CONFORMING AMENDMENT.—Section
15 1842(b)(6)(I) of the Social Security Act (42 U.S.C.
16 1395u(b)(6)(I)) is amended by inserting “or, in the case
17 of items and services described in clause (i) of section
18 1834(u)(7)(A) furnished to an individual during the pe-
19 riod described in clause (ii) of such section, payment shall
20 be made to the eligible home infusion therapy supplier”
21 after “payment shall be made to the qualified home infu-
22 sion therapy supplier”.

1 **SEC. 102. EXTENSION OF MEDICARE PATIENT IVIG ACCESS**
2 **DEMONSTRATION PROJECT.**

3 Section 101(b) of the Medicare IVIG Access and
4 Strengthening Medicare and Repaying Taxpayers Act of
5 2012 (42 U.S.C. 1395l note) is amended—

6 (1) in paragraph (1), by inserting after “for a
7 period of 3 years” the following: “and, subject to the
8 availability of funds under subsection (g)—

9 “(A) if the date of enactment of the Medi-
10 care Part B Improvement Act of 2017 is on or
11 before September 30, 2017, for the period be-
12 ginning on October 1, 2017, and ending on De-
13 cember 31, 2020; and

14 “(B) if the date of enactment of such Act
15 is after September 30, 2017, for the period be-
16 ginning on the date of enactment of such Act
17 and ending on December 31, 2020’ ”; and

18 (2) in paragraph (2), by adding at the end the
19 following new sentence: “Subject to the preceding
20 sentence, a Medicare beneficiary enrolled in the dem-
21 onstration project on September 30, 2017, shall be
22 automatically enrolled during the period beginning
23 on the date of the enactment of the Medicare Part
24 B Improvement Act of 2017 and ending on Decem-
25 ber 31, 2020, without submission of another applica-
26 tion.”.

1 **SEC. 103. ORTHOTIST'S AND PROSTHETIST'S CLINICAL**
2 **NOTES AS PART OF THE PATIENT'S MEDICAL**
3 **RECORD.**

4 Section 1834(h) of the Social Security Act (42 U.S.C.
5 1395m(h)) is amended by adding at the end the following
6 new paragraph:

7 “(5) DOCUMENTATION CREATED BY
8 ORTHOTISTS AND PROSTHETISTS.—For purposes of
9 determining the reasonableness and medical neces-
10 sity of orthotics and prosthetics, documentation cre-
11 ated by an orthotist or prosthetist shall be consid-
12 ered part of the individual's medical record to sup-
13 port documentation created by eligible professionals
14 described in section 1848(k)(3)(B).”.

15 **TITLE II—IMPROVEMENTS IN**
16 **DIALYSIS SERVICES**

17 **SEC. 201. INDEPENDENT ACCREDITATION FOR DIALYSIS**
18 **FACILITIES AND ASSURANCE OF HIGH QUAL-**
19 **ITY SURVEYS.**

20 (a) ACCREDITATION AND SURVEYS.—

21 (1) IN GENERAL.—Section 1865 of the Social
22 Security Act (42 U.S.C. 1395bb) is amended—

23 (A) in subsection (a)—

24 (i) in paragraph (1), in the matter
25 preceding subparagraph (A), by striking

1 “or the conditions and requirements under
2 section 1881(b)”; and

3 (ii) in paragraph (4), by inserting
4 “(including a renal dialysis facility)” after
5 “facility”; and

6 (B) by adding at the end the following new
7 subsection:

8 “(e) With respect to an accreditation body that has
9 received approval from the Secretary under subsection
10 (a)(3)(A) for accreditation of provider entities that are re-
11 quired to meet the conditions and requirements under sec-
12 tion 1881(b), in addition to review and oversight authori-
13 ties otherwise applicable under this title, the Secretary
14 shall (as the Secretary determines appropriate) conduct,
15 with respect to such accreditation body and provider enti-
16 ties, any or all of the following more frequently than is
17 otherwise required to be conducted under this title with
18 respect to other accreditation bodies or other provider en-
19 tities:

20 “(1) Validation surveys referred to in sub-
21 section (d).

22 “(2) Accreditation program reviews (as defined
23 in section 488.8(c) of title 42 of the Code of Federal
24 Regulations, or a successor regulation).

1 “(3) Performance reviews (as defined in section
2 488.8(a) of title 42 of the Code of Federal Regula-
3 tions, or a successor regulation).”.

4 (2) TIMING FOR ACCEPTANCE OF REQUESTS
5 FROM ACCREDITATION ORGANIZATIONS.—Not later
6 than 90 days after the date of enactment of this
7 Act, the Secretary of Health and Human Services
8 shall begin accepting requests from national accredi-
9 tation bodies for a finding described in section
10 1865(a)(3)(A) of the Social Security Act (42 U.S.C.
11 1395bb(a)(3)(A)) for purposes of accrediting pro-
12 vider entities that are required to meet the condi-
13 tions and requirements under section 1881(b) of
14 such Act (42 U.S.C. 1395rr(b)).

15 (b) REQUIREMENT FOR TIMING OF SURVEYS OF
16 NEW DIALYSIS FACILITIES.—Section 1881(b)(1) of the
17 Social Security Act (42 U.S.C. 1395rr(b)(1)) is amended
18 by adding at the end the following new sentence: “Begin-
19 ning 180 days after the date of the enactment of this sen-
20 tence, an initial survey of a provider of services or a renal
21 dialysis facility to determine if the conditions and require-
22 ments under this paragraph are met shall be initiated not
23 later than 90 days after such date on which both the pro-
24 vider enrollment form (without regard to whether such
25 form is submitted prior to or after such date of enactment)

1 has been determined by the Secretary to be complete and
2 the provider's enrollment status indicates approval is
3 pending the results of such survey.”.

4 **SEC. 202. EXPANDING ACCESS TO HOME DIALYSIS THER-**
5 **APY.**

6 (a) ALLOWING USE OF TELEHEALTH FOR MONTHLY
7 END STAGE RENAL DISEASE-RELATED VISITS.—

8 (1) IN GENERAL.—Paragraph (3) of section
9 1881(b) of the Social Security Act (42 U.S.C.
10 1395rr(b)) is amended—

11 (A) by redesignating subparagraphs (A)
12 and (B) as clauses (i) and (ii), respectively;

13 (B) in clause (i), as redesignated by sub-
14 paragraph (A), by striking “under this subpara-
15 graph” and inserting “under this clause”;

16 (C) in clause (ii), as redesignated by sub-
17 paragraph (A), by inserting “subject to sub-
18 paragraph (B),” before “on a comprehensive”;

19 (D) by striking “With respect to” and in-
20 serting “(A) With respect to”; and

21 (E) by adding at the end the following new
22 subparagraph:

23 “(B)(i) Subject to clause (ii), an individual who is
24 determined to have end stage renal disease and who is re-
25 ceiving home dialysis may choose to receive monthly end

1 stage renal disease-related visits, furnished on or after
2 January 1, 2019, via telehealth.

3 “(ii) Clause (i) shall apply to an individual only if
4 the individual receives a face-to-face visit, without the use
5 of telehealth—

6 “(I) in the case of the initial three months of
7 home dialysis of such individual, at least monthly;
8 and

9 “(II) after such initial three months, at least
10 once every three consecutive months.”.

11 (2) CONFORMING AMENDMENT.—Paragraph (1)
12 of such section is amended by striking “paragraph
13 (3)(A)” and inserting “paragraph (3)(A)(i)”.

14 (b) EXPANDING ORIGINATING SITES FOR TELE-
15 HEALTH TO INCLUDE RENAL DIALYSIS FACILITIES AND
16 THE HOME FOR PURPOSES OF MONTHLY END STAGE
17 RENAL DISEASE-RELATED VISITS.—

18 (1) IN GENERAL.—Section 1834(m) of the So-
19 cial Security Act (42 U.S.C. 1395m(m)) is amend-
20 ed—

21 (A) in paragraph (4)(C)(ii), by adding at
22 the end the following new subclauses:

23 “(IX) A renal dialysis facility,
24 but only for purposes of section
25 1881(b)(3)(B).

1 “(X) The home of an individual,
2 but only for purposes of section
3 1881(b)(3)(B).”; and

4 (B) by adding at the end the following new
5 paragraph:

6 “(5) TREATMENT OF HOME DIALYSIS MONTHLY
7 ESRD-RELATED VISIT.—The geographic require-
8 ments described in paragraph (4)(C)(i) shall not
9 apply with respect to telehealth services furnished on
10 or after January 1, 2019, for purposes of section
11 1881(b)(3)(B), at an originating site described in
12 subclause (VI), (IX), or (X) of paragraph
13 (4)(C)(ii), subject to applicable State law require-
14 ments, including State licensure requirements.”.

15 (2) NO FACILITY FEE IF ORIGINATING SITE
16 FOR HOME DIALYSIS THERAPY IS THE HOME.—Sec-
17 tion 1834(m)(2)(B) of the Social Security (42
18 U.S.C. 1395m(m)(2)(B)) is amended—

19 (A) by redesignating clauses (i) and (ii) as
20 subclauses (I) and (II), respectively, and by in-
21 denting each of such subclauses 2 ems to the
22 right;

23 (B) in subclause (II), as redesignated by
24 subparagraph (A), by striking “clause (i) or

1 this clause” and inserting “subclause (I) or this
2 subclause”;

3 (C) by striking “SITE.—With respect to”
4 and inserting “SITE.—

5 “(i) IN GENERAL.—Subject to clause
6 (ii), with respect to”; and

7 (D) by adding at the end the following new
8 clause:

9 “(ii) NO FACILITY FEE IF ORIGI-
10 NATING SITE FOR HOME DIALYSIS THER-
11 APY IS THE HOME.—No facility fee shall
12 be paid under this subparagraph to an
13 originating site described in subclause (X)
14 of paragraph (4)(C)(ii).”.

15 (c) CLARIFICATION REGARDING TELEHEALTH PRO-
16 VIDED TO BENEFICIARIES.—Section 1128A(i)(6) of the
17 Social Security Act (42 U.S.C. 1320a–7a(i)(6)) is amend-
18 ed—

19 (1) in subparagraph (H), by striking “; or” and
20 inserting a semicolon;

21 (2) in subparagraph (I), by striking the period
22 at the end and inserting “; or”; and

23 (3) by adding at the end the following new sub-
24 paragraph:

1 “(J) the provision of telehealth on or after
2 January 1, 2019, to individuals with end stage
3 renal disease under title XVIII by a health care
4 provider for the purpose of furnishing of tele-
5 health.”.

6 (d) STUDY AND REPORT ON FURTHER EXPAN-
7 SION.—

8 (1) STUDY.—The Comptroller General of the
9 United States shall conduct a study to examine the
10 benefits and drawbacks of expanding the coverage
11 under the Medicare program under title XVIII of
12 the Social Security Act of renal dialysis services as
13 telehealth services, pursuant to the amendments
14 made by this section, to include coverage of renal di-
15 alysis services furnished via telehealth and store-
16 and-forward technologies.

17 (2) REPORT.—Not later than two years after
18 the date of the enactment of this Act, the Comp-
19 troller General shall submit to Congress a report on
20 the results of the study conducted under paragraph
21 (1).

1 **TITLE III—IMPROVEMENTS IN**
2 **APPLICATION OF STARK RULE**

3 **SEC. 301. MODERNIZING THE APPLICATION OF THE STARK**
4 **RULE UNDER MEDICARE.**

5 (a) CLARIFICATION OF THE WRITING REQUIREMENT
6 AND SIGNATURE REQUIREMENT FOR ARRANGEMENTS
7 PURSUANT TO THE STARK RULE.—

8 (1) WRITING REQUIREMENT.—Section
9 1877(h)(1) of the Social Security Act (42 U.S.C.
10 1395nn(h)(1)) is amended by adding at the end the
11 following new subparagraph:

12 “(D) WRITTEN REQUIREMENT CLARIFIED.—In
13 the case of any requirement pursuant to this section
14 for a compensation arrangement to be in writing,
15 such requirement shall be satisfied by such means as
16 determined by the Secretary, including by a collec-
17 tion of documents, including contemporaneous docu-
18 ments evidencing the course of conduct between the
19 parties involved.”.

20 (2) SIGNATURE REQUIREMENT.—Section
21 1877(e) of the Social Security Act (42 U.S.C.
22 1395nn(e)) is amended—

23 (A) in paragraph (1)(A)(i), by inserting
24 “before or not later than 90 days after the ef-

1 fective date of the lease” after “signed by the
2 parties”;

3 (B) in paragraph (1)(B)(i), by inserting
4 “before or not later than 90 days after the ef-
5 fective date of the lease” after “signed by the
6 parties”; and

7 (C) in paragraph (3)(A)(i), by inserting
8 “before or not later than 90 days after the ef-
9 fective date of the arrangement” after “signed
10 by the parties”.

11 (b) INDEFINITE HOLDOVER FOR LEASE ARRANGE-
12 MENTS AND PERSONAL SERVICES ARRANGEMENTS PUR-
13 SUANT TO THE STARK RULE.—Section 1877 of the Social
14 Security Act (42 U.S.C. 1395nn) is amended—

15 (1) in subsection (e)—

16 (A) in paragraph (1), by adding at the end
17 the following new subparagraph:

18 “(C) HOLDOVER LEASE ARRANGE-
19 MENTS.—In the case of a holdover lease ar-
20 rangement for the lease of office space or equip-
21 ment, which immediately follows a lease ar-
22 rangement described in subparagraph (A) for
23 the use of such office space or subparagraph
24 (B) for the use of such equipment and that ex-
25 pired after a term of at least one year, pay-

1 ments made by the lessee to the lessor pursuant
2 to such holdover lease arrangement, if—

3 “(i) the lease arrangement met the
4 conditions of subparagraph (A) for the
5 lease of office space or subparagraph (B)
6 for the use of equipment when the ar-
7 rangement expired;

8 “(ii) the holdover lease arrangement is
9 on the same terms and conditions as the
10 immediately preceding arrangement; and

11 “(iii) the holdover arrangement con-
12 tinues to satisfy the conditions of subpara-
13 graph (A) for the lease of office space or
14 subparagraph (B) for the use of equip-
15 ment.”; and

16 (B) in paragraph (3), by adding at the end
17 the following new subparagraph:

18 “(C) **HOLDOVER PERSONAL SERVICE AR-**
19 **RANGEMENT.**—In the case of a holdover per-
20 sonal service arrangement, which immediately
21 follows an arrangement described in subpara-
22 graph (A) that expired after a term of at least
23 one year, remuneration from an entity pursuant
24 to such holdover personal service arrangement,
25 if—

1 “(i) the personal service arrangement
2 met the conditions of subparagraph (A)
3 when the arrangement expired;

4 “(ii) the holdover personal service ar-
5 rangement is on the same terms and condi-
6 tions as the immediately preceding ar-
7 rangement; and

8 “(iii) the holdover arrangement con-
9 tinues to satisfy the conditions of subpara-
10 graph (A).”; and

11 (2) in subsection (h)(1), as amended by sub-
12 section (a)(1)—

13 (A) in the heading, by inserting “; HOLD-
14 OVER ARRANGEMENT” after “REMUNERATION”;
15 and

16 (B) by adding at the end the following new
17 subparagraph:

18 “(E) **HOLDOVER ARRANGEMENT.**—The term
19 ‘holdover arrangement’ means an arrangement, with
20 respect to an agreement (including a lease or other
21 arrangement) that has expired but as of the date of
22 such expiration had been in compliance with the ap-
23 plicable requirements of this section, under which
24 the parties to such expired agreement have, since
25 such date of expiration, continued to perform under

1 the terms and conditions of such expired agree-
2 ment.”.

3 **SEC. 302. FUNDS FROM THE MEDICARE IMPROVEMENT**
4 **FUND.**

5 Section 1898(b)(1) of the Social Security Act (42
6 U.S.C. 1395iii(b)(1)) is amended by striking “during and
7 after fiscal year 2021, \$270,000,000” and inserting “dur-
8 ing and after fiscal year 2021, \$245,000,000”.

