

119TH CONGRESS
1ST SESSION

H. R. 4093

To amend title XVIII of the Social Security Act to require the Secretary of Health and Human Services to publish information on expenditures under the Medicare program, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JUNE 24, 2025

Mr. BEAN of Florida (for himself and Mr. HERN of Oklahoma) 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 require the Secretary of Health and Human Services to publish information on expenditures under the Medicare program, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Apples to Apples Com-
5 parison Act of 2025”.

1 **SEC. 2. REQUIRING THE SECRETARY OF HEALTH AND**
2 **HUMAN SERVICES TO PUBLISH INFORMA-**
3 **TION ON EXPENDITURES UNDER THE MEDI-**
4 **CARE PROGRAM.**

5 Section 1874 of the Social Security Act (42 U.S.C.
6 1395kk) is amended—

7 (1) in subsection (g)—

8 (A) in paragraph (1)—

9 (i) in the matter preceding subpara-
10 graph (A), by inserting “(and, beginning
11 with 2025, publish on the public website of
12 the Centers for Medicare & Medicaid Serv-
13 ices in machine-readable files information
14 on)” after “a report on”;

15 (ii) in subparagraph (A), by inserting
16 “(and, beginning with 2025, by county and
17 Metropolitan Statistical Area)” after
18 “State”; and

19 (iii) in subparagraph (B)—

20 (I) in clause (ii), by striking
21 “and” at the end;

22 (II) in clause (iii), by striking the
23 period and inserting “; and”; and

24 (III) by adding at the end the
25 following new clause:

1 “(iv) beginning with 2025, each cat-
2 egory of individuals described in subsection
3 (h)(1).”; and

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

6 “(3) SPECIAL RULE FOR 2025 REPORT AND
7 PUBLICATION OF INFORMATION.—As part of the re-
8 port and publication of information required under
9 paragraph (1) for 2025, the Secretary shall include
10 enrollment information submitted under this sub-
11 section for each preceding year (beginning with
12 2015), broken down by county and Metropolitan
13 Statistical Area and provided for each category of
14 individuals described in subsection (h)(1).”; and

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

17 “(h) INFORMATION ON EXPENDITURES.—

18 “(1) IN GENERAL.—Not later than 30 days
19 after the last day of each year (beginning with
20 2025), the Secretary shall, for each county and each
21 Metropolitan Statistical Area, publish on the public
22 website of the Centers for Medicare & Medicaid
23 Services in machine-readable files the total and aver-
24 age expenditures under this title for items and serv-
25 ices furnished to individuals entitled to benefits

1 under part A or enrolled under part B residing in
2 such county or Metropolitan Statistical Area for
3 each month occurring in the specified historical pe-
4 riod and for each month occurring in the specified
5 projected period with respect to such year, broken
6 down by the following categories of individuals:

7 “(A) Individuals entitled to benefits under
8 part A and not enrolled under part B.

9 “(B) Individuals who are—

10 “(i) not entitled to benefits under part
11 A;

12 “(ii) enrolled under part B; and

13 “(iii) not enrolled under a Medicare
14 Advantage plan under part C.

15 “(C) Individuals who are—

16 “(i) entitled to benefits under part A
17 and enrolled under part B; and

18 “(ii) not enrolled under a Medicare
19 Advantage plan under part C.

20 “(D) Individuals described in subpara-
21 graph (A) who are enrolled in a prescription
22 drug plan under part D.

23 “(E) Individuals described in subpara-
24 graph (B) who are enrolled in a prescription
25 drug plan under part D.

1 “(F) Individuals described in subpara-
2 graph (C) who are enrolled in a prescription
3 drug plan under part D.

4 “(G) Individuals described in subpara-
5 graph (A) who are not enrolled in a prescription
6 drug plan under part D.

7 “(H) Individuals described in subpara-
8 graph (B) who are not enrolled in a prescrip-
9 tion drug plan under part D.

10 “(I) Individuals described in subparagraph
11 (C) who are not enrolled in a prescription drug
12 plan under part D.

13 “(J) Individuals described in subparagraph
14 (A) who are enrolled in a Federal health care
15 program (as defined in section 1128B) or a
16 health plan under chapter 89 of title 5, United
17 States Code.

18 “(K) Individuals described in subpara-
19 graph (B) who are enrolled in such a program
20 or plan.

21 “(L) Individuals described in subparagraph
22 (C) who are enrolled in such a program or plan.

23 “(M) Individuals described in subpara-
24 graph (A) who are not enrolled in such a pro-
25 gram or plan.

1 “(N) Individuals described in subpara-
2 graph (B) who are not enrolled in such a pro-
3 gram or plan.

4 “(O) Individuals described in subpara-
5 graph (C) who are not enrolled in such a pro-
6 gram or plan.

7 “(P) Individuals described in subparagraph
8 (A) who are enrolled in a group health plan (as
9 defined in section 2791 of the Public Health
10 Service Act) or a medicare supplemental policy
11 under section 1882.

12 “(Q) Individuals described in subpara-
13 graph (B) who are enrolled in such a plan or
14 policy.

15 “(R) Individuals described in subpara-
16 graph (C) who are enrolled in such a plan or
17 policy.

18 “(S) Individuals described in subparagraph
19 (A) who are not enrolled in such a plan or pol-
20 icy.

21 “(T) Individuals described in subparagraph
22 (B) who are not enrolled in such a plan or pol-
23 icy.

1 “(U) Individuals described in subpara-
2 graph (C) who are not enrolled in such a plan
3 or policy.

4 “(V) Individuals enrolled in a specialized
5 MA plan for special needs individuals, broken
6 down by each type of plan.

7 “(W) Individuals enrolled in an MA plan
8 other than a plan described in subparagraph
9 (V).

10 “(X) Individuals enrolled in an MA plan.

11 “(Y) Individuals described in subparagraph
12 (X) who are enrolled in a Federal health care
13 program (as defined in section 1128B) or a
14 health plan under chapter 89 of title 5, United
15 States Code.

16 “(Z) Individuals described in subparagraph
17 (X) who are not enrolled in such a program or
18 plan.

19 “(AA) Individuals described in subpara-
20 graph (X) who are enrolled in a group health
21 plan (as defined in section 2791 of the Public
22 Health Service Act) or a medicare supplemental
23 policy under section 1882.

1 “(BB) Individuals described in subpara-
2 graph (X) who are not enrolled in such a plan
3 or policy.

4 “(CC) Individuals described in subpara-
5 graph (X) who are enrolled in a prescription
6 drug plan under part D.

7 “(DD) Individuals described in subpara-
8 graph (X) who are not enrolled in such a plan.

9 “(EE) Individuals described in subpara-
10 graph (X) who are enrolled in an MA–PD plan.

11 “(FF) Individuals described in subpara-
12 graph (X) who are not enrolled in such a plan.

13 “(GG) Individuals described in subpara-
14 graph (CC) or (EE) who are enrolled in a Fed-
15 eral health care program (as defined in section
16 1128B) or a health plan under chapter 89 of
17 title 5, United States Code.

18 “(HH) Individuals described in subpara-
19 graph (CC) or (EE) who are not enrolled in
20 such a program or plan.

21 “(II) Individuals enrolled in an employer
22 group waiver plan.

23 “(2) DEFINITIONS.—For purposes of this sub-
24 section:

1 “(A) SPECIFIED HISTORICAL PERIOD.—

2 The term ‘specified historical period’ means,
3 with respect to a year, the 10-year period end-
4 ing on the last day of such year.

5 “(B) SPECIFIED PROJECTED PERIOD.—

6 The term ‘specified projected period’ means,
7 with respect to a year, the period beginning on
8 the first day of the subsequent year of a dura-
9 tion specified by the Secretary (but in no case
10 to exceed a duration of 5 years).’.

11 **SEC. 3. MEDPAC ANALYSIS OF MEDICARE ADVANTAGE AND**

12 **FEE-FOR-SERVICE EXPENDITURES.**

13 Section 1805(b) of the Social Security Act (42 U.S.C.
14 1395b–6(b)) is amended by adding at the end the fol-
15 lowing new paragraph:

16 “(12) ANALYSIS OF MEDICARE ADVANTAGE
17 AND FEE-FOR-SERVICE EXPENDITURES.—

18 “(A) IN GENERAL.—The Commission
19 shall, as part of the report described in para-
20 graph (1)(C) submitted for each year (begin-
21 ning with 2026), include a retrospective anal-
22 ysis of average expenditures under this title for
23 individuals enrolled in a Medicare Advantage
24 plan under part C compared to average expend-
25 itures under this title for individuals entitled to

1 benefits under part A and enrolled under part
2 B who are eligible to enroll under such a plan
3 but who are not so enrolled.

4 “(B) CONSIDERATIONS.—In preparing
5 each analysis described in subparagraph (A),
6 the Commission shall—

7 “(i) use data provided by the Chief
8 Actuary of the Centers for Medicare &
9 Medicaid Services and the Boards of
10 Trustees of the Federal Hospital Insurance
11 Trust Fund established under section 1817
12 and the Federal Supplementary Medical
13 Insurance Trust fund established under
14 section 1841 and such other data as the
15 Commission determines appropriate;

16 “(ii) take into account—

17 “(I) differences in value provided
18 under Medicare Advantage plans com-
19 pared to the value provided under
20 parts A and B, such as the existence
21 of out-of-pocket expenditure caps,
22 supplemental benefits available under
23 such plans, and the integration of
24 benefits for covered part D drugs
25 under certain such plans; and

1 “(II) demographic differences of
2 individuals enrolled in Medicare Ad-
3 vantage plans compared to individuals
4 entitled to benefits under part A and
5 enrolled under part B who are not en-
6 rolled in such a plan; and

7 “(iii) take into account differences in
8 HCC risk scores but not take into account
9 any favorable selection differences with re-
10 spect to enrollment in such plans.

11 “(C) PUBLICATION REQUIREMENTS.—With
12 respect to each analysis described in subpara-
13 graph (A), the Commission shall—

14 “(i) make public all data used in pre-
15 paring such analysis in a manner that—

16 “(I) allows replication of such
17 analysis; and

18 “(II) protects the confidentiality
19 of personal information of individuals
20 entitled to benefits under part A and
21 enrolled under part B;

22 “(ii) not later than 60 days prior to
23 the submission of such analysis, make pub-
24 lic the methodology used to conduct such

1 analysis and allow at least 30 days for
 2 public comment on such methodology; and
 3 “(iii) make public a response to each
 4 such comment received on the methodology
 5 prior to or concurrent with the submission
 6 of such analysis.”.

7 **SEC. 4. TRUSTEES REPORT OF EXPENDITURE INFORMA-**
 8 **TION.**

9 Section 1874 of the Social Security Act (42 U.S.C.
 10 1395kk), as amended by section 2, is further amended by
 11 adding at the end the following new subsection:

12 “(i) TRUSTEES’ REPORT OF EXPENDITURE INFOR-

13 MATION.—
 14 “(1) IN GENERAL.—The Boards of Trustees of
 15 the Federal Hospital Insurance Trust Fund estab-
 16 lished under section 1817 and the Federal Supple-
 17 mentary Medical Insurance Trust Fund established
 18 under section 1841 shall jointly, as part of the re-
 19 ports described in sections 1817(b)(2) and
 20 1841(b)(2) submitted for a year (beginning with
 21 2026), include information on aggregate and average
 22 expenditures under this title for the following cat-
 23 egories of individuals, broken down, in the case of
 24 the category described in subparagraph (C), by ex-

1 penditures under part A and expenditures under
2 part B:

3 “(A) Individuals entitled to benefits under
4 part A and not enrolled under part B.

5 “(B) Individuals enrolled under part B and
6 not entitled to benefits under part A.

7 “(C) Individuals entitled to benefits under
8 part A, enrolled under part B, and not enrolled
9 in a Medicare Advantage plan under part C.

10 “(2) PROVISION OF DISAGGREGATED INFORMA-
11 TION.—The Boards of Trustees described in para-
12 graph (1) shall, as part of all expenditure data (in-
13 cluding data tables) made public by such Boards,
14 disaggregate such data, to the extent practicable,
15 based on the categories of individuals described in
16 paragraph (1).”.

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