

106TH CONGRESS  
1ST SESSION

# H. R. 2069

To permit Secretary of Health and Human Services to adjust Medicare payments to reflect deviations from generally accepted practice in overserving or underserving Medicare beneficiaries.

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## IN THE HOUSE OF REPRESENTATIVES

JUNE 8, 1999

Mr. STARK introduced the following bill; which was referred to the Committee on Ways and Means, and in addition to the Committee on 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

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## A BILL

To permit Secretary of Health and Human Services to adjust Medicare payments to reflect deviations from generally accepted practice in overserving or underserving Medicare beneficiaries.

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 “Medicare Clinical Prac-  
5       tice Patterns Act of 1999”.

1 **SEC. 2. MEDICARE PAYMENT ADJUSTMENT TO REFLECT**  
2 **DEVIATIONS FROM GENERALLY ACCEPTED**  
3 **PRACTICE IN OVERSERVING OR UNDER-**  
4 **SERVING MEDICARE BENEFICIARIES.**

5 (a) ESTABLISHMENT OF PRACTICE PROFILES.—

6 (1) IN GENERAL.—By not later than January  
7 1, 2005, the Secretary of Health and Human Serv-  
8 ices shall establish clinical profiles of the practice  
9 patterns of health care providers (including both in-  
10 stitutional providers, health care professionals, and  
11 Medicare+Choice organizations) providing items and  
12 services under the Medicare program under title  
13 XVIII of the Social Security Act in order to deter-  
14 mine how their practice patterns compare to each  
15 other, on a local, State, and national basis. In estab-  
16 lishing such profiles, the Secretary shall take into  
17 account differences in the case mix and severity of  
18 patients served by such providers and shall take into  
19 account, to the extent practicable, the medical out-  
20 comes resulting from such practices.

21 (2) DISSEMINATION OF INFORMATION.—The  
22 Secretary shall establish a method for disseminating  
23 summary information to the public on the clinical  
24 profiles established under paragraph (1). No infor-  
25 mation that identifies (or permits the identification  
26 of) an individual patient shall be disseminated.

1       (b) AUTHORITY TO MAKE PAYMENT ADJUST-  
2 MENTS.—For items and services furnished on or after  
3 January 1, 2011, the Secretary of Health and Human  
4 Services may adjust the amount of the payments made  
5 under the Medicare program to health care providers in  
6 order to encourage their provision of services in a medi-  
7 cally appropriate manner and to discourage significant de-  
8 viations in underservice or overservice from generally ac-  
9 cepted norms of medical practice. Such adjustments shall  
10 be made on the basis of provider profiles established under  
11 subsection (a) and shall be made only after taking into  
12 account variations among providers in the case mix and  
13 severity of patients served.

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