

112TH CONGRESS  
2D SESSION

# S. 2243

To establish a program to provide incentive payments to participating Medicare beneficiaries who voluntarily establish and maintain better health.

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IN THE SENATE OF THE UNITED STATES

MARCH 28, 2012

Mr. WYDEN (for himself and Mr. PORTMAN) introduced the following bill;  
which was read twice and referred to the Committee on Finance

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## A BILL

To establish a program to provide incentive payments to participating Medicare beneficiaries who voluntarily establish and maintain better health.

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 Better  
5       Health Rewards Program Act of 2012”.

6       **SEC. 2. MEDICARE BETTER HEALTH REWARDS PROGRAM.**

7       (a) IN GENERAL.—Part B of title XVIII of the Social  
8       Security Act (42 U.S.C. 1395j et seq.) is amended by add-  
9       ing at the end the following new section:

1 “MEDICARE BETTER HEALTH REWARDS PROGRAM

2 “SEC. 1849. (a) IN GENERAL.—The Secretary shall  
3 establish a Better Health Rewards Program (in this sec-  
4 tion referred to as the ‘Program’) under which incentives  
5 are provided to Medicare beneficiaries who voluntarily  
6 agree to participate in the Program.

7 “(b) ENROLLMENT.—A health professional partici-  
8 pating in the Program shall provide their patients who are  
9 Medicare beneficiaries with a description of and an oppor-  
10 tunity to enroll in the Program on a voluntary basis. If  
11 a Medicare beneficiary elects to enroll in the Program, the  
12 health professional shall inform the Secretary of the indi-  
13 vidual’s enrollment through a process established by the  
14 Secretary, which does not impose additional administra-  
15 tive requirements on the participating health professional.

16 “(c) ESTABLISHMENT OF BETTER HEALTH TARGET  
17 STANDARDS.—

18 “(1) IN GENERAL.—

19 “(A) ESTABLISHMENT.—The Secretary  
20 shall establish standards for measuring better  
21 health targets and points for achieving such  
22 standards for participating Medicare bene-  
23 ficiaries, including such standards and points  
24 with respect to the following:

25 “(i) Annual wellness visit.

1 “(ii) Tobacco cessation.

2 “(iii) Body Mass Index (BMI).

3 “(iv) Diabetes screening test.

4 “(v) Cardiovascular disease screening.

5 “(vi) Cholesterol level screening.

6 “(vii) Screening tests and specified  
7 vaccinations.

8 “(B) CONSULTATION.—In establishing  
9 standards and points for achieving such stand-  
10 ards under this subsection, the Secretary—

11 “(i) shall consult with 1 or more na-  
12 tionally recognized health care quality or-  
13 ganizations, as determined appropriate by  
14 the Secretary; and

15 “(ii) may consult with physicians and  
16 other professionals experienced with well-  
17 ness programs.

18 “(C) POINTS.—The number of points  
19 awarded for a year for achieving standards with  
20 respect to each of the targets described in  
21 clauses (i) through (vii) of subparagraph (A)  
22 shall not exceed 5. Such points may be awarded  
23 on a sliding scale, based on standards estab-  
24 lished under this subsection, as determined ap-  
25 propriate by the Secretary.

1           “(2) MODIFICATION OF BETTER HEALTH TAR-  
2       GET STANDARDS AND ASSIGNED POINTS.—

3           “(A) IN GENERAL.—The Secretary may  
4       modify standards for measuring better health  
5       targets and, subject to paragraph (1)(C), points  
6       for achieving such standards for participating  
7       Medicare beneficiaries under this subsection.

8           “(B) CONSULTATION.—In modifying  
9       standards and points for achieving such stand-  
10      ards under this paragraph, the Secretary—

11           “(i) shall consult with 1 or more na-  
12          tionally recognized health care quality or-  
13          ganizations, as determined appropriate by  
14          the Secretary; and

15           “(ii) may consult with physicians and  
16          other professionals experienced with well-  
17          ness programs.

18      “(d) CONDUCT OF PROGRAM.—

19           “(1) DURATION.—

20           “(A) IN GENERAL.—Subject to subpara-  
21          graph (B), the Program shall be conducted for  
22          not less than a 3-year period.

23           “(B) EXPANSION.—The Secretary shall ex-  
24          pand the duration and scope of the Program, to

1 the extent determined appropriate by the Sec-  
2 retary, if—

3 “(i) the Secretary determines that  
4 such expansion is expected to—

5 “(I) reduce spending under this  
6 title without reducing the quality of  
7 care; or

8 “(II) improve the quality of care  
9 and reduce spending;

10 “(ii) the Chief Actuary of the Centers  
11 for Medicare & Medicaid Services certifies  
12 that such expansion would reduce program  
13 spending under this title; and

14 “(iii) the Secretary determines that  
15 such expansion would not deny or limit the  
16 coverage or provision of benefits under this  
17 title for individuals.

18 “(2) COLLECTION AND USE OF BASELINE  
19 DATA.—During the first year of the Program, a  
20 health professional shall establish and report to the  
21 Secretary baseline information for each participating  
22 Medicare beneficiary who is a patient of the health  
23 professional as part of that beneficiary’s first year  
24 assessment under paragraph (3)(A). The health pro-  
25 fessional shall use such data to aid in the determina-

tion of whether and to what extent the participating Medicare beneficiary is meeting the target standards under subsection (c) in each of years 2 and 3 of the Program.

“(3) REQUIRED ASSESSMENTS FOR PARTICIPATING MEDICARE BENEFICIARIES.—

“(A) FIRST YEAR.—During year 1 of the Program, a health professional shall furnish to each participating Medicare beneficiary that is a patient of the health professional either an annual wellness visit or an initial preventive physical examination.

“(B) SECOND AND THIRD YEARS.—During each of years 2 and 3 of the Program, a health professional shall furnish to each participating Medicare beneficiary that is a patient of the health professional an annual wellness visit to determine whether and to what extent the participating Medicare beneficiary has met the target standards under subsection (c).

“(e) DETERMINATION OF POINTS AND PAYMENT OF INCENTIVES.—

“(1) DETERMINATION OF POINTS.—During each of years 2 and 3 of the Program, a health professional shall—

1           “(A) evaluate and report to the Secretary  
 2           whether each participating Medicare beneficiary  
 3           that is a patient of the health professional has  
 4           achieved the target standards under subsection  
 5           (c); and

6           “(B) determine the total amount of points  
 7           that each such participating Medicare bene-  
 8           ficiary has achieved for the year based on the  
 9           points assigned for achieving such standards  
 10          under subsection (c).

11          “(2) INCENTIVE PAYMENT.—

12           “(A) IN GENERAL.—The Secretary shall  
 13           pay to each participating Medicare beneficiary  
 14           who achieves at least 20 points under para-  
 15           graph (1)(B) for the year an incentive payment  
 16           as follows:

“Points	Year 2 Payment Amount	Year 3 or a Subsequent Year Payment Amount
20–24 points .....	\$100	\$200
25 or more points .....	\$200	\$400.

17           “(B) INFLATION ADJUSTMENT.—The dol-  
 18           lar amounts specified in this paragraph shall be  
 19           increased, beginning with 2016, from year to  
 20           year based on the percentage increase in the  
 21           consumer price index for all urban consumers

1 (all items; United States city average), rounded  
2 to the nearest \$1.

3 “(3) FINAL DETERMINATION OF STANDARDS  
4 ACHIEVEMENT MADE BY PARTICIPATING HEALTH  
5 PROFESSIONAL.—Under the Program, a partici-  
6 pating health professional shall make the final deter-  
7 mination as to whether or not a participating Medi-  
8 care beneficiary has met the target standards under  
9 subsection (c) and what screening tests and specified  
10 vaccinations, or other services, are necessary for  
11 purposes of making such determination.

12 “(f) SPENDING BENCHMARKS.—

13 “(1) IN GENERAL.—The Secretary shall collect  
14 relevant data, including data on claims paid under  
15 this title for services furnished to participating  
16 Medicare beneficiaries during the Program, for pur-  
17 poses of determining the aggregate estimated sav-  
18 ings achieved under this title for participating Medi-  
19 care beneficiaries during each of years 2 and 3 of  
20 the Program in accordance with paragraph (2) (and  
21 for a subsequent year if the Program is expanded  
22 under subsection (d)(1)(B)).

23 “(2) DETERMINATION OF AGGREGATE ESTI-  
24 MATED SAVINGS.—



“(A) IN GENERAL.—The amount of the aggregate estimated savings under this title for participating Medicare beneficiaries under paragraph (1), with respect to a year, shall be equal to—

“(i) the estimated savings determined under subparagraph (B) for the year; minus

“(ii) the aggregate incentive payments made under the Program during the year.

“(B) DETERMINATION OF ESTIMATED SAVINGS.—For purposes of subparagraph (A)(i), the estimated savings determined under this subparagraph for a year shall be equal to—

“(i) the estimated aggregate expenditures under this title (as projected under subparagraph (C)) for the year; minus

“(ii) the actual aggregate expenditures under this title (as determined by the Secretary and taking into account any reduction in specific health risks of the participating Medicare beneficiaries) for the year.

“(C) PROJECTION OF ESTIMATED AGGREGATE CLAIMS COST.—

1                   “(i) BENCHMARK BASE YEAR.—The  
2                   Secretary shall establish a benchmark base  
3                   year amount of expenditures under this  
4                   title for participating Medicare bene-  
5                   ficiaries during year 1 of the Program.

6                   “(ii) PROJECTION.—The Secretary  
7                   shall use the benchmark base year amount  
8                   established under clause (i) to project the  
9                   estimated aggregate expenditures for all  
10                  participating Medicare beneficiaries during  
11                  each of years 2 and 3 of the Program as  
12                  if the beneficiaries were not participating  
13                  in the Program. In making such projec-  
14                  tion, the Secretary may include adjust-  
15                  ments for health status or other specific  
16                  risk factors and geographic variation for  
17                  the participating Medicare beneficiaries.

18                  “(D) PUBLIC REPORT OF DETERMINATION  
19                  AND OTHER PROGRAM INFORMATION.—Not  
20                  later than 90 days after determining the aggre-  
21                  gate estimated savings (if any) under subpara-  
22                  graph (A) with respect to a year, the Secretary  
23                  shall make available to the public a report con-  
24                  taining a description of the amount of the sav-  
25                  ings determined, including the methodology and

1           any other calculations or determinations in-  
 2           volved in the determination of such amount.

3           Such report shall include—

4                   “(i) a description of any reduction in  
 5                   specific health risks of participating Medi-  
 6                   care beneficiaries identified by the Sec-  
 7                   retary;

8                   “(ii) a description of—

9                           “(I) standards for measuring bet-  
 10                           ter health targets under subsection  
 11                           (c); and

12                           “(II) the points available for  
 13                           achieving each such standard under  
 14                           that subsection; and

15                   “(iii) recommendations for such legis-  
 16                   lation and administrative action as the  
 17                   Secretary determines appropriate

18           “(3) ADDITIONAL FUNDING IF AGGREGATE IN-  
 19           CENTIVE PAYMENTS EXCEED ESTIMATED SAV-  
 20           INGS.—If, for a year during the Program, the aggre-  
 21           gate incentive payments made during the year ex-  
 22           ceed the estimated savings determined under para-  
 23           graph (2)(B) for the year, the Secretary shall pro-  
 24           vide for the transfer, from the Prevention and Public  
 25           Health Fund established under section 4002 of the

1 Patient Protection and Affordable Care Act, of an  
 2 amount equal to the amount of such excess, to the  
 3 Federal Supplementary Medical Insurance Trust  
 4 Fund under section 1841.

5 “(g) WAIVER AUTHORITY.—The Secretary may  
 6 waive such requirements of titles XI and XVIII as may  
 7 be necessary to carry out the purposes of the Program  
 8 established under this section.

9 “(h) DEFINITIONS.—In this section:

10 “(1) ANNUAL WELLNESS VISIT.—The term ‘an-  
 11 nual wellness visit’ includes personalized prevention  
 12 plan services (as defined in section 1861(hhh)(1)).

13 “(2) HEALTH PROFESSIONAL.—The term  
 14 ‘health professional’ includes a physician (as defined  
 15 in section 1861(r)(1)) and a practitioner described  
 16 in clause (i) of section 1842(b)(18)(C).

17 “(3) INITIAL PREVENTIVE PHYSICAL EXAMINA-  
 18 TION.—The term ‘initial preventive physical exam-  
 19 ination’ has the meaning given that term in section  
 20 1861(ww)(1).

21 “(4) MEDICARE BENEFICIARY.—The term  
 22 ‘Medicare beneficiary’ means an individual enrolled  
 23 in part B.

24 “(5) PARTICIPATING MEDICARE BENE-  
 25 FICIARY.—The term ‘participating Medicare bene-

1        ficiary’ means a Medicare beneficiary who enrolls in  
2        the Program under subsection (b).

3            “(6) SCREENING TESTS.—The term ‘screening  
4        tests’ means any of the following that are deter-  
5        mined by a health professional to be appropriate for  
6        a participating Medicare beneficiary:

7            “(A) Colorectal cancer screening tests (as  
8        defined in section 1861(pp)).

9            “(B) Screening mammography (as de-  
10       scribed in section 1861(jj)).

11          “(C) Screening pap smear and screening  
12       pelvic exam (as defined in section 1861(nn)).

13          “(D) Screening for glaucoma (as defined  
14       in section 1861(uu)).

15          “(E) Bone mass measurement (as defined  
16       in section 1861(rr)) for qualified individuals de-  
17       scribed in paragraph (2)(A) of such section.

18          “(F) HIV screening for high-risk groups  
19       (as identified by the Secretary).

20          “(7) SPECIFIED VACCINATIONS.—The term  
21       ‘specified vaccinations’ means the vaccinations de-  
22       scribed in section 1861(ww)(1) that are determined  
23       by a health professional to be appropriate for a par-  
24       ticipating Medicare beneficiary.”.

1 (b) CONFORMING AMENDMENT.—Section 4002(c) of  
 2 the Patient Protection and Affordable Care Act (Public  
 3 Law 111–148) is amended by inserting “and shall transfer  
 4 amounts in the Fund to the Federal Supplementary Med-  
 5 ical Insurance Trust Fund under section 1841 of the So-  
 6 cial Security Act in accordance with section 1849(f)(3) of  
 7 such Act” before the period at the end.

8 **SEC. 3. PARTICIPATION BY MEDICARE ADVANTAGE PLANS.**

9 Section 1859 of the Social Security Act (42 U.S.C.  
 10 1395w–28) is amended by adding at the end the following  
 11 new subsection:

12 “(h) PROVIDING INCENTIVES FOR VOLUNTARY PAR-  
 13 TICIPATION IN A BETTER HEALTH REWARDS PRO-  
 14 GRAM.—

15 “(1) IN GENERAL.—Effective for plan years be-  
 16 ginning on or after the date of enactment of the  
 17 Medicare Better Health Rewards Program Act of  
 18 2012, a Medicare Advantage organization may pro-  
 19 vide to individuals enrolled in an MA plan offered by  
 20 the organization incentive payments, including cash,  
 21 cash-equivalent, or other types of incentives, for vol-  
 22 untary participation in a Better Health Rewards  
 23 Program (in this subsection referred to as the ‘Pro-  
 24 gram’) that rewards individuals for meeting certain  
 25 health targets established by the Secretary.

1           “(2) LIMITATION.—In no case shall the month-  
 2       ly bid amount submitted by a Medicare Advantage  
 3       organization under section 1834(a)(6) (or the  
 4       monthly premium charged by the organization under  
 5       section 1854(b)) with respect to an MA plan offered  
 6       by the organization take into account any incentive  
 7       payments made to enrollees under the Program.

8           “(3) IMPLEMENTATION.—The Program under  
 9       this subsection shall be conducted in a similar man-  
 10      ner to the manner in which the program under sec-  
 11      tion 1849 is conducted, in accordance with stand-  
 12      ards established by the Secretary.

13          “(4) NOTIFICATION AND PROVISION OF INFOR-  
 14      MATION.—A Medicare Advantage organization seek-  
 15      ing to participate in the Program shall—

16               “(A) notify the Secretary of the organiza-  
 17      tion’s intent to participate in the Program; and

18               “(B) agree to provide to the Secretary—

19                   “(i) information regarding—

20                       “(I) which enrollees participate  
 21                       in the Program;

22                       “(II) the scores of those enrollees  
 23                       with respect to applicable health tar-  
 24                       gets under the Program; and

1 “(III) the incentives enrollees re-  
 2 ceive for meeting such health targets;  
 3 and  
 4 “(ii) any other information specified  
 5 by the Secretary for purposes of this sub-  
 6 section.

7 “(5) WAIVER AUTHORITY.—The Secretary may  
 8 waive such requirements of titles XI and XVIII as  
 9 may be necessary to carry out the purposes of the  
 10 Program established under this subsection.”.

11 **SEC. 4. PARTICIPATION OF SECTION 1876 COST PLANS.**

12 Section 1876 of the Social Security Act (42 U.S.C.  
 13 1395mm) is amended by inserting at the end the fol-  
 14 lowing:

15 “(I) PROVIDING INCENTIVES FOR VOLUNTARY PAR-  
 16 TICIPATION IN A BETTER HEALTH REWARDS PRO-  
 17 GRAM.—

18 “(1) IN GENERAL.—Effective for contract peri-  
 19 ods beginning on or after the date of enactment of  
 20 the Medicare Better Health Rewards Program Act  
 21 of 2012, an eligible organization may provide to  
 22 members enrolled under this section with the organi-  
 23 zation incentive payments, including cash, cash-  
 24 equivalent, or other types of incentives, for voluntary  
 25 participation in a Better Health Rewards Program



1 (in this subsection referred to as the ‘Program’) that  
 2 rewards members for meeting certain health targets  
 3 established by the Secretary.

4 “(2) LIMITATION.—In no case shall the pay-  
 5 ment to an eligible organization under this section  
 6 (or the premium rate charged by the organization  
 7 under this section) with respect to members enrolled  
 8 with the organization take into account any incentive  
 9 payments made to members under the Program.

10 “(3) IMPLEMENTATION.—The Program under  
 11 this subsection shall be conducted in a similar man-  
 12 ner to the manner in which the program under sec-  
 13 tion 1849 is conducted, in accordance with stand-  
 14 ards established by the Secretary.

15 “(4) NOTIFICATION AND PROVISION OF INFOR-  
 16 MATION.—An eligible organization seeking to partici-  
 17 pate in the Program shall—

18 “(A) notify the Secretary of the organiza-  
 19 tion’s intent to participate in the Program; and

20 “(B) agree to provide to the Secretary—

21 “(i) information regarding—

22 “(I) which members participate  
 23 in the Program;

1 “(II) the scores of those members  
 2 with respect to applicable health tar-  
 3 gets under the Program; and

4 “(III) the incentives members re-  
 5 ceive for meeting such health targets;  
 6 and

7 “(ii) any other information specified  
 8 by the Secretary for purposes of this sub-  
 9 section.

10 “(5) WAIVER AUTHORITY.—The Secretary may  
 11 waive such requirements of titles XI and XVIII as  
 12 may be necessary to carry out the purposes of the  
 13 Program established under this subsection.”.

14 **SEC. 5. PARTICIPATION OF PROGRAMS OF ALL-INCLUSIVE**  
 15 **CARE FOR THE ELDERLY (PACE).**

16 (a) MEDICARE.—Section 1894 of the Social Security  
 17 Act (42 U.S.C. 1395eee) is amended by inserting at the  
 18 end the following:

19 “(j) PROVIDING INCENTIVES FOR VOLUNTARY PAR-  
 20 TICIPATION IN A BETTER HEALTH REWARDS PRO-  
 21 GRAM.—

22 “(1) IN GENERAL.—Effective for PACE pro-  
 23 gram agreements entered into on or after the date  
 24 of enactment of the Medicare Better Health Re-  
 25 wards Program Act of 2012, a PACE provider may

1 provide to PACE program eligible individuals en-  
2 rolled under this section with the PACE provider in-  
3 centive payments, including cash, cash-equivalent, or  
4 other types of incentives, for voluntary participation  
5 in a Better Health Rewards Program (in this sub-  
6 section referred to as the ‘Program’) that rewards  
7 enrollees for meeting certain health targets estab-  
8 lished by the Secretary.

9 “(2) LIMITATION.—In no case shall the pay-  
10 ment to a PACE provider under this section (or any  
11 premium charged by the provider under this section)  
12 with respect to PACE program eligible individuals  
13 enrolled with the PACE provider take into account  
14 any incentive payments made to individuals under  
15 the Program.

16 “(3) IMPLEMENTATION.—The Program under  
17 this subsection shall be conducted in a similar man-  
18 ner to the manner in which the program under sec-  
19 tion 1849 is conducted, in accordance with stand-  
20 ards established by the Secretary.

21 “(4) NOTIFICATION AND PROVISION OF INFOR-  
22 MATION.—A PACE provider seeking to participate  
23 in the Program shall—

1           “(A) notify the Secretary of the PACE  
 2           provider’s intent to participate in the Program;  
 3           and

4           “(B) agree to provide to the Secretary—

5           “(i) information regarding—

6           “(I) which PACE program eligi-  
 7           ble individuals enrolled with the  
 8           PACE provider participate in the Pro-  
 9           gram;

10           “(II) the scores of those individ-  
 11           uals with respect to applicable health  
 12           targets under the Program; and

13           “(III) the incentives individuals  
 14           receive for meeting such health tar-  
 15           gets; and

16           “(ii) any other information specified  
 17           by the Secretary for purposes of this sub-  
 18           section.

19           “(5) WAIVER AUTHORITY.—The Secretary may  
 20           waive such requirements of titles XI, XVIII, and  
 21           XIX as may be necessary to carry out the purposes  
 22           of the Program established under this subsection.”.

23           (b) MEDICAID.—Section 1934 of the Social Security  
 24           Act (42 U.S.C. 1396u–4) is amended by adding at the  
 25           end the following new subsection:

1       “(k) PROVIDING INCENTIVES FOR VOLUNTARY PAR-  
2       TICIPATION IN A BETTER HEALTH REWARDS PRO-  
3       GRAM.—

4               “(1) IN GENERAL.—Effective for PACE pro-  
5       gram agreements entered into on or after the date  
6       of enactment of the Medicare Better Health Re-  
7       wards Program Act of 2012, a PACE provider may  
8       provide to PACE program eligible individuals en-  
9       rolled under this section with the PACE provider in-  
10      centive payments, including cash, cash-equivalent, or  
11      other types of incentives, for voluntary participation  
12      in a Better Health Rewards Program (in this sub-  
13      section referred to as the ‘Program’) that rewards  
14      enrollees for meeting certain health targets estab-  
15      lished by the Secretary.

16              “(2) LIMITATION.—In no case shall the pay-  
17      ment to a PACE provider under this section (or any  
18      premium charged by the provider under this section)  
19      with respect to PACE program eligible individuals  
20      enrolled with the PACE provider take into account  
21      any incentive payments made to individuals under  
22      the Program.

23              “(3) IMPLEMENTATION.—The Program under  
24      this subsection shall be conducted in a similar man-  
25      ner to the manner in which the program under sec-

tion 1849 is conducted, in accordance with standards established by the Secretary.

“(4) NOTIFICATION AND PROVISION OF INFORMATION.—A PACE provider seeking to participate in the Program shall—

“(A) notify the Secretary of the PACE provider’s intent to participate in the Program; and

“(B) agree to provide to the Secretary—

“(i) information regarding—

“(I) which PACE program eligible individuals enrolled with the PACE provider participate in the Program;

“(II) the scores of those individuals with respect to applicable health targets under the Program; and

“(III) the incentives individuals receive for meeting such health targets; and

“(ii) any other information specified by the Secretary for purposes of this subsection.

“(5) WAIVER AUTHORITY.—The Secretary may waive such requirements of titles XI, XVIII, and

1       XIX as may be necessary to carry out the purposes  
2       of the Program established under this subsection.”.

3   **SEC. 6. EXCLUSION OF INCENTIVE PAYMENTS.**

4       (a) IN GENERAL.—Part III of subchapter B of chap-  
5   ter 1 of the Internal Revenue Code of 1986 is amended  
6   by inserting after section 139D the following new section:

7   **“SEC. 139E. MEDICARE BETTER HEALTH REWARDS PAY-**  
8               **MENTS.**

9       “Gross income shall not include any payment made  
10   under the following programs:

11           “(1) The Medicare Better Health Rewards Pro-  
12       gram established under section 1849 of the Social  
13       Security Act.

14           “(2) A Better Health Rewards Program estab-  
15       lished pursuant to section 1859(h), 1876(l), 1894(j),  
16       or 1934(k) of the Social Security Act.”.

17       (b) CLERICAL AMENDMENT.—The table of sections  
18   for part III of subchapter B of chapter 1 of such Code  
19   is amended by inserting after the item relating to section  
20   139D the following new item:

“Sec. 139E. Medicare Better Health Rewards payments.”.

○