

114TH CONGRESS
1ST SESSION

H. R. 1012

To amend title XVIII of the Social Security Act to improve the provision of items and services provided to Medicare beneficiaries residing in rural areas, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 17, 2015

Mr. SMITH of Washington (for himself, Mr. HECK of Washington, Mr. McDERMOTT, and Mr. KILMER) 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 improve the provision of items and services provided to Medicare beneficiaries residing in rural areas, 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 “MediFair Act of
5 2015”.

1 **SEC. 2. FINDINGS.**

2 Congress makes the following findings:

3 (1) Regional inequities in Medicare reimburse-
4 ment have created barriers to care for seniors and
5 the disabled.

6 (2) The regional inequities in Medicare reim-
7 bursement penalize States that have cost-effective
8 health care delivery systems and reward those States
9 with high utilization rates and that provide ineffi-
10 cient care.

11 (3) Comparatively, in 2007, the average per
12 capita spending under traditional Medicare was
13 \$8,682 for beneficiaries in the United States, \$7,320
14 for beneficiaries in Seattle, \$11,303 for those in Los
15 Angeles, and \$17,274 for those in Miami.

16 (4) Over a lifetime, regional inequities can
17 mean as much as a \$125,000 difference in the cost
18 of care provided per beneficiary.

19 (5) Regional inequities have resulted in creating
20 very different Medicare programs and amount of
21 care received for seniors and the disabled based on
22 where they live.

23 (6) Because the Medicare Advantage rate is
24 based on the fee-for-service reimbursement rate, re-
25 gional inequities have allowed some Medicare bene-
26 ficiaries access to Medicare Advantage plans with

1 significantly more benefits and reduced cost sharing.
 2 Beneficiaries in States with lower Medicare Advan-
 3 tage reimbursement rates have not benefitted to the
 4 same degree as beneficiaries in other parts of the
 5 country.

6 (7) Regional inequities in Medicare reimburse-
 7 ment have created an unfair competitive advantage
 8 for hospitals and other health care providers in
 9 States that receive above average payments. Higher
 10 payments mean that those providers can pay higher
 11 salaries in a tight, competitive market.

12 (8) Regional inequities in Medicare reimburse-
 13 ment, if left unchecked, will reduce access to Medi-
 14 care services and impact healthy outcomes for bene-
 15 ficiaries.

16 **SEC. 3. IMPROVING FAIRNESS OF PAYMENTS TO PRO-**
 17 **VIDERS UNDER THE MEDICARE FEE-FOR-**
 18 **SERVICE PROGRAM.**

19 Title XVIII of the Social Security Act (42 U.S.C.
 20 1395 et seq.) is amended by adding at the end the fol-
 21 lowing new section:

22 “IMPROVING PAYMENT EQUITY UNDER THE ORIGINAL
 23 MEDICARE FEE-FOR-SERVICE PROGRAM

24 “SEC. 1899C. (a) IN GENERAL.—Notwithstanding
 25 any other provision of law, the Secretary shall establish
 26 a system for making adjustments to the amount of pay-

1 ment made to entities and individuals for items and serv-
2 ices provided under the original Medicare fee-for-service
3 program under parts A and B.

4 “(b) SYSTEM REQUIREMENTS.—

5 “(1) INCREASE FOR STATES BELOW THE NA-
6 TIONAL AVERAGE.—Under the system established
7 under subsection (a), if a State average per bene-
8 ficiary amount for a year is less than the national
9 average per beneficiary amount for such year, then
10 the Secretary (beginning in 2017) shall increase the
11 amount of applicable payments in such a manner as
12 will result (as estimated by the Secretary) in the
13 State average per beneficiary amount for the subse-
14 quent year being equal to the national average per
15 beneficiary amount for such subsequent year.

16 “(2) REDUCTION FOR CERTAIN STATES ABOVE
17 THE NATIONAL AVERAGE TO ENHANCE QUALITY
18 CARE AND MAINTAIN BUDGET NEUTRALITY.—

19 “(A) IN GENERAL.—The Secretary shall
20 ensure that the increase in payments under
21 paragraph (1) does not cause the estimated
22 amount of expenditures under this title for a
23 year to increase or decrease from the estimated
24 amount of expenditures under this title that
25 would have been made in such year if this sec-

tion had not been enacted by reducing the amount of applicable payments in each State that the Secretary determines has—

“(i) a State average per beneficiary amount for a year that is greater than the national average per beneficiary amount for such year; and

“(ii) healthy outcome measurements or quality care measurements that indicate that a reduction in applicable payments would encourage more efficient use of, and reduce overuse of, items and services for which payment is made under this title.

“(B) LIMITATION.—The Secretary shall not reduce applicable payments under subparagraph (A) to a State that—

“(i) has a State average per beneficiary amount for a year that is greater than the national average per beneficiary amount for such year; and

“(ii) has healthy outcome measurements or quality care measurements that indicate that the applicable payments are being used to improve the access of beneficiaries to quality care.

1 “(3) DETERMINATION OF AVERAGES.—

2 “(A) STATE AVERAGE PER BENEFICIARY
3 AMOUNT.—Each year (beginning in 2017), the
4 Secretary shall determine a State average per
5 beneficiary amount for each State which shall
6 be equal to the Secretary’s estimate of the aver-
7 age amount of expenditures under the original
8 Medicare fee-for-service program under parts A
9 and B for the year for a beneficiary enrolled
10 under such parts that resides in the State.

11 “(B) NATIONAL AVERAGE PER BENE-
12 FICIARY AMOUNT.—Each year (beginning in
13 2017), the Secretary shall determine the na-
14 tional average per beneficiary amount which
15 shall be equal to the average of the State aver-
16 age per beneficiary amount determined under
17 subparagraph (A) for the year.

18 “(4) DEFINITIONS.—In this section:

19 “(A) APPLICABLE PAYMENTS.—The term
20 ‘applicable payments’ means payments made to
21 entities and individuals for items and services
22 provided under the original Medicare fee-for-
23 service program under parts A and B to bene-
24 ficiaries enrolled under such parts that reside in
25 the State.

1 “(B) STATE.—The term ‘State’ has the
2 meaning given such term in section 210(h).

3 “(c) BENEFICIARIES HELD HARMLESS.—The provi-
4 sions of this section shall not affect—

5 “(1) the entitlement to items and services of a
6 beneficiary under this title, including the scope of
7 such items and services; or

8 “(2) any liability of the beneficiary with respect
9 to such items and services.

10 “(d) REGULATIONS.—

11 “(1) IN GENERAL.—The Secretary, in consulta-
12 tion with the Medicare Payment Advisory Commis-
13 sion, shall promulgate regulations to carry out this
14 section.

15 “(2) PROTECTING RURAL COMMUNITIES.—In
16 promulgating the regulations pursuant to paragraph
17 (1), the Secretary shall give special consideration to
18 rural areas.”.

19 **SEC. 4. MEDPAC RECOMMENDATIONS ON HEALTHY OUT-**
20 **COMES AND QUALITY CARE.**

21 (a) RECOMMENDATIONS.—The Medicare Payment
22 Advisory Commission established under section 1805 of
23 the Social Security Act (42 U.S.C. 1395b–6) shall develop
24 recommendations on policies and practices that, if imple-
25 mented, would encourage—

1 (1) healthy outcomes and quality care under the
2 Medicare program in States with respect to which
3 payments are reduced under section 1899B(b)(2) of
4 such Act (as added by section 3); and

5 (2) the efficient use of payments made under
6 the Medicare program in such States.

7 (b) SUBMISSION.—Not later than the date that is 9
8 months after the date of the enactment of this Act, the
9 Commission shall submit to Congress the recommenda-
10 tions developed under subsection (a).

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