

114TH CONGRESS
1ST SESSION

H. R. 2614

To amend title XVIII of the Social Security Act to provide for an expert advisory panel regarding relative value scale process used under the Medicare physician fee schedule, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JUNE 2, 2015

Mr. McDERMOTT introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, 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 provide for an expert advisory panel regarding relative value scale process used under the Medicare physician fee schedule, 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 “Accuracy in Medicare
5 Physician Payment Act of 2015”.

1 **SEC. 2. EXPERT ADVISORY PANEL REGARDING RELATIVE**
2 **VALUE SCALE PROCESS USED IN MEDICARE**
3 **PHYSICIAN FEE SCHEDULE.**

4 Section 1848(c)(2) of the Social Security Act (42
5 U.S.C. 1395w-4(c)(2)) is amended by adding at the end
6 the following new subparagraph:

7 “(P) USE OF EXPERT ADVISORY PANEL
8 REGARDING RELATIVE VALUE SCALE PROCESS
9 USED.—

10 “(i) IN GENERAL.—For purposes of
11 providing oversight to the processes (in-
12 cluding the process described in subpara-
13 graph (K)) relating to valuation of physi-
14 cians’ services, not later than 90 days after
15 the date of the enactment of this subpara-
16 graph, the Secretary shall establish and
17 appoint an expert outside advisory panel
18 (in this subparagraph referred to as the
19 ‘panel’).

20 “(ii) COMPOSITION OF PANEL.—The
21 panel shall be composed of individuals with
22 expertise in the valuation of physicians’
23 services, such as individuals who are med-
24 ical directors for carriers, experts in med-
25 ical economics and technology diffusion,
26 and private payer plan representatives, and

1 shall include a mix of physicians in dif-
2 ferent specialty areas, particularly physi-
3 cians who are not directly affected by
4 changes in the valuation of physicians'
5 services under this section (such as retired
6 physicians and physicians who are em-
7 ployed by managed care organizations or
8 academic medical centers), as well as rep-
9 resentatives of individuals enrolled under
10 this part.

11 “(iii) DUTIES.—

12 “(I) IN GENERAL.—The panel
13 shall provide oversight to the proc-
14 esses of identifying, reviewing, and
15 adjusting valuations for physicians'
16 services under this section, including
17 activities described in the succeeding
18 provisions of this clause.

19 “(II) ESTABLISHMENT OF
20 SCREENS.—The panel may establish
21 screens (in addition to the screens
22 identified under subparagraph (K)(ii))
23 and other means for identifying physi-
24 cians' services for which there are po-
25 tentially misvalued codes for review,

1 such as services that have experienced
2 substantial changes in length of stay,
3 site of service, volume, practice ex-
4 pense, and other factors that may in-
5 dicate changes in physician work.

6 “(III) DATA COLLECTION.—The
7 panel may collect data and develop
8 supporting evidence relating to the
9 valuation of physicians’ services.

10 “(IV) SURVEYS.—The panel may
11 conduct surveys of suppliers of physi-
12 cians’ services and may conduct time
13 and motion studies relating to such
14 valuations.

15 “(V) TRANSMITTING CODES FOR
16 REVIEW AND RECOMMENDATIONS.—
17 The panel may transmit with sup-
18 porting evidence codes for review and
19 recommendations through the means
20 described in subclauses (I) through
21 (III) of subparagraph (K)(iii).

22 “(VI) EVALUATION OF REC-
23 OMMENDATIONS SUBMITTED.—The
24 panel shall evaluate any recommenda-
25 tions submitted through such means

(whether pursuant to the solicitation under subclause (V) or otherwise) and report to the Secretary on such evaluation.

“(VII) USE OF CONTRACTS.—

The panel’s activities under subclauses (III) and (IV) may be conducted directly or through contracts with appropriate, qualified entities.

“(iv) APPLICATION OF FACA.—The

Federal Advisory Committee Act (5 U.S.C. App.) shall apply to the panel, except that section 14 of such Act shall not apply.

“(v) FUNDING.—The Secretary shall

provide for the transfer of not to exceed \$10,000,000 for each fiscal year (beginning with fiscal year 2016) from the Federal Medical Supplementary Medical Insurance Trust Fund established in section 1841 to the Centers for Medicare & Medicaid Services Program Management Account to carry out this subparagraph, including for the management and staffing

- 1 of the panel and the conduct of activities
- 2 described in clause (iii).”.

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