To require the Secretary of Health and Human Services to consider, within the annual rulemaking processes, the effect of regulatory changes to certain Medicare payment systems on provider and payer consolidation, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

M. ______ introduced the following bill; which was referred to the Committee on _______

A BILL

To require the Secretary of Health and Human Services to consider, within the annual rulemaking processes, the effect of regulatory changes to certain Medicare payment systems on provider and payer consolidation, and for other purposes.

1 Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,  

2 SECTION 1. SHORT TITLE.  

3 This Act may be cited as the “Providers and Payers COMPETE Act”.

4
SEC. 2. RULEMAKING THAT IMPLEMENTS CERTAIN MEDICARE PAYMENT CHANGES TO CONSIDER EFFECTS ON PROVIDER CONSOLIDATION.

(a) In General.—Beginning for 2024, as part of any annual notice and comment rulemaking process to implement a change to any payment system, rate schedule, or other reimbursement under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.), including those for inpatient and outpatient hospital services, physicians’ services, services furnished by other providers of services and suppliers, and payment rates under parts C and D of such title, the Secretary of Health and Human Services shall seek public comment on and evaluate the extent to which, and how, such change is projected to affect provider and payer consolidation.

(b) Internal Coordination.—For purposes of conducting the evaluations under subsection (a), the Secretary of Health and Human Services shall ensure appropriate coordination within the Centers for Medicare & Medicaid Services such that experts with respect to the applicable payment system, rate schedule, or other reimbursement under title XVIII of the Social Security Act work collaboratively for purposes of such evaluations.

(c) Provider and Payer Consolidation Defined.—For purposes of this section, the term “provider and payer consolidation” includes the vertical or hori-
zontal integration among providers of services (as defined in subsection (u) of section 1861 of the Social Security Act (42 U.S.C. 1395x)), suppliers (as defined in subsection (d) of such section), accountable care organizations under section 1899 of the Social Security Act (42 U.S.C. 1395jjj), and integrated delivery systems.

SEC. 3. CENTERS FOR MEDICARE AND MEDICAID INNOVATION MODEL EVALUATIONS TO CONSIDER EFFECTS OF MODEL ON PROVIDER AND PAYER CONSOLIDATION.

(a) IN GENERAL.—Section 1115A(b)(4)(A) of the Social Security Act (42 U.S.C. 1315a(b)(4)(A)) is amended—

(1) in clause (i), by striking at the end “and”;

(2) in clause (ii), by striking the period at the end and inserting “; and”;

(3) by adding at the end the following new clause:

“(iii) the extent to which, and how, the model has affected and will affect provider and payer consolidation, which includes the vertical or horizontal integration among providers of services (as defined in subsection (u) of section 1861), suppliers (as defined in subsection (d) of such sec-
tion), accountable care organizations under section 1899, and integrated delivery systems.”.

(b) EFFECTIVE DATE.—The amendments made by subsection (a) shall apply with respect to models tested on or after January 1, 2024.