[DISCUSSION DRAFT]

118TH CONGRESS 1ST SESSION

H. R. _____

To amend titles XI and XVIII of the Social Security Act to require each outpatient department of a provider to include a unique identification number on claims for services, and to require hospitals with an outpatient department of a provider to submit to the Centers for Medicare & Medicaid Services an attestation with respect to each such outpatient department.

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IN THE HOUSE OF REPRESENTATIVES

M____ introduced the following bill; which was referred to the Committee on _______________________

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A BILL

To amend titles XI and XVIII of the Social Security Act to require each outpatient department of a provider to include a unique identification number on claims for services, and to require hospitals with an outpatient department of a provider to submit to the Centers for Medicare & Medicaid Services an attestation with respect to each such outpatient department.

1 Be it enacted by the Senate and House of Representa-

2 tives of the United States of America in Congress assembled,
SECTION 1. REQUIRING A SEPARATE IDENTIFICATION NUMBER AND AN ATTESTATION FOR EACH DEPARTMENT OF A PROVIDER.

(a) SEPARATE IDENTIFICATION NUMBER FOR EACH OUTPATIENT DEPARTMENT OF A PROVIDER.—

(1) IN GENERAL.—Section 1173(b) of the Social Security Act (42 U.S.C. 1320d–2(b)) is amended by adding at the end the following new paragraph:

“(3) ENSURING SEPARATE IDENTIFIERS FOR EACH OUTPATIENT DEPARTMENT OF A PROVIDER.—

The standards specified under paragraph (1) shall ensure that, not later than January 1, 2026, each outpatient department of a provider (as defined in section 413.65(a)(2) of title 42, Code of Federal Regulations) is assigned a separate unique health identifier from such provider.”.

(2) PROCESS FOR REVIEW OF IDENTIFICATION NUMBERS.—Not later than 1 year after the date of enactment of this Act, the Secretary of Health and Human Services shall, through notice and comment rulemaking, establish a process to review each separate unique health identifier assigned to an outpatient department of provider and confirm such provider is compliant with the requirements de-
scribed in section 413.65 of title 42, Code of Federal
Regulations (or a successor regulation).

(b) Attestation for Each Department of a Provider.—Section 1833(t) of the Social Security Act
(42 U.S.C. 1395l(t)) is amended by adding at the end the following new paragraph:

“(23) Required Attestation for Department of a Provider.—

“(A) In General.—In order to receive payment under this subsection, or under an applicable payment system pursuant to paragraph (21), for items and services furnished on or after January 1, 2026, by a department of a provider (as defined in section 413.65 of title 42, Code of Federal Regulations), a hospital shall submit to the Secretary, not less frequently than once every 2 years, an attestation that such provider is compliant with the requirements described in section 413.65 of title 42, Code of Federal Regulations (or a successor regulation).

“(B) Process for Submission and Review.—Not later than 1 year after the date of enactment of this Act, the Secretary shall, through notice and comment rulemaking, estab-
lish a process for each hospital to submit an attestation pursuant to subparagraph (A), and for the Secretary to review each such attestation and determine whether such hospital is compliant with the requirements described in such subparagraph.”.