

115TH CONGRESS
1ST SESSION

H. R. 3178

AN ACT

To amend title XVIII of the Social Security Act to improve the delivery of home infusion therapy and dialysis and the application of the Stark rule under the Medicare program, 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,*

1 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

2 (a) SHORT TITLE.—This Act may be cited as the
3 “Medicare Part B Improvement Act of 2017”.

4 (b) TABLE OF CONTENTS.—The table of contents of
5 this Act is as follows:

Sec. 1. Short title; table of contents.

TITLE I—IMPROVEMENTS IN PROVISION OF HOME INFUSION
THERAPY

Sec. 101. Home infusion therapy services temporary transitional payment.

Sec. 102. Extension of Medicare Patient IVIG Access Demonstration Project.

Sec. 103. Orthotist’s and prosthetist’s clinical notes as part of the patient’s
medical record.

TITLE II—IMPROVEMENTS IN DIALYSIS SERVICES

Sec. 201. Independent accreditation for dialysis facilities and assurance of high
quality surveys.

Sec. 202. Expanding access to home dialysis therapy.

TITLE III—IMPROVEMENTS IN APPLICATION OF STARK RULE

Sec. 301. Modernizing the application of the Stark rule under Medicare.

Sec. 302. Funds from the Medicare Improvement Fund.

6 **TITLE I—IMPROVEMENTS IN**
7 **PROVISION OF HOME INFU-**
8 **SION THERAPY**

9 **SEC. 101. HOME INFUSION THERAPY SERVICES TEM-**
10 **PORARY TRANSITIONAL PAYMENT.**

11 (a) IN GENERAL.—Section 1834(u) of the Social Se-
12 curity Act (42 U.S.C. 1395m(u)) is amended, by adding
13 at the end the following new paragraph:

14 “(7) HOME INFUSION THERAPY SERVICES TEM-
15 PORARY TRANSITIONAL PAYMENT.—

16 “(A) TEMPORARY TRANSITIONAL PAY-
17 MENT.—

1 “(i) IN GENERAL.—The Secretary
2 shall, in accordance with the payment
3 methodology described in subparagraph
4 (B) and subject to the provisions of this
5 paragraph, provide a home infusion ther-
6 apy services temporary transitional pay-
7 ment under this part to an eligible home
8 infusion supplier (as defined in subpara-
9 graph (F)) for items and services described
10 in subparagraphs (A) and (B) of section
11 1861(iii)(2)) furnished during the period
12 specified in clause (ii) by such supplier in
13 coordination with the furnishing of transi-
14 tional home infusion drugs (as defined in
15 clause (iii)).

16 “(ii) PERIOD SPECIFIED.—For pur-
17 poses of clause (i), the period specified in
18 this clause is the period beginning on Jan-
19 uary 1, 2019, and ending on the day be-
20 fore the date of the implementation of the
21 payment system under paragraph (1)(A).

22 “(iii) TRANSITIONAL HOME INFUSION
23 DRUG DEFINED.—For purposes of this
24 paragraph, the term ‘transitional home in-
25 fusion drug’ has the meaning given to the

1 term ‘home infusion drug’ under section
2 1861(iii)(3)(C)), except that clause (ii) of
3 such section shall not apply if a drug de-
4 scribed in such clause is identified in
5 clauses (i), (ii), (iii) or (iv) of subpara-
6 graph (C) as of the date of the enactment
7 of this paragraph.

8 “(B) PAYMENT METHODOLOGY.—For pur-
9 poses of this paragraph, the Secretary shall es-
10 tablish a payment methodology, with respect to
11 items and services described in subparagraph
12 (A)(i). Under such payment methodology the
13 Secretary shall—

14 “(i) create the three payment cat-
15 egories described in clauses (i), (ii), and
16 (iii) of subparagraph (C);

17 “(ii) assign drugs to such categories,
18 in accordance with such clauses;

19 “(iii) assign appropriate Healthcare
20 Common Procedure Coding System
21 (HCPCS) codes to each payment category;
22 and

23 “(iv) establish a single payment
24 amount for each such payment category, in
25 accordance with subparagraph (D), for

1 each infusion drug administration calendar
2 day in the individual's home for drugs as-
3 signed to such category.

4 “(C) PAYMENT CATEGORIES.—

5 “(i) PAYMENT CATEGORY 1.—The
6 Secretary shall create a payment category
7 1 and assign to such category drugs which
8 are covered under the Local Coverage De-
9 termination on External Infusion Pumps
10 (LCD number L33794) and billed with the
11 following HCPCS codes (as identified as of
12 July 1, 2017, and as subsequently modi-
13 fied by the Secretary): J0133, J0285,
14 J0287, J0288, J0289, J0895, J1170,
15 J1250, J1265, J1325, J1455, J1457,
16 J1570, J2175, J2260, J2270, J2274,
17 J2278, J3010, or J3285.

18 “(ii) PAYMENT CATEGORY 2.—The
19 Secretary shall create a payment category
20 2 and assign to such category drugs which
21 are covered under such local coverage de-
22 termination and billed with the following
23 HCPCS codes (as identified as of July 1,
24 2017, and as subsequently modified by the

Secretary): J1559 JB, J1561 JB, J1562 JB, J1569 JB, or J1575 JB.

“(iii) PAYMENT CATEGORY 3.—The Secretary shall create a payment category 3 and assign to such category drugs which are covered under such local coverage determination and billed with the following HCPCS codes (as identified as of July 1, 2017, and as subsequently modified by the Secretary): J9000, J9039, J9040, J9065, J9100, J9190, J9200, J9360, or J9370.

“(iv) INFUSION DRUGS NOT OTHERWISE INCLUDED.—With respect to drugs that are not included in payment category 1, 2, or 3 under clause (i), (ii), or (iii), respectively, the Secretary shall assign to the most appropriate of such categories, as determined by the Secretary, drugs which are—

“(I) covered under such local coverage determination and billed under HCPCS codes J7799 or J7999 (as identified as of July 1, 2017, and as subsequently modified by the Secretary); or

1 “(II) billed under any code that
2 is implemented after the date of the
3 enactment of this paragraph and in-
4 cluded in such local coverage deter-
5 mination or included in subregulatory
6 guidance as a home infusion drug de-
7 scribed in subparagraph (A)(i).

8 “(D) PAYMENT AMOUNTS.—

9 “(i) IN GENERAL.—Under the pay-
10 ment methodology, the Secretary shall pay
11 eligible home infusion suppliers, with re-
12 spect to items and services described in
13 subparagraph (A)(i) furnished during the
14 period described in subparagraph (A)(ii) by
15 such supplier to an individual, at amounts
16 equal to the amounts determined under the
17 physician fee schedule established under
18 section 1848 for services furnished during
19 the year for codes and units of such codes
20 described in clauses (ii), (iii), and (iv) with
21 respect to drugs included in the payment
22 category under subparagraph (C) specified
23 in the respective clause, determined with-
24 out application of the geographic adjust-
25 ment under subsection (e) of such section.

1 “(ii) PAYMENT AMOUNT FOR CAT-
2 EGORY 1.—For purposes of clause (i), the
3 codes and units described in this clause,
4 with respect to drugs included in payment
5 category 1 described in subparagraph
6 (C)(i), are one unit of HCPCS code 96365
7 plus four units of HCPCS code 96366 (as
8 identified as of July 1, 2017, and as subse-
9 quently modified by the Secretary).

10 “(iii) PAYMENT AMOUNT FOR CAT-
11 EGORY 2.—For purposes of clause (i), the
12 codes and units described in this clause,
13 with respect to drugs included in payment
14 category 2 described in subparagraph
15 (C)(i), are one unit of HCPCS code 96369
16 plus four units of HCPCS code 96370 (as
17 identified as of July 1, 2017, and as subse-
18 quently modified by the Secretary).

19 “(iv) PAYMENT AMOUNT FOR CAT-
20 EGORY 3.—For purposes of clause (i), the
21 codes and units described in this clause,
22 with respect to drugs included in payment
23 category 3 described in subparagraph
24 (C)(i), are one unit of HCPCS code 96413
25 plus four units of HCPCS code 96415 (as

1 identified as of July 1, 2017, and as subse-
2 quently modified by the Secretary).

3 “(E) CLARIFICATIONS.—

4 “(i) INFUSION DRUG ADMINISTRATION
5 DAY.—For purposes of this subsection, a
6 reference, with respect to the furnishing of
7 transitional home infusion drugs or home
8 infusion drugs to an individual by an eligi-
9 ble home infusion supplier, to payment to
10 such supplier for an infusion drug adminis-
11 tration calendar day in the individual’s
12 home shall refer to payment only for the
13 date on which professional services (as de-
14 scribed in section 1861(iii)(2)(A)) were
15 furnished to administer such drugs to such
16 individual. For purposes of the previous
17 sentence, an infusion drug administration
18 calendar day shall include all such drugs
19 administered to such individual on such
20 day.

21 “(ii) TREATMENT OF MULTIPLE
22 DRUGS ADMINISTERED ON SAME INFUSION
23 DRUG ADMINISTRATION DAY.—In the case
24 that an eligible home infusion supplier,
25 with respect to an infusion drug adminis-

1 tration calendar day in an individual's
2 home, furnishes to such individual transi-
3 tional home infusion drugs which are not
4 all assigned to the same payment category
5 under subparagraph (C), payment to such
6 supplier for such infusion drug administra-
7 tion calendar day in the individual's home
8 shall be a single payment equal to the
9 amount of payment under this paragraph
10 for the drug, among all such drugs so fur-
11 nished to such individual during such cal-
12 endar day, for which the highest payment
13 would be made under this paragraph.

14 “(F) ELIGIBLE HOME INFUSION SUP-
15 PLIERS.—In this paragraph, the term ‘eligible
16 home infusion supplier’ means a supplier that is
17 enrolled under this part as a pharmacy that
18 provides external infusion pumps and external
19 infusion pump supplies and that maintains all
20 pharmacy licensure requirements in the State in
21 which the applicable infusion drugs are admin-
22 istered.

23 “(G) IMPLEMENTATION.—Notwithstanding
24 any other provision of law, the Secretary may

1 implement this paragraph by program instruc-
2 tion or otherwise.”.

3 (b) CONFORMING AMENDMENT.—Section
4 1842(b)(6)(I) of the Social Security Act (42 U.S.C.
5 1395u(b)(6)(I)) is amended by inserting “or, in the case
6 of items and services described in clause (i) of section
7 1834(u)(7)(A) furnished to an individual during the pe-
8 riod described in clause (ii) of such section, payment shall
9 be made to the eligible home infusion therapy supplier”
10 after “payment shall be made to the qualified home infu-
11 sion therapy supplier”.

12 **SEC. 102. EXTENSION OF MEDICARE PATIENT IVIG ACCESS**
13 **DEMONSTRATION PROJECT.**

14 Section 101(b) of the Medicare IVIG Access and
15 Strengthening Medicare and Repaying Taxpayers Act of
16 2012 (42 U.S.C. 1395l note) is amended—

17 (1) in paragraph (1), by inserting after “for a
18 period of 3 years” the following: “and, subject to the
19 availability of funds under subsection (g)—

20 “(A) if the date of enactment of the Medi-
21 care Part B Improvement Act of 2017 is on or
22 before September 30, 2017, for the period be-
23 ginning on October 1, 2017, and ending on De-
24 cember 31, 2020; and

1 “(B) if the date of enactment of such Act
 2 is after September 30, 2017, for the period be-
 3 ginning on the date of enactment of such Act
 4 and ending on December 31, 2020’ ”; and

5 (2) in paragraph (2), by adding at the end the
 6 following new sentences: “Subject to the preceding
 7 sentence, a Medicare beneficiary enrolled in the dem-
 8 onstration project on September 30, 2017, shall be
 9 automatically enrolled during the period beginning
 10 on the date of the enactment of the Medicare Part
 11 B Improvement Act of 2017 and ending on Decem-
 12 ber 31, 2020, without submission of another applica-
 13 tion. Chapter 35 of title 44, United States Code,
 14 shall not apply to any application form used for a
 15 Medicare beneficiary who enrolls in the demonstra-
 16 tion project on or after such date of enactment.”.

17 **SEC. 103. ORTHOTISTS AND PROSTHETISTS CLINICAL**
 18 **NOTES AS PART OF THE PATIENT’S MEDICAL**
 19 **RECORD.**

20 Section 1834(h) of the Social Security Act (42 U.S.C.
 21 1395m(h)) is amended by adding at the end the following
 22 new paragraph:

23 “(5) DOCUMENTATION CREATED BY
 24 ORTHOTISTS AND PROSTHETISTS.—For purposes of
 25 determining the reasonableness and medical neces-

sity of orthotics and prosthetics, documentation created by an orthotist or prosthetist shall be considered part of the individual’s medical record to support documentation created by eligible professionals described in section 1848(k)(3)(B).”.

TITLE II—IMPROVEMENTS IN DIALYSIS SERVICES

SEC. 201. INDEPENDENT ACCREDITATION FOR DIALYSIS FACILITIES AND ASSURANCE OF HIGH QUALITY SURVEYS.

(a) ACCREDITATION AND SURVEYS.—

(1) IN GENERAL.—Section 1865 of the Social Security Act (42 U.S.C. 1395bb) is amended—

(A) in subsection (a)—

(i) in paragraph (1), in the matter preceding subparagraph (A), by striking “or the conditions and requirements under section 1881(b)”;

(ii) in paragraph (4), by inserting “(including a renal dialysis facility)” after “facility”; and

(B) by adding at the end the following new subsection:

“(e) With respect to an accreditation body that has received approval from the Secretary under subsection

1 (a)(3)(A) for accreditation of provider entities that are re-
2 quired to meet the conditions and requirements under sec-
3 tion 1881(b), in addition to review and oversight authori-
4 ties otherwise applicable under this title, the Secretary
5 shall (as the Secretary determines appropriate) conduct,
6 with respect to such accreditation body and provider enti-
7 ties, any or all of the following as frequently as is other-
8 wise required to be conducted under this title with respect
9 to other accreditation bodies or other provider entities:

10 “(1) Validation surveys referred to in sub-
11 section (d).

12 “(2) Accreditation program reviews (as defined
13 in section 488.8(c) of title 42 of the Code of Federal
14 Regulations, or a successor regulation).

15 “(3) Performance reviews (as defined in section
16 488.8(a) of title 42 of the Code of Federal Regula-
17 tions, or a successor regulation).”.

18 (2) TIMING FOR ACCEPTANCE OF REQUESTS
19 FROM ACCREDITATION ORGANIZATIONS.—Not later
20 than 90 days after the date of enactment of this
21 Act, the Secretary of Health and Human Services
22 shall begin accepting requests from national accredi-
23 tation bodies for a finding described in section
24 1865(a)(3)(A) of the Social Security Act (42 U.S.C.
25 1395bb(a)(3)(A)) for purposes of accrediting pro-

1 vider entities that are required to meet the condi-
 2 tions and requirements under section 1881(b) of
 3 such Act (42 U.S.C. 1395rr(b)).

4 (b) REQUIREMENT FOR TIMING OF SURVEYS OF
 5 NEW DIALYSIS FACILITIES.—Section 1881(b)(1) of the
 6 Social Security Act (42 U.S.C. 1395rr(b)(1)) is amended
 7 by adding at the end the following new sentence: “Begin-
 8 ning 180 days after the date of the enactment of this sen-
 9 tence, an initial survey of a provider of services or a renal
 10 dialysis facility to determine if the conditions and require-
 11 ments under this paragraph are met shall be initiated not
 12 later than 90 days after such date on which both the pro-
 13 vider enrollment form (without regard to whether such
 14 form is submitted prior to or after such date of enactment)
 15 has been determined by the Secretary to be complete and
 16 the provider’s enrollment status indicates approval is
 17 pending the results of such survey.”.

18 **SEC. 202. EXPANDING ACCESS TO HOME DIALYSIS THER-**
 19 **APY.**

20 (a) ALLOWING USE OF TELEHEALTH FOR MONTHLY
 21 END STAGE RENAL DISEASE-RELATED VISITS.—

22 (1) IN GENERAL.—Paragraph (3) of section
 23 1881(b) of the Social Security Act (42 U.S.C.
 24 1395rr(b)) is amended—

1 (A) by redesignating subparagraphs (A)
2 and (B) as clauses (i) and (ii), respectively;

3 (B) in clause (i), as redesignated by sub-
4 paragraph (A), by striking “under this subpara-
5 graph” and inserting “under this clause”;

6 (C) in clause (ii), as redesignated by sub-
7 paragraph (A), by inserting “subject to sub-
8 paragraph (B),” before “on a comprehensive”;

9 (D) by striking “With respect to” and in-
10 serting “(A) With respect to”; and

11 (E) by adding at the end the following new
12 subparagraph:

13 “(B)(i) Subject to clause (ii), an individual who is
14 determined to have end stage renal disease and who is re-
15 ceiving home dialysis may choose to receive monthly end
16 stage renal disease-related visits, furnished on or after
17 January 1, 2019, via telehealth.

18 “(ii) Clause (i) shall apply to an individual only if
19 the individual receives a face-to-face visit, without the use
20 of telehealth—

21 “(I) in the case of the initial 3 months of home
22 dialysis of such individual, at least monthly; and

23 “(II) after such initial 3 months, at least once
24 every 3 consecutive months.”.

1 (2) CONFORMING AMENDMENT.—Paragraph (1)
 2 of such section is amended by striking “paragraph
 3 (3)(A)” and inserting “paragraph (3)(A)(i)”.

4 (b) EXPANDING ORIGINATING SITES FOR TELE-
 5 HEALTH TO INCLUDE RENAL DIALYSIS FACILITIES AND
 6 THE HOME FOR PURPOSES OF MONTHLY END STAGE
 7 RENAL DISEASE-RELATED VISITS.—

8 (1) IN GENERAL.—Section 1834(m) of the So-
 9 cial Security Act (42 U.S.C. 1395m(m)) is amend-
 10 ed—

11 (A) in paragraph (4)(C)(ii), by adding at
 12 the end the following new subclauses:

13 “(IX) A renal dialysis facility,
 14 but only for purposes of section
 15 1881(b)(3)(B).

16 “(X) The home of an individual,
 17 but only for purposes of section
 18 1881(b)(3)(B).”; and

19 (B) by adding at the end the following new
 20 paragraph:

21 “(5) TREATMENT OF HOME DIALYSIS MONTHLY
 22 ESRD-RELATED VISIT.—The geographic require-
 23 ments described in paragraph (4)(C)(i) shall not
 24 apply with respect to telehealth services furnished on
 25 or after January 1, 2019, for purposes of section

1 1881(b)(3)(B), at an originating site described in
 2 subclause (VI), (IX), or (X) of paragraph
 3 (4)(C)(ii)), subject to applicable State law require-
 4 ments, including State licensure requirements.”.

5 (2) NO FACILITY FEE IF ORIGINATING SITE
 6 FOR HOME DIALYSIS THERAPY IS THE HOME.—Sec-
 7 tion 1834(m)(2)(B) of the Social Security (42
 8 U.S.C. 1395m(m)(2)(B)) is amended—

9 (A) by redesignating clauses (i) and (ii) as
 10 subclauses (I) and (II), respectively, and by in-
 11 denting each of such subclauses 2 ems to the
 12 right;

13 (B) in subclause (II), as redesignated by
 14 subparagraph (A), by striking “clause (i) or
 15 this clause” and inserting “subclause (I) or this
 16 subclause”;

17 (C) by striking “SITE.—With respect to”
 18 and inserting “SITE.—

19 “(i) IN GENERAL.—Subject to clause
 20 (ii), with respect to”; and

21 (D) by adding at the end the following new
 22 clause:

23 “(ii) NO FACILITY FEE IF ORIGI-
 24 NATING SITE FOR HOME DIALYSIS THER-
 25 APY IS THE HOME.—No facility fee shall

1 be paid under this subparagraph to an
2 originating site described in subclause (X)
3 of paragraph (4)(C)(ii).”.

4 (c) CLARIFICATION REGARDING TELEHEALTH PRO-
5 VIDED TO BENEFICIARIES.—Section 1128A(i)(6) of the
6 Social Security Act (42 U.S.C. 1320a–7a(i)(6)) is amend-
7 ed—

8 (1) in subparagraph (H), by striking “; or” and
9 inserting a semicolon;

10 (2) in subparagraph (I), by striking the period
11 at the end and inserting “; or”; and

12 (3) by adding at the end the following new sub-
13 paragraph:

14 “(J) the provision of telehealth tech-
15 nologies on or after January 1, 2019, to indi-
16 viduals with end stage renal disease under title
17 XVIII by a health care provider for the purpose
18 of furnishing of telehealth.”.

19 (d) STUDY AND REPORT ON FURTHER EXPAN-
20 SION.—

21 (1) STUDY.—The Comptroller General of the
22 United States shall conduct a study to examine the
23 feasibility, benefits, and drawbacks of expanding the
24 use of telehealth and store-and-forward technologies
25 under the Medicare program under title XVIII of

the Social Security Act for items and services included in renal dialysis services, as such term is defined in section 1881(b)(14)(B) of such Act (42 U.S.C. 1395rr(b)(14)(B)).

(2) REPORT.—Not later than 2 years after the date of the enactment of this Act, the Comptroller General shall submit to Congress a report on the results of the study conducted under paragraph (1).

TITLE III—IMPROVEMENTS IN APPLICATION OF STARK RULE

SEC. 301. MODERNIZING THE APPLICATION OF THE STARK RULE UNDER MEDICARE.

(a) CLARIFICATION OF THE WRITING REQUIREMENT AND SIGNATURE REQUIREMENT FOR ARRANGEMENTS PURSUANT TO THE STARK RULE.—

(1) WRITING REQUIREMENT.—Section 1877(h)(1) of the Social Security Act (42 U.S.C. 1395nn(h)(1)) is amended by adding at the end the following new subparagraph:

“(D) WRITTEN REQUIREMENT CLARIFIED.—In the case of any requirement pursuant to this section for a compensation arrangement to be in writing, such requirement shall be satisfied by such means as determined by the Secretary, including by a collection of documents, including contemporaneous docu-

1 ments evidencing the course of conduct between the
2 parties involved.”.

3 (2) SIGNATURE REQUIREMENT.—Section
4 1877(h)(1) of the Social Security Act (42 U.S.C.
5 1395nn(h)(1)), as amended by paragraph (1), is fur-
6 ther amended by adding at the end the following
7 new subparagraph:

8 “(E) SPECIAL RULE FOR SIGNATURE RE-
9 QUIREMENTS.—In the case of any requirement
10 pursuant to this section for a compensation ar-
11 rangement to be in writing and signed by the
12 parties, such signature requirement shall be
13 met if—

14 “(i) not later than 90 consecutive cal-
15 endar days immediately following the date
16 on which the compensation arrangement
17 became noncompliant, the parties obtain
18 the required signatures; and

19 “(ii) the compensation arrangement
20 otherwise complies with all criteria of the
21 applicable exception.”.

22 (b) INDEFINITE HOLDOVER FOR LEASE ARRANGE-
23 MENTS AND PERSONAL SERVICES ARRANGEMENTS PUR-
24 SUANT TO THE STARK RULE.—Section 1877(e) of the So-
25 cial Security Act (42 U.S.C. 1395nn(e)) is amended—

(1) in paragraph (1), by adding at the end the following new subparagraph:

“(C) **HOLDOVER LEASE ARRANGEMENTS.**—In the case of a holdover lease arrangement for the lease of office space or equipment, which immediately follows a lease arrangement described in subparagraph (A) for the use of such office space or subparagraph (B) for the use of such equipment and that expired after a term of at least 1 year, payments made by the lessee to the lessor pursuant to such holdover lease arrangement, if—

“(i) the lease arrangement met the conditions of subparagraph (A) for the lease of office space or subparagraph (B) for the use of equipment when the arrangement expired;

“(ii) the holdover lease arrangement is on the same terms and conditions as the immediately preceding arrangement; and

“(iii) the holdover arrangement continues to satisfy the conditions of subparagraph (A) for the lease of office space or subparagraph (B) for the use of equipment.”; and

(2) in paragraph (3), by adding at the end the following new subparagraph:

“(C) **HOLDOVER PERSONAL SERVICE ARRANGEMENT.**—In the case of a holdover personal service arrangement, which immediately follows an arrangement described in subparagraph (A) that expired after a term of at least 1 year, remuneration from an entity pursuant to such holdover personal service arrangement, if—

“(i) the personal service arrangement met the conditions of subparagraph (A) when the arrangement expired;

“(ii) the holdover personal service arrangement is on the same terms and conditions as the immediately preceding arrangement; and

“(iii) the holdover arrangement continues to satisfy the conditions of subparagraph (A).”.

SEC. 302. FUNDS FROM THE MEDICARE IMPROVEMENT FUND.

Section 1898(b)(1) of the Social Security Act (42 U.S.C. 1395iii(b)(1)) is amended by striking “during and

- 1 after fiscal year 2021, \$270,000,000” and inserting “dur-
- 2 ing and after fiscal year 2021, \$245,000,000”.

Passed the House of Representatives July 25, 2017.

Attest:

Clerk.

115TH CONGRESS
1ST Session

H. R. 3178

AN ACT

To amend title XVIII of the Social Security Act to improve the delivery of home infusion therapy and dialysis and the application of the Stark rule under the Medicare program, and for other purposes.