

116TH CONGRESS
1ST SESSION

H. R. 525

IN THE SENATE OF THE UNITED STATES

FEBRUARY 26, 2019

Received; read twice and referred to the Committee on Finance

AN ACT

To amend title XI of the Social Security Act to direct the Secretary of Health and Human Services to establish a public-private partnership for purposes of identifying health care waste, fraud, and abuse.

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.**

2 This Act may be cited as the “Strengthening the
3 Health Care Fraud Prevention Task Force Act of 2019”.

4 **SEC. 2. PUBLIC-PRIVATE PARTNERSHIP FOR HEALTH CARE**
5 **WASTE, FRAUD, AND ABUSE DETECTION.**

6 (a) IN GENERAL.—Section 1128C(a) of the Social
7 Security Act (42 U.S.C. 1320a–7c(a)) is amended by add-
8 ing at the end the following new paragraph:

9 “(6) PUBLIC-PRIVATE PARTNERSHIP FOR
10 WASTE, FRAUD, AND ABUSE DETECTION.—

11 “(A) IN GENERAL.—Under the program
12 described in paragraph (1), there is established
13 a public-private partnership (in this paragraph
14 referred to as the ‘partnership’) of health plans,
15 Federal and State agencies, law enforcement
16 agencies, health care anti-fraud organizations,
17 and any other entity determined appropriate by
18 the Secretary (in this paragraph referred to as
19 ‘partners’) for purposes of detecting and pre-
20 venting health care waste, fraud, and abuse.

21 “(B) CONTRACT WITH TRUSTED THIRD
22 PARTY.—In carrying out the partnership, the
23 Secretary shall enter into a contract with a
24 trusted third party for purposes of carrying out
25 the duties of the partnership described in sub-
26 paragraph (C).

1 “(C) DUTIES OF PARTNERSHIP.—The
2 partnership shall—

3 “(i) provide technical and operational
4 support to facilitate data sharing between
5 partners in the partnership;

6 “(ii) analyze data so shared to iden-
7 tify fraudulent and aberrant billing pat-
8 terns;

9 “(iii) conduct aggregate analyses of
10 health care data so shared across Federal,
11 State, and private health plans for pur-
12 poses of detecting fraud, waste, and abuse
13 schemes;

14 “(iv) identify outlier trends and poten-
15 tial vulnerabilities of partners in the part-
16 nership with respect to such schemes;

17 “(v) refer specific cases of potential
18 unlawful conduct to appropriate govern-
19 mental entities;

20 “(vi) convene, not less than annually,
21 meetings with partners in the partnership
22 for purposes of providing updates on the
23 partnership’s work and facilitating infor-
24 mation sharing between the partners;

1 “(vii) enter into data sharing and
2 data use agreements with partners in the
3 partnership in such a manner so as to en-
4 sure the partnership has access to data
5 necessary to identify waste, fraud, and
6 abuse while maintaining the confidentiality
7 and integrity of such data;

8 “(viii) provide partners in the partner-
9 ship with plan-specific, confidential feed-
10 back on any aberrant billing patterns or
11 potential fraud identified by the partner-
12 ship with respect to such partner;

13 “(ix) establish a process by which en-
14 tities described in subparagraph (A) may
15 enter the partnership and requirements
16 such entities must meet to enter the part-
17 nership;

18 “(x) provide appropriate training, out-
19 reach, and education to partners based on
20 the results of data analyses described in
21 clauses (ii) and (iii); and

22 “(xi) perform such other duties as the
23 Secretary determines appropriate.

24 “(D) SUBSTANCE USE DISORDER TREAT-
25 MENT ANALYSIS.—Not later than 2 years after

1 the date of the enactment of the Strengthening
2 the Health Care Fraud Prevention Task Force
3 Act of 2019, the trusted third party with a con-
4 tract in effect under subparagraph (B) shall
5 perform an analysis of aberrant or fraudulent
6 billing patterns and trends with respect to pro-
7 viders and suppliers of substance use disorder
8 treatments from data shared with the partner-
9 ship.

10 “(E) EXECUTIVE BOARD.—

11 “(i) EXECUTIVE BOARD COMPOSI-
12 TION.—

13 “(I) IN GENERAL.—There shall
14 be an executive board of the partner-
15 ship comprised of representatives of
16 the Federal Government and rep-
17 resentatives of the private sector se-
18 lected by the Secretary.

19 “(II) CHAIRS.—The executive
20 board shall be co-chaired by one Fed-
21 eral Government official and one rep-
22 resentative from the private sector.

23 “(ii) MEETINGS.—The executive
24 board of the partnership shall meet at
25 least once per year.

1 “(iii) EXECUTIVE BOARD DUTIES.—

2 The duties of the executive board shall in-
3 clude the following:

4 “(I) Providing strategic direction
5 for the partnership, including mem-
6 bership criteria and a mission state-
7 ment.

8 “(II) Communicating with the
9 leadership of the Department of
10 Health and Human Services and the
11 Department of Justice and the var-
12 ious private health sector associations.

13 “(F) REPORTS.—Not later than September
14 30, 2021, and every 2 years thereafter, the Sec-
15 retary shall submit to Congress and make avail-
16 able on the public website of the Centers for
17 Medicare & Medicaid Services a report con-
18 taining—

19 “(i) a review of activities conducted by
20 the partnership over the 2-year period end-
21 ing on the date of the submission of such
22 report, including any progress to any ob-
23 jectives established by the partnership;

24 “(ii) any savings voluntarily reported
25 by health plans participating in the part-

1 nership attributable to the partnership
2 during such period;

3 “(iii) any savings to the Federal Gov-
4 ernment attributable to the partnership
5 during such period;

6 “(iv) any other outcomes attributable
7 to the partnership, as determined by the
8 Secretary, during such period; and

9 “(v) a strategic plan for the 2-year
10 period beginning on the day after the date
11 of the submission of such report, including
12 a description of any emerging fraud and
13 abuse schemes, trends, or practices that
14 the partnership intends to study during
15 such period.

16 “(G) FUNDING.—The partnership shall be
17 funded by amounts otherwise made available to
18 the Secretary for carrying out the program de-
19 scribed in paragraph (1).

20 “(H) TRANSITIONAL PROVISIONS.—To the
21 extent consistent with this subsection, all func-
22 tions, personnel, assets, liabilities, and adminis-
23 trative actions applicable on the date before the
24 date of the enactment of this paragraph to the
25 National Fraud Prevention Partnership estab-

1 lished on September 17, 2012, by charter of the
2 Secretary shall be transferred to the partner-
3 ship established under subparagraph (A) as of
4 the date of the enactment of this paragraph.

5 “(I) NONAPPLICABILITY OF FACA.—The
6 provisions of the Federal Advisory Committee
7 Act shall not apply to the partnership estab-
8 lished by subparagraph (A).

9 “(J) IMPLEMENTATION.—Notwithstanding
10 any other provision of law, the Secretary may
11 implement the partnership established by sub-
12 paragraph (A) by program instruction or other-
13 wise.

14 “(K) DEFINITION.—For purposes of this
15 paragraph, the term ‘trusted third party’ means
16 an entity that—

17 “(i) demonstrates the capability to
18 carry out the duties of the partnership de-
19 scribed in subparagraph (C);

20 “(ii) complies with such conflict of in-
21 terest standards determined appropriate by
22 the Secretary; and

23 “(iii) meets such other requirements
24 as the Secretary may prescribe.”.

1 (b) POTENTIAL EXPANSION OF PUBLIC-PRIVATE
2 PARTNERSHIP ANALYSES.—Not later than 2 years after
3 the date of the enactment of this Act, the Secretary of
4 Health and Human Services shall conduct a study and
5 submit to Congress a report on the feasibility of the part-
6 nership (as described in section 1128C(a)(6) of the Social
7 Security Act, as added by subsection (a)) establishing a
8 system to conduct real-time data analysis to proactively
9 identify ongoing as well as emergent fraud trends for the
10 entities participating in the partnership and provide such
11 entities with real-time feedback on potentially fraudulent
12 claims. Such report shall include the estimated cost of and
13 any potential barriers to the partnership establishing such
14 a system.

Passed the House of Representatives February 25,
2019.

Attest:

CHERYL L. JOHNSON,

Clerk.