

117TH CONGRESS  
1ST SESSION

# H. R. 5883

To establish a value-based care program to exempt eligible rural health clinics from certain payment limitations, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

NOVEMBER 4, 2021

Ms. SEWELL (for herself and Mr. SMITH of Nebraska) 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

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## A BILL

To establish a value-based care program to exempt eligible rural health clinics from certain payment limitations, 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 “Rural Health Fairness  
5 in Competition Act”.

1 **SEC. 2. MEDICARE RURAL HEALTH CLINIC VALUE-BASED**  
2 **CARE PROGRAM.**

3 (a) MEDICARE RURAL HEALTH CLINIC VALUE-  
4 BASED PROGRAM.—Not later than 90 days after the date  
5 of the enactment of this Act, the Secretary of Health and  
6 Human Services (hereinafter referred to as the “Sec-  
7 retary”) shall establish a Medicare Rural Health Clinic  
8 Value-Based Care Program under which an eligible clinic  
9 (as defined in subsection (b)(1)(B)) shall be exempt from  
10 any limitation on payment established under section  
11 1833(a) of the Social Security Act (42 U.S.C. 1395l(a))  
12 if such clinic submits reports required under subsection  
13 (b)(2).

14 (b) PROGRAM REQUIREMENTS.—

15 (1) APPLICATION.—

16 (A) IN GENERAL.—The Secretary shall es-  
17 tablish a process by which an eligible clinic may  
18 apply for participation in the program described  
19 in subsection (a).

20 (B) ELIGIBLE CLINIC.—For purposes of  
21 this section, an eligible clinic is a rural health  
22 clinic (as defined in section 1861(aa)(2) of the  
23 Social Security Act (42 U.S.C. 1395x(aa)(2)))  
24 that—

1 (i) is owned or operated by a hospital,  
2 including a critical access hospital, with  
3 less than 50 beds;

4 (ii) is enrolled under section 1866(j)  
5 of such Act (including temporary enroll-  
6 ment during the emergency period de-  
7 scribed in section 1135(g)(1)(B) of such  
8 Act); and

9 (iii) meets the reporting requirements  
10 established under paragraph (2); or

11 (iv) is participating in a Medicare  
12 quality program, including the National  
13 Committee for Quality Assurance Patient-  
14 Centered Medical Home Recognition Pro-  
15 gram, or another value-based care program  
16 as determined by the Secretary.

17 (2) REPORTS.—

18 (A) IN GENERAL.—Not later than the end  
19 of the first calendar year in which an eligible  
20 clinic participates in the program described  
21 under subsection (a), and annually thereafter,  
22 each eligible clinic shall submit to the Adminis-  
23 trator of the Centers for Medicare & Medicaid  
24 Services a report on the quality measures de-  
25 scribed in subsection (c)(1).

1           (B) SUBSEQUENT YEARS.—Not later than  
2           the end of the third calendar year in which an  
3           eligible clinic has participated in the program  
4           described under subsection (a), and annually  
5           thereafter, such eligible clinic shall submit to  
6           the Administrator a report containing the infor-  
7           mation required under subparagraph (A), and  
8           may submit additional information with respect  
9           to performance measures (described in sub-  
10          section (c)(2)) as the Administrator may re-  
11          quire.

12          (C) PUBLICATION OF REPORTS.—Not later  
13          than 90 days after the last day of each calendar  
14          year for which an eligible clinic has submitted  
15          a report pursuant to this paragraph, the Ad-  
16          ministrator shall make such report publicly  
17          available on the website of the Centers for  
18          Medicare & Medicaid Services.

19          (3) DURATION.—The exemption from payment  
20          limitations under section 1833(a) shall apply for as  
21          long as an eligible clinic meets the requirements set  
22          forth in this subsection.

23          (c) SELECTION OF QUALITY MEASURES; PERFORM-  
24          ANCE STANDARDS.—

1           (1) SELECTION OF QUALITY MEASURES.—Not  
2 later than 90 days after the date of the enactment  
3 of this Act, the Secretary shall select quality meas-  
4 ures for purposes of the reporting requirements  
5 under subsection (b)(2). In selecting quality meas-  
6 ures, the Secretary shall select such measure that  
7 are—

- 8                   (A) used in existing programs;  
9                   (B) focused on primary care; or  
10                  (C) based on input from stakeholders.

11           (2) PERFORMANCE STANDARDS.—Not later  
12 than 2 years after the date of the enactment of this  
13 Act, the Secretary may establish performance meas-  
14 urements standards for purposes of the reporting re-  
15 quirements under subsection (b)(2).

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