

116TH CONGRESS
1ST SESSION

H. R. 2552

To direct the Secretary of Health and Human Services to prevent certain payment reductions for clinic visit services furnished at excepted off-campus outpatient departments of a provider under the Medicare program.

IN THE HOUSE OF REPRESENTATIVES

MAY 7, 2019

Mr. KILMER (for himself and Ms. STEFANIK) 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

A BILL

To direct the Secretary of Health and Human Services to prevent certain payment reductions for clinic visit services furnished at excepted off-campus outpatient departments of a provider under the Medicare program.

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 “Protecting Local Ac-
5 cess to Care for Everyone Act of 2019” or the “PLACE
6 Act of 2019”.

1 **SEC. 2. PREVENTING CERTAIN PAYMENT REDUCTIONS FOR**
2 **CLINIC VISIT SERVICES FURNISHED AT EX-**
3 **CEPTED OFF-CAMPUS OUTPATIENT DEPART-**
4 **MENTS OF A PROVIDER UNDER THE MEDI-**
5 **CARE PROGRAM.**

6 (a) IN GENERAL.—The Secretary of Health and
7 Human Services shall, for purposes of payment under part
8 B of title XVIII of the Social Security Act (42 U.S.C.
9 1395j et seq.) for clinic visit services (as defined in sub-
10 section (c)) furnished during the period beginning on Jan-
11 uary 1, 2019, and ending on December 31, 2020, by an
12 applicable provider (as defined in such subsection), treat
13 such services as if such services had been furnished by
14 a department of a provider located on the campus (as de-
15 fined in section 413.65(a)(2) of title 42, Code of Federal
16 Regulations (or any successor regulation)) of such pro-
17 vider.

18 (b) REIMBURSEMENT.—In the case of such clinic
19 visit services furnished during the period described in sub-
20 section (a) by such an applicable provider for which pay-
21 ment has already been made under such part B as of the
22 date of the enactment of this Act, the Secretary of Health
23 and Human Services shall promptly reimburse such pro-
24 vider in an amount equal to the difference between the
25 payment for such services under subsection (a) and the
26 amount actually paid for such services.

1 (c) DEFINITIONS.—In this section:

2 (1) APPLICABLE PROVIDER.—The term “appli-
3 cable provider” means a department of a provider
4 that would be an off-campus outpatient department
5 of a provider (as defined in section 1833(t)(21)(B)
6 of the Social Security Act (42 U.S.C.
7 1395l(t)(21)(B)) but for the application of clause
8 (ii) or (iv) of such section.

9 (2) CLINIC VISIT SERVICES.—The term “clinic
10 visit services” means those services identified by
11 Healthcare Common Procedure Coding System code
12 G0463 (or a successor code).

13 (3) DEPARTMENT OF A PROVIDER.—The term
14 “department of a provider” has the meaning given
15 such term in section 413.65(a)(2) of title 42, Code
16 of Federal Regulations, as in effect as of the date
17 of the enactment of this Act.

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