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114TH CONGRESS
2D SESSION

# H. R. 4848

To delay and suspend implementation of a comprehensive care for joint replacement (CJR) payment model for episode-based payment for lower extremity joint replacement (LEJR) under the Medicare program in a budget neutral manner.

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IN THE HOUSE OF REPRESENTATIVES

MARCH 23, 2016

Mr. TOM PRICE of Georgia (for himself and Mr. DAVID SCOTT of Georgia) 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 delay and suspend implementation of a comprehensive care for joint replacement (CJR) payment model for episode-based payment for lower extremity joint replacement (LEJR) under the Medicare program in a budget neutral manner.

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

**SECTION 1. SHORT TITLE.**

This Act may be cited as the ''Healthy Inpatient Procedures Act of 2016'' or the ''HIP Act''.

**SEC. 2. FINDINGS.**

Congress finds the following:

(1) Patient choice has a uniquely positive influence in achieving quality, responsiveness, effectiveness, and efficiency of health care services.

(2) The implementation of a Medicare payment model for comprehensive care for joint replacement (CJR) represents a significant change to the health care delivery system which could have a negative impact on patient choice, access, and quality.

(3) Patients with higher-cost complex surgeries (such as hip fractures and ankle replacement procedures) or who suffer from multiple chronic conditions may especially be at risk in the implementation of that model.

(4) The implementation of that model beginning April 1, 2016, provides physicians, hospitals, and post-acute providers with inadequate time to prepare for this abrupt shift in payment for these high-volume procedures and the changes in care delivery that they require.

**SEC. 3. DELAY AND SUSPENSION OF IMPLEMENTATION OF A COMPREHENSIVE CARE FOR JOINT REPLACEMENT (CJR) MEDICARE PAYMENT MODEL FOR LOWER EXTREMITY JOINT REPLACEMENT (LEJR) IN A BUDGET NEUTRAL MANNER.**

(a) IN GENERAL.—The Secretary of Health and Human Services shall not implement (and shall suspend any further implementation of) before January 1, 2018, the testing of a Comprehensive Care for Joint Replacement Model (CJR) (described in the rule published in the Federal Register on November 24, 2015 (80 Fed. Reg. 73274–73554)) to be conducted under section 1115A of the Social Security Act (42 U.S.C. 1315a) as an episode-based payment model for lower extremity joint replacement (LEJR). This section shall not apply to implementation of such model that has occurred before the date of the enactment of this Act.

(b) CONSTRUCTION.—Nothing in this section shall be construed to affect the authority of the Secretary to require the participation of providers of services, suppliers, and beneficiaries in the testing or expansion of any other innovative payment and service delivery model under section 1115A of the Social Security Act (42 U.S.C. 1315a).

(c) OFFSETTING ADDITIONAL EXPENDITURES THROUGH REDUCTIONS IN AMOUNTS APPROPRIATED TO

THE PREVENTION AND PUBLIC HEALTH TRUST FUND.—Notwithstanding any other provision of law, the amount otherwise appropriated to the Prevention and Public Health Trust Fund under section 4002(b) of the Public Health Service Act (42 U.S.C. 300u–11(b))—

(1) for fiscal year 2017 is reduced (and rescinded) by $180,000,000 (or $185,000,000 if this Act is enacted before July 1, 2016); and

(2) for fiscal year 2018 is reduced (and rescinded) by $50,000,000.

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