

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.

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

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.

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 “Healthy Inpatient Pro-
5 cedures Act of 2016” or the “HIP Act”.

1 **SEC. 2. FINDINGS.**

2 Congress finds the following:

3 (1) Patient choice has a uniquely positive influ-
4 ence in achieving quality, responsiveness, effective-
5 ness, and efficiency of health care services.

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

11 (3) Patients with higher-cost complex surgeries
12 (such as hip fractures and ankle replacement proce-
13 dures) or who suffer from multiple chronic condi-
14 tions may especially be at risk in the implementation
15 of that model.

16 (4) The implementation of that model begin-
17 ning April 1, 2016, provides physicians, hospitals,
18 and post-acute providers with inadequate time to
19 prepare for this abrupt shift in payment for these
20 high-volume procedures and the changes in care de-
21 livery that they require.

1 **SEC. 3. DELAY AND SUSPENSION OF IMPLEMENTATION OF**
2 **A COMPREHENSIVE CARE FOR JOINT RE-**
3 **PLACEMENT (CJR) MEDICARE PAYMENT**
4 **MODEL FOR LOWER EXTREMITY JOINT RE-**
5 **PLACEMENT (LEJR) IN A BUDGET NEUTRAL**
6 **MANNER.**

7 (a) IN GENERAL.—The Secretary of Health and
8 Human Services shall not implement (and shall suspend
9 any further implementation of) before January 1, 2018,
10 the testing of a Comprehensive Care for Joint Replace-
11 ment Model (CJR) (described in the rule published in the
12 Federal Register on November 24, 2015 (80 Fed. Reg.
13 73274–73554)) to be conducted under section 1115A of
14 the Social Security Act (42 U.S.C. 1315a) as an episode-
15 based payment model for lower extremity joint replace-
16 ment (LEJR). This section shall not apply to implementa-
17 tion of such model that has occurred before the date of
18 the enactment of this Act.

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

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

1 THE PREVENTION AND PUBLIC HEALTH TRUST FUND.—

2 Notwithstanding any other provision of law, the amount

3 otherwise appropriated to the Prevention and Public

4 Health Trust Fund under section 4002(b) of the Public

5 Health Service Act (42 U.S.C. 300u–11(b))—

6 (1) for fiscal year 2017 is reduced (and re-

7 scinded) by \$180,000,000 (or \$185,000,000 if this

8 Act is enacted before July 1, 2016); and

9 (2) for fiscal year 2018 is reduced (and re-

10 scinded) by \$50,000,000.

○