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**AMENDMENT TO H.R. 3962**

**OFFERED BY MR. TIM MURPHY OF PENNSYLVANIA, MR. GINGREY OF GEORGIA, MR. ROE OF TENNESSEE, AND MR. BURGESS OF TEXAS**

**[H.R. 3962]**

Add at the end of title IX of division B the following (and conform the table of contents of such division accordingly):

**1 SEC. 1910. MEDICARE REFORM PANEL.**

2 (a) IN GENERAL.—There is established a Medicare  
3 Review Panel to study and provide recommendations on  
4 manners in which the Medicare health care delivery system  
5 under title XVIII of the Social Security Act may be im-  
6 proved through the methods described in subsection (b).

7 (b) METHODS FOR IMPROVEMENT.—The methods  
8 described in this subsection, with respect to the Medicare  
9 program under title XVIII of the Social Security Act, are  
10 the following:

11 (1) BEST PRACTICES.—The use of clinical  
12 standards and protocols for scientific evidence-based  
13 medicine, as established by the specialty academies  
14 and colleges, for health care with a focus on high-  
15 cost chronic conditions, including through the use of

1 disease management programs and collaborative care  
2 models. The aforementioned clinical standards and  
3 protocols shall be used for purposes of improving ef-  
4 ficiency in care delivery, improving patient outcomes,  
5 improvign quality of care, and reducing unnecessary  
6 spending under the Medicare program.

7 (2) REDUCING WASTE.—Ways that the Medi-  
8 care program could address wasteful practices occur-  
9 ring under such program, including but not limited  
10 to unexplained variation in the intensity of medical  
11 and surgical services and the misuse of drug treat-  
12 ments resulting in preventable adverse affects of  
13 medical care.

14 (3) IMPROVING THE EFFICIENCY OF MEDI-  
15 CARE.—Methods to ensure that Medicare keeps pace  
16 with advancements in the medical field and to re-  
17 solve inherent inefficiencies in the program resulting  
18 from the multiple parts of the program, including  
19 recommendations for improving such clinical care  
20 delivery issues, documentation, and accounting sys-  
21 tems; reducing paperwork; and streamlining admin-  
22 istrative procedures.

23 (4) IDENTIFICATION OF FRAUDULENT PRAC-  
24 TICES.—A thorough review of policies under the  
25 Medicare program to establish methods to identify

1       fraudulent practices under such program, such as  
2       the error rate for Medicare payments to durable  
3       medical equipment companies and improper or false  
4       claims under the Medicare program.

5       (c) MEMBERSHIP.—The Medicare Review Panel shall  
6       be composed of, but not limited to, designees from the spe-  
7       cialty academies and colleges of medicine (appointed by  
8       such academies and colleges) with expertise in the rigorous  
9       application of evidence-based scientific methods for the de-  
10      sign of clinical studies, the interpretation of clinical data,  
11      and the development of clinical practice guidelines, includ-  
12      ing a voluntary health organization, clinical specialty, or  
13      other professional organization that represents physicians  
14      based on expertise in the fields of medicine in which each  
15      such physician practices or is board certified.

16      (d) REPORT.—Not later than 9 months after the date  
17      of the enactment of this Act, the Medicare Review Panel  
18      shall submit to Congress its findings and recommenda-  
19      tions pursuant to this section.

20      (e) RELATION TO OTHER PROVISIONS OF DIVI-  
21      SION.—Notwithstanding any other provision of this Act,  
22      none of the provisions of this division which are estimated  
23      to result in a reduction in spending under the Medicare  
24      program shall take effect until after such date on which  
25      the Medicare Review Panel completes its duties under this

1 section, including submission of the report under sub-  
2 section (d).

3 (f) TERMINATION.—The Medicare Review Panel shall  
4 terminate as soon as possible after the submission of the  
5 report under subsection (d).

6 (g) AUTHORIZATION OF APPROPRIATIONS.—There is  
7 authorized to be appropriated to carry out this section  
8 such sums as are necessary.

