

1 (2) in clause (xi), by striking the period at the
2 end and inserting “; and”; and

3 (3) by inserting after clause (xi) the following
4 new clause:

5 “(xii) for the period beginning on De-
6 cember 21, 2019, and ending on May 22,
7 2020, of \$2,110,000.”.

8 (d) **ADDITIONAL FUNDING FOR CONTRACT WITH**
9 **THE NATIONAL CENTER FOR BENEFITS AND OUTREACH**
10 **ENROLLMENT.**—Subsection (d)(2) of such section 119, as
11 so amended, is amended—

12 (1) in clause (x), by striking “and” at the end;

13 (2) in clause (xi), by striking the period at the
14 end and inserting “; and”; and

15 (3) by inserting after clause (xi) the following
16 new clause:

17 “(xii) for the period beginning on De-
18 cember 21, 2019, and ending on May 22,
19 2020, of \$5,063,000.”.

20 **SEC. 104. EXTENSION OF APPROPRIATIONS TO THE PA-**
21 **TIENT-CENTERED OUTCOMES RESEARCH**
22 **TRUST FUND; EXTENSION OF CERTAIN**
23 **HEALTH INSURANCE FEES.**

24 (a) **IN GENERAL.**—Section 9511 of the Internal Rev-
25 enue Code of 1986 is amended—

1 (1) in subsection (b)—

2 (A) in paragraph (1)—

3 (i) by inserting after subparagraph

4 (E) the following new subparagraph:

5 “(F) For each of fiscal years 2020 through
6 2029—

7 “(i) an amount equivalent to the net
8 revenues received in the Treasury from the
9 fees imposed under subchapter B of chap-
10 ter 34 (relating to fees on health insurance
11 and self-insured plans) for such fiscal year;
12 and

13 “(ii) the applicable amount (as de-
14 fined in paragraph (4)) for the fiscal
15 year.”; and

16 (ii) by striking “and (E)(ii)” in the
17 last sentence and inserting “(E)(ii), and
18 (F)(ii)”;

19 (B) by adding at the end the following new
20 paragraph:

21 “(4) APPLICABLE AMOUNT DEFINED.—In para-
22 graph (1)(F)(ii), the term ‘applicable amount’
23 means—

24 “(A) for fiscal year 2020, \$275,500,000;

25 “(B) for fiscal year 2021, \$285,000,000;

1 “(C) for fiscal year 2022, \$293,500,000;
2 “(D) for fiscal year 2023, \$311,500,000;
3 “(E) for fiscal year 2024, \$320,000,000;
4 “(F) for fiscal year 2025, \$338,000,000;
5 “(G) for fiscal year 2026, \$355,500,000;
6 “(H) for fiscal year 2027, \$363,500,000;
7 “(I) for fiscal year 2028, \$381,000,000;

8 and

9 “(J) for fiscal year 2029, \$399,000,000.”;

10 (2) in subsection (d)(2)(A), by striking “2019”

11 and inserting “2029”; and

12 (3) in subsection (f), by striking “December 20,
13 2019” and inserting “September 30, 2029”.

14 (b) HEALTH INSURANCE POLICIES.—Section
15 4375(e) of the Internal Revenue Code of 1986 is amended
16 by striking “2019” and inserting “2029”.

17 (c) SELF-INSURED HEALTH PLANS.—Section
18 4376(e) of the Internal Revenue Code of 1986 is amended
19 by striking “2019” and inserting “2029”.

20 (d) IDENTIFICATION OF RESEARCH PRIORITIES.—

21 Subsection (d)(1)(A) of section 1181 of the Social Secu-
22 rity Act (42 U.S.C. 1320e) is amended by adding at the
23 end the following: “Such national priorities shall include
24 research with respect to intellectual and developmental
25 disabilities and maternal mortality. Such priorities should

1 reflect a balance between long-term priorities and short-
2 term priorities, and be responsive to changes in medical
3 evidence and in health care treatments.”.

4 (e) CONSIDERATION OF FULL RANGE OF OUTCOMES
5 DATA.—Subsection (d)(2) of such section 1181 is amend-
6 ed by adding at the end the following subparagraph:

7 “(F) CONSIDERATION OF FULL RANGE OF
8 OUTCOMES DATA.—Research shall be designed,
9 as appropriate, to take into account and cap-
10 ture the full range of clinical and patient-cen-
11 tered outcomes relevant to, and that meet the
12 needs of, patients, clinicians, purchasers, and
13 policy-makers in making informed health deci-
14 sions. In addition to the relative health out-
15 comes and clinical effectiveness, clinical and pa-
16 tient-centered outcomes shall include the poten-
17 tial burdens and economic impacts of the utili-
18 zation of medical treatments, items, and serv-
19 ices on different stakeholders and decision-mak-
20 ers respectively. These potential burdens and
21 economic impacts include medical out-of-pocket
22 costs, including health plan benefit and for-
23 mulary design, non-medical costs to the patient
24 and family, including caregiving, effects on fu-

1 ture costs of care, workplace productivity and
2 absenteeism, and healthcare utilization.”.

3 (f) BOARD COMPOSITION.—Subsection (f) of such
4 section 1181 is amended—

5 (1) in paragraph (1)—

6 (A) in subparagraph (C)—

7 (i) in the matter preceding clause

8 (i)—

9 (I) by striking “Seventeen” and
10 inserting “At least nineteen, but no
11 more than twenty-one”; and

12 (II) by striking “, not later than
13 6 months after the date of enactment
14 of this section,”; and

15 (ii) in clause (iii), by striking “3” and
16 inserting “at least 3, but no more than 5”;
17 and

18 (2) in paragraph (3)—

19 (A) in the first sentence—

20 (i) by striking the “the members” and
21 inserting “members”; and

22 (ii) by inserting the following before
23 the period at the end: “to the extent nec-
24 essary to preserve the evenly staggered
25 terms of the Board.”; and

1 (B) by inserting the following after the
2 first sentence: “Any member appointed to fill a
3 vacancy occurring before the expiration of the
4 term for which the member’s predecessor was
5 appointed shall be appointed for the remainder
6 of that term and thereafter may be eligible for
7 reappointment to a full term. A member may
8 serve after the expiration of that member’s
9 term until a successor has been appointed.”.

10 (g) METHODOLOGY COMMITTEE APPOINTMENTS.—

11 Such section 1181 is amended—

12 (1) in subsection (d)(6)(B), by striking “Comp-
13 troller General of the United States” and inserting
14 “Board”; and

15 (2) in subsection (h)(4)—

16 (A) in subparagraph (A)(ii), by striking
17 “Comptroller General” and inserting “Board”;
18 and

19 (B) in the first sentence of subparagraph
20 (B), by striking “and of the Government Ac-
21 countability Office”.

22 (h) REPORTS BY THE COMPTROLLER GENERAL OF
23 THE UNITED STATES.—Subsection (g)(2)(A) of such sec-
24 tion 1181 is amended—

1 (1) by striking clause (iv) and inserting the fol-
2 lowing:

3 “(iv) Not less frequently than every 5
4 years, the overall effectiveness of activities
5 conducted under this section and the dis-
6 semination, training, and capacity building
7 activities conducted under section 937 of
8 the Public Health Service Act. Such review
9 shall include the following:

10 “(I) A description of those activi-
11 ties and the financial commitments re-
12 lated to research, training, data ca-
13 pacity building, and dissemination and
14 uptake of research findings.

15 “(II) The extent to which the In-
16 stitute and the Agency for Healthcare
17 Research and Quality have collabo-
18 rated with stakeholders, including pro-
19 vider and payer organizations, to fa-
20 cilitate the dissemination and uptake
21 of research findings.

22 “(III) An analysis of available
23 data and performance metrics, such
24 as the estimated public availability
25 and dissemination of research findings

1 and uptake and utilization of research
2 findings in clinical guidelines and de-
3 cision support tools, on the extent to
4 which such research findings are used
5 by health care decision-makers, the ef-
6 fect of the dissemination of such find-
7 ings on changes in medical practice
8 and reducing practice variation and
9 disparities in health care, and the ef-
10 fect of the research conducted and
11 disseminated on innovation and the
12 health care economy of the United
13 States.”; and

14 (2) by adding at the end the following new
15 clause:

16 “(vi) Not less frequently than every 5
17 years, any barriers that researchers funded
18 by the Institute have encountered in con-
19 ducting studies or clinical trials, including
20 challenges covering the cost of any medical
21 treatments, services, and items described
22 in subsection (a)(2)(B) for purposes of the
23 research study.”.

1 **SEC. 105. LABORATORY ACCESS FOR BENEFICIARIES.**

2 (a) AMENDMENTS RELATING TO REPORTING RE-
3 QUIREMENTS WITH RESPECT TO CLINICAL DIAGNOSTIC
4 LABORATORY TESTS.—

5 (1) REVISED REPORTING PERIOD FOR REPORT-
6 ING OF PRIVATE SECTOR PAYMENT RATES FOR ES-
7 TABLISHMENT OF MEDICARE PAYMENT RATES.—
8 Section 1834A(a) of the Social Security Act (42
9 U.S.C. 1395m–1(a)) is amended—

10 (A) in paragraph (1)—

11 (i) by striking “Beginning January 1,
12 2016” and inserting the following:

13 “(A) GENERAL REPORTING REQUIRE-
14 MENTS.—Subject to subparagraph (B), begin-
15 ning January 1, 2016”;

16 (ii) in subparagraph (A), as added by
17 subparagraph (A) of this paragraph, by in-
18 serting “(referred to in this subsection as
19 the ‘reporting period’)” after “at a time
20 specified by the Secretary”; and

21 (iii) by adding at the end the fol-
22 lowing:

23 “(B) REVISED REPORTING PERIOD.—In
24 the case of reporting with respect to clinical di-
25 agnostic laboratory tests that are not advanced
26 diagnostic laboratory tests, the Secretary shall