(2) in clause (xi), by striking the period at the end and inserting “; and”; and
(3) by inserting after clause (xi) the following new clause:

“(xii) for the period beginning on December 21, 2019, and ending on May 22, 2020, of $2,110,000.”.

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

(1) in clause (x), by striking “and” at the end;
(2) in clause (xi), by striking the period at the end and inserting “; and”; and
(3) by inserting after clause (xi) the following new clause:

“(xii) for the period beginning on December 21, 2019, and ending on May 22, 2020, of $5,063,000.”.

SEC. 104. EXTENSION OF APPROPRIATIONS TO THE PATIENT-CENTERED OUTCOMES RESEARCH TRUST FUND; EXTENSION OF CERTAIN HEALTH INSURANCE FEES.

(a) In General.—Section 9511 of the Internal Revenue Code of 1986 is amended—
(1) in subsection (b)—

(A) in paragraph (1)—

(i) by inserting after subparagraph (E) the following new subparagraph:

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

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

“(ii) the applicable amount (as defined in paragraph (4)) for the fiscal year.”; and

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

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

“(4) APPLICABLE AMOUNT DEFINED.—In paragraph (1)(F)(ii), the term ‘applicable amount’ means—

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

“(B) for fiscal year 2021, $285,000,000;
“(C) for fiscal year 2022, $293,500,000;
“(D) for fiscal year 2023, $311,500,000;
“(E) for fiscal year 2024, $320,000,000;
“(F) for fiscal year 2025, $338,000,000;
“(G) for fiscal year 2026, $355,500,000;
“(H) for fiscal year 2027, $363,500,000;
“(I) for fiscal year 2028, $381,000,000;
and
“(J) for fiscal year 2029, $399,000,000.”;

(2) in subsection (d)(2)(A), by striking “2019” and inserting “2029”; and
(3) in subsection (f), by striking “December 20, 2019” and inserting “September 30, 2029”.

(b) Health Insurance Policies.—Section 4375(e) of the Internal Revenue Code of 1986 is amended by striking “2019” and inserting “2029”.

(c) Self-Insured Health Plans.—Section 4376(e) of the Internal Revenue Code of 1986 is amended by striking “2019” and inserting “2029”.

(d) Identification of Research Priorities.—Subsection (d)(1)(A) of section 1181 of the Social Security Act (42 U.S.C. 1320e) is amended by adding at the end the following: “Such national priorities shall include research with respect to intellectual and developmental disabilities and maternal mortality. Such priorities should
reflect a balance between long-term priorities and short-term priorities, and be responsive to changes in medical evidence and in health care treatments.”.

(e) CONSIDERATION OF FULL RANGE OF OUTCOMES DATA.—Subsection (d)(2) of such section 1181 is amended by adding at the end the following subparagraph:

“(F) CONSIDERATION OF FULL RANGE OF OUTCOMES DATA.—Research shall be designed, as appropriate, to take into account and capture the full range of clinical and patient-centered outcomes relevant to, and that meet the needs of, patients, clinicians, purchasers, and policy-makers in making informed health decisions. In addition to the relative health outcomes and clinical effectiveness, clinical and patient-centered outcomes shall include the potential burdens and economic impacts of the utilization of medical treatments, items, and services on different stakeholders and decision-makers respectively. These potential burdens and economic impacts include medical out-of-pocket costs, including health plan benefit and formulary design, non-medical costs to the patient and family, including caregiving, effects on fu-
ture costs of care, workplace productivity and absenteeism, and healthcare utilization.”.

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

(1) in paragraph (1)—

(A) in subparagraph (C)—

(i) in the matter preceding clause (i)—

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

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

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

(2) in paragraph (3)—

(A) in the first sentence—

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

(ii) by inserting the following before the period at the end: “to the extent nec-
essary to preserve the evenly staggered terms of the Board.”; and
(B) by inserting the following after the
first sentence: “Any member appointed to fill a
vacancy occurring before the expiration of the
term for which the member’s predecessor was
appointed shall be appointed for the remainder
of that term and thereafter may be eligible for
reappointment to a full term. A member may
serve after the expiration of that member’s
term until a successor has been appointed.”.

(g) METHODOLOGY COMMITTEE APPOINTMENTS.—
Such section 1181 is amended—
(1) in subsection (d)(6)(B), by striking “Comptroller General of the United States” and inserting
“Board”; and
(2) in subsection (h)(4)—
(A) in subparagraph (A)(ii), by striking
“Comptroller General” and inserting “Board”; and
(B) in the first sentence of subparagraph
(B), by striking “and of the Government Ac-
countability Office”.

(h) REPORTS BY THE COMPTROLLER GENERAL OF
THE UNITED STATES.—Subsection (g)(2)(A) of such sec-
tion 1181 is amended—
(1) by striking clause (iv) and inserting the following:

“(iv) Not less frequently than every 5 years, the overall effectiveness of activities conducted under this section and the dissemination, training, and capacity building activities conducted under section 937 of the Public Health Service Act. Such review shall include the following:

“(I) A description of those activities and the financial commitments related to research, training, data capacity building, and dissemination and uptake of research findings.

“(II) The extent to which the Institute and the Agency for Healthcare Research and Quality have collaborated with stakeholders, including provider and payer organizations, to facilitate the dissemination and uptake of research findings.

“(III) An analysis of available data and performance metrics, such as the estimated public availability and dissemination of research findings
and uptake and utilization of research findings in clinical guidelines and decision support tools, on the extent to which such research findings are used by health care decision-makers, the effect of the dissemination of such findings on changes in medical practice and reducing practice variation and disparities in health care, and the effect of the research conducted and disseminated on innovation and the health care economy of the United States.”; and

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

“(vi) Not less frequently than every 5 years, any barriers that researchers funded by the Institute have encountered in conducting studies or clinical trials, including challenges covering the cost of any medical treatments, services, and items described in subsection (a)(2)(B) for purposes of the research study.”.
SEC. 105. LABORATORY ACCESS FOR BENEFICIARIES.

(a) Amendments Relating to Reporting Requirements With Respect to Clinical Diagnostic Laboratory Tests.—

(1) Revised reporting period for reporting of private sector payment rates for establishment of Medicare payment rates.—

Section 1834A(a) of the Social Security Act (42 U.S.C. 1395m–1(a)) is amended—

(A) in paragraph (1)—

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

“(A) General reporting requirements.—Subject to subparagraph (B), beginning January 1, 2016”;

(ii) in subparagraph (A), as added by subparagraph (A) of this paragraph, by inserting “(referred to in this subsection as the ‘reporting period’)” after “at a time specified by the Secretary”; and

(iii) by adding at the end the following:

“(B) Revised reporting period.—In the case of reporting with respect to clinical diagnostic laboratory tests that are not advanced diagnostic laboratory tests, the Secretary shall