

119TH CONGRESS
1ST SESSION

H. R. 483

To direct the Secretary of Health and Human Services to delay the implementation of electronic clinical quality metrics for accountable care organizations, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JANUARY 16, 2025

Mr. BUCHANAN (for himself, Mr. PANETTA, and Mr. CRENSHAW) 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 direct the Secretary of Health and Human Services to delay the implementation of electronic clinical quality metrics for accountable care organizations, and for other purposes.

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 “Health Care Efficiency
5 Through Flexibility Act”.

1 **SEC. 2. DELAY IN IMPLEMENTATION OF ECQMS FOR ACOS.**

2 (a) DELAY OF ECQM IMPLEMENTATION.—The Sec-
3 retary of Health and Human Services (in this section re-
4 ferred to as the “Secretary”) shall delay the implementa-
5 tion of the requirement for ACOs to transition from re-
6 porting quality measures via the Centers for Medicare &
7 Medicare Services Web Interface portal to electronic Clin-
8 ical Quality Metrics (eCQMs), as described in the rule ti-
9 tled “Medicare and Medicaid Programs; CY 2025 Pay-
10 ment Policies under the Physician Fee Schedule and Other
11 Changes to Part B Payment and Coverage Policies; Medi-
12 care Shared Savings Program Requirements; Medicare
13 Prescription Drug Inflation Rebate Program; and Medi-
14 care Overpayments” (89 Fed. Reg. 97710 (December 9,
15 2024)), until January 1, 2030.

16 (b) PILOT PROGRAM FOR DIGITAL REPORTING
17 METHODS.—

18 (1) IN GENERAL.—Not later than January 1,
19 2026, the Secretary shall establish and commence a
20 pilot program to test digital reporting methods for
21 quality measures on a subset of ACOs and ACO par-
22 ticipants that submit an application to participate in
23 such pilot program at such time and in such form
24 as the Secretary determines appropriate.

25 (2) TEMPORARY EXEMPTION FROM ECQM RE-
26 QUIREMENTS.—An ACO or an ACO participant par-

1 participating in the pilot program shall be exempt from
2 mandatory eCQM reporting requirements during the
3 duration of the pilot program.

4 (3) NO EFFECT ON PAYMENT INCENTIVES.—
5 Participation in the pilot program shall have no ef-
6 fect on the eligibility of an ACO or an ACO partici-
7 pant to qualify for or earn an incentive payment
8 under section 1833(z) of the Social Security Act (42
9 U.S.C. 1395l(z)) or a payment adjustment under
10 section 1848(q) of such Act (42 U.S.C. 1395w-
11 4(q)).

12 (4) TECHNICAL ASSISTANCE.—The Secretary
13 shall provide technical assistance, including waivers
14 from any applicable quality reporting requirements,
15 to ACOs and providers participating in the pilot pro-
16 gram to incentivize their participation and to evalu-
17 ate the efficacy of digital reporting methods.

18 (5) REPORT.—Not later than January 1, 2028,
19 the Secretary shall submit to Congress a report that
20 includes—

21 (A) the findings and results of the pilot
22 program carried out under paragraph (1); and

23 (B) any recommendations for increasing
24 the adoption by additional ACOs of the digital

1 reporting methods tested under such pilot pro-
2 gram.

3 (c) DEVELOPMENT OF LONG-TERM DIGITAL QUAL-
4 ITY REPORTING STANDARDS.—

5 (1) IN GENERAL.—Not later than January 1,
6 2030, the Secretary shall implement standards for
7 digital quality reporting metrics and formats. Such
8 standards shall ensure that all EHR systems used
9 by an ACO are capable of supporting digital report-
10 ing methods across a diverse range of practice sizes,
11 specialties, and geographic locations.

12 (2) CONSULTATION.—In developing the stand-
13 ards described in paragraph (1), the Secretary shall
14 collaborate with relevant stakeholders, including rep-
15 resentatives of the National Committee for Quality
16 Assurance, EHR vendors, ACOs, payers, and na-
17 tional medical and specialty physician groups.

18 (d) CONTINUED USE OF EXISTING REPORTING
19 METHODS.—

20 (1) IN GENERAL.—An ACO or ACO participant
21 may use the CMS Web Interface portal, MIPS
22 CQMs, Medicare CQMs, eCQMs, or any other pre-
23 viously established quality reporting methods, for the
24 purpose of meeting such requirements until the date
25 on which the Secretary promulgates the standard-

1 ized digital quality reporting methods under sub-
2 section (c).

3 (2) EXEMPTION.—No penalties shall be im-
4 posed on ACOs or ACO participants for failure to
5 comply with eCQM requirements during the period
6 prior to January 1, 2030, provided they are in com-
7 pliance with existing reporting methods.

8 (e) DEFINITIONS.—In this section:

9 (1) ACO.—The term “ACO” has the meaning
10 given the term “accountable care organization” in
11 section 425.20 of title 42, Code of Federal Regula-
12 tions.

13 (2) ACO PARTICIPANT.—The term “ACO par-
14 ticipant” has the meaning given such term in section
15 425.20 of title 42, Code of Federal Regulations.

16 (3) EHR.—The term “EHR” has the meaning
17 given the term “certified EHR technology” in sec-
18 tion 1848(o) of the Social Security Act (42 U.S.C.
19 1395w-4(o)).

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