

119TH CONGRESS
1ST SESSION

H. R. 5269

To amend title XVIII of the Social Security Act to provide long-term stability for Medicare beneficiary access to clinical diagnostic laboratory tests by improving the accuracy of, and feasibility of data collection for, the private payor-based fee schedule payment rates applied under the Medicare program for such tests, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 10, 2025

Mr. HUDSON (for himself, Mr. PETERS, Mr. BILIRAKIS, Mr. KRISHNAMOORTHY, Mr. FITZPATRICK, Mr. CARTER of Georgia, Mr. JOYCE of Pennsylvania, Mr. CISCOMANI, Mr. DAVIS of North Carolina, Ms. DAVIDS of Kansas, Ms. ROSS, Mr. BALDERSON, and Ms. SEWELL) 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 amend title XVIII of the Social Security Act to provide long-term stability for Medicare beneficiary access to clinical diagnostic laboratory tests by improving the accuracy of, and feasibility of data collection for, the private payor-based fee schedule payment rates applied under the Medicare program for such tests, 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 “Reforming and En-
 5 hancing Sustainable Updates to Laboratory Testing Serv-
 6 ices Act of 2025” or the “RESULTS Act”.

7 **SEC. 2. IMPROVING THE ACCURACY AND DATA COLLEC-**
 8 **TION FEASIBILITY OF THE PRIVATE PAYOR-**
 9 **BASED MEDICARE PAYMENT RATES FOR**
 10 **CLINICAL DIAGNOSTIC LABORATORY TESTS.**

11 (a) ACQUIRING DATA FOR WIDELY AVAILABLE NON-
 12 ADVANCED DIAGNOSTIC LABORATORY TESTS FROM A
 13 QUALIFYING COMPREHENSIVE CLAIMS DATABASE OF AN
 14 INDEPENDENT NATIONAL NONPROFIT ENTITY.—Section
 15 1834A(a) of the Social Security Act (42 U.S.C. 1395m-
 16 1(a)) is amended—

17 (1) in paragraph (1)—

18 (A) in subparagraph (A)—

19 (i) by striking “REQUIREMENTS.—
 20 Subject to subparagraph (B)” and insert-
 21 ing “REQUIREMENTS.—

22 “(i) IN GENERAL.—Subject to sub-
 23 paragraph (B) and except as provided for
 24 in clause (ii)”;

1 (ii) in clause (i), as added by clause
2 (i) of this subparagraph—

3 (I) by striking “paragraph (2)”
4 and inserting “paragraph (2)(A)”;

5 (II) by inserting “, in accordance
6 with the provisions of this section,”
7 before “report to the Secretary”;

8 (III) by striking “applicable in-
9 formation (as defined in paragraph
10 (3)) for a data collection period (as
11 defined in paragraph (4))” and insert-
12 ing “applicable information (as de-
13 fined in paragraph (3))—

14 “(I) for a data collection period
15 (as defined in paragraph (4)) begin-
16 ning before January 1, 2027,”;

17 (IV) by striking the period at the
18 end and inserting “; and”; and

19 (V) by adding at the end the fol-
20 lowing new subclause:

21 “(II) for a data collection period
22 beginning on or after January 1,
23 2027, for each clinical diagnostic lab-
24 oratory test for which final payment is

1 made under this part to the labora-
2 tory during such period.”; and

3 (iii) by adding at the end the fol-
4 lowing new clause;

5 “(ii) COLLECTION AND SUBMISSION
6 OF DATA.—

7 “(I) IN GENERAL.—With respect
8 to data collection periods for reporting
9 periods beginning on or after January
10 1, 2028, and for purposes of this sec-
11 tion, in the case of a widely available
12 non-ADLT clinical diagnostic labora-
13 tory test (as defined in paragraph
14 (2)(E)), the Secretary shall collect
15 and use applicable information from a
16 qualifying comprehensive claims data-
17 base (as defined in paragraph (2)(C))
18 of a qualifying independent claims
19 data entity (as defined in paragraph
20 (2)(D)) with which the Secretary has
21 in effect a contract under subclause
22 (II) for each such test furnished dur-
23 ing the respective data collection pe-
24 riod and for which final payment is
25 made under this part during the year

1 in which such data collection period
2 occurs.

3 “(II) CONTRACT WITH QUALI-
4 FYING INDEPENDENT CLAIMS DATA
5 ENTITY FOR ACCESS TO APPLICABLE
6 INFORMATION.—As soon as prac-
7 ticable after the date of enactment of
8 this clause, the Secretary shall iden-
9 tify and enter into a contract with a
10 qualifying independent claims data en-
11 tity for the purpose of, with respect to
12 widely available non-ADLT clinical di-
13 agnostic laboratory tests furnished
14 during a data collection period, such
15 entity reporting to the Secretary ap-
16 plicable information from a qualifying
17 comprehensive claims database of the
18 entity for such tests for which final
19 payment is made under this part dur-
20 ing the year in which such data collec-
21 tion period occurs and for which there
22 is applicable information within such
23 database for such period.”.

24 (B) in subparagraph (B)—

1 (i) in clause (i), by striking “2025”
2 and inserting “2027”;

3 (ii) in clause (ii), by striking “begin-
4 ning January 1, 2026, and ending March
5 31, 2026” and inserting “beginning Janu-
6 ary 1, 2028, and ending March 31, 2028”;
7 and

8 (iii) in clause (iii), by striking “three
9 years” and inserting “4 years”;

10 (2) in paragraph (2)—

11 (A) by striking “DEFINITION OF APPLICA-
12 BLE LABORATORY.—In this section, the term
13 ‘applicable laboratory’ means” and inserting
14 “DEFINITIONS.—In this section:”

15 “(A) APPLICABLE LABORATORY.—

16 “(i) REPORTING PERIODS BEFORE
17 2028.—With respect to reporting periods
18 beginning before January 1, 2028, the
19 term ‘applicable laboratory’ means”;

20 (B) in subparagraph (A), as inserted by
21 subparagraph (A) of this paragraph—

22 (i) in clause (i), in the second sen-
23 tence, by striking “paragraph” and insert-
24 ing “clause”; and

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

3 “(ii) REPORTING PERIODS BEGINNING
4 DURING 2028 AND SUBSEQUENT YEARS.—

5 With respect to reporting periods begin-
6 ning on or after January 1, 2028, the term
7 ‘applicable laboratory’ shall have the mean-
8 ing given such term in section 414.502 of
9 title 42, Code of Federal Regulations, as in
10 effect on May 1, 2025, except without ap-
11 plication of paragraph (3) of such sec-
12 tion.”; and

13 (C) by adding at the end the following new
14 subparagraphs:

15 “(B) NON-WIDELY AVAILABLE NON-ADLT
16 CLINICAL DIAGNOSTIC LABORATORY TEST.—

17 The term ‘non-widely available non-ADLT clin-
18 ical diagnostic laboratory test’ means, with re-
19 spect to a reporting period, a clinical diagnostic
20 laboratory test that is not an advanced diag-
21 nostic laboratory test and that is not described
22 in subparagraph (E).

23 “(C) QUALIFYING INDEPENDENT CLAIMS
24 DATA ENTITY.—The term ‘qualifying inde-

pendent claims data entity’ means an entity
that satisfies each of the following criteria:

“(i) The entity is a national nonprofit
organization that is not affiliated with any
Government agency, insurance issuer,
group health plan, provider of services or
supplier, or other organization in the
health care sector.

“(ii) The entity collects data and
maintains a qualifying comprehensive
claims database (as defined in subpara-
graph (D)).

“(iii) The entity is certified by the
Secretary to be a qualified entity (as de-
fined in paragraph (2) of section 1874(e))
with respect to having access to data de-
scribed in paragraph (3) of such section.

“(iv) The entity, with respect to all
data included in the qualifying comprehen-
sive claims database of the entity, complies
with all applicable Federal and State pri-
vacy and security requirements, including
HIPAA privacy and security law (as de-
fined in section 3009 of the Public Health
Service Act).

1 “(v) The entity applies quality assur-
2 ance processes to validate all data that is
3 included in the qualifying comprehensive
4 claims database of the entity, including
5 comprehensive statistical testing.

6 “(D) QUALIFYING COMPREHENSIVE
7 CLAIMS DATABASE.—The term ‘qualifying com-
8 prehensive claims database’ means an inde-
9 pendent database of private payor claims data,
10 which—

11 “(i) includes at least 50,000,000,000
12 claims from more than 50 private payors
13 and claims administrators;

14 “(ii) is a statistically significant repos-
15 itory of claims data that is representative
16 for all 50 States and the District of Co-
17 lumbia;

18 “(iii) includes only data that is vali-
19 dated by quality assurance processes, in-
20 cluding comprehensive statistical testing;

21 “(iv) complies with all applicable Fed-
22 eral and State privacy and security re-
23 quirements, as described in subparagraph
24 (C)(iv);

“(v) provides for version control of claims to enable the collation and submission, for purposes of this section, of only claims representative of final payment amounts; and

“(vi) includes claims data with respect to widely available non-ADLT clinical diagnostic laboratory tests.

“(E) WIDELY AVAILABLE NON-ADLT CLINICAL DIAGNOSTIC LABORATORY TEST.—The term ‘widely available non-ADLT clinical diagnostic laboratory test’ means, with respect to a reporting period, a clinical diagnostic laboratory test that is not an advanced diagnostic laboratory test and for which, during the first 6 months of the year immediately preceding the data collection period for such reporting period, the number of providers of services and suppliers receiving payments under this section (as determined by the Secretary using the national provider identifier of the provider of services or supplier on the claim submitted for payment under this part for such test) exceeds 100.”;

(3) in paragraph (5)—

(A) by inserting “final” after “The”; and

1 (B) by inserting “or from a qualifying
2 comprehensive claims database pursuant to
3 paragraph (1)(A)(ii)” after “reported by a lab-
4 oratory under this subsection”;
5 (4) in paragraph (6)—

6 (A) by inserting “(or, with respect to a
7 widely available non-ADLT clinical diagnostic
8 laboratory test, the qualifying comprehensive
9 claims database of the qualifying independent
10 claims data entity with a contract under para-
11 graph (1)(A)(ii))” after “In the case where an
12 applicable laboratory”;

13 (B) by striking “payment rate” each place
14 it appears and inserting “final payment rate”;

15 (C) by inserting “(and such different pay-
16 ment rates do not relate to the same claim)”
17 after “for the same payor for the same test”;
18 and

19 (D) by inserting “or qualifying inde-
20 pendent claims data entity, as applicable,” after
21 “the applicable laboratory”;

22 (5) in paragraph (9)(A), by inserting “required
23 to be reported by such laboratory” after “in report-
24 ing information”;

25 (6) in paragraph (10)—

1 (A) by striking “by a laboratory” after
 2 “information disclosed”; and

3 (B) by inserting “by a laboratory or the
 4 qualifying independent claims data entity with a
 5 contract under paragraph (1)(A)(ii)” after
 6 “under this subsection”; and
 7 (7) in paragraph (12)—

8 (A) by striking “REGULATIONS.—Not later
 9 than June 30, 2015,” and inserting “REGULA-
 10 TIONS.—

11 “(A) FOR DATA COLLECTION PERIODS BE-
 12 FORE 2027.—Not later than June 30, 2015, for
 13 data collection periods beginning before Janu-
 14 ary 1, 2027,”; and

15 (B) by adding at the end the following new
 16 subparagraph:

17 “(B) FOR DATA COLLECTION PERIODS BE-
 18 GINNING WITH 2027.—Not later than December
 19 31, 2026, the Secretary shall establish through
 20 notice and comment rulemaking parameters for
 21 data collection periods beginning on or after
 22 January 1, 2027.”.

23 (b) INCORPORATING DATA COLLECTION IMPROVE-
 24 MENTS INTO PRIVATE PAYOR-BASED MEDICARE PAY-
 25 MENT RATES FOR CLINICAL DIAGNOSTIC LABORATORY

1 TESTS THAT ARE NOT ADVANCED DIAGNOSTIC LABORA-
2 TORY TESTS.—

3 (1) CALCULATION OF WEIGHTED MEDIAN OF
4 PRIVATE PAYOR-BASED RATES.—Section
5 1834A(b)(2) of the Social Security Act (42 U.S.C.
6 1395m–1(b)(2)) is amended—

7 (A) by inserting “and, in the case of widely
8 available non-ADLT clinical diagnostic labora-
9 tory tests, with respect to data collection peri-
10 ods for reporting periods beginning on or after
11 January 1, 2028, for each such test furnished
12 by an applicable laboratory with respect to
13 which there is applicable information made
14 available to the Secretary pursuant to para-
15 graph (1)(A)(ii)) of such subsection” after
16 “under subsection (a) for a data collection pe-
17 riod”; and

18 (B) by inserting “final” before “payment
19 rates reported”.

20 (2) DEFAULT ADJUSTMENT IN CASES OF WIDE-
21 LY AVAILABLE NON-ADLT CLINICAL DIAGNOSTIC
22 LABORATORY TESTS FOR PERIODS FOR WHICH
23 THERE IS NO CONTRACT WITH A QUALIFYING INDE-
24 PENDENT CLAIMS ENTITY OR NO APPLICABLE IN-
25 FORMATION IN THE QUALIFYING COMPREHENSIVE

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

3 (A) in paragraph (1)(A), by striking
4 “paragraph (3)” and inserting “paragraphs (3)
5 and (6)”; and

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

8 “(6) DEFAULT PAYMENT FOR WIDELY AVAIL-
9 ABLE NON-ADLT CLINICAL DIAGNOSTIC LABORATORY
10 TESTS FOR PERIODS FOR WHICH THERE IS NO CON-
11 TRACT WITH AN INDEPENDENT ENTITY OR WITH
12 RESPECT TO WHICH THERE IS NO DATA.—

13 “(A) IN GENERAL.—With respect to data
14 collection periods for reporting periods begin-
15 ning on or after January 1, 2028, in the case
16 of a widely available non-ADLT clinical diag-
17 nostic laboratory test with respect to which sub-
18 section (c) does not apply, if a circumstance de-
19 scribed in subparagraph (B) applies with re-
20 spect to such a reporting period and such a
21 clinical diagnostic laboratory test, payment for
22 such test under this section for a year begin-
23 ning during the qualified rate period described
24 in subparagraph (C), shall be equal to the
25 amount of payment for such clinical diagnostic

laboratory test under this section for the previous year, increased by the percentage increase in the Consumer Price Index for all urban consumers (all items; United States city average) over the previous year.

“(B) CIRCUMSTANCES DESCRIBED.—For purposes of subparagraph (A), with respect to a data collection period and a widely available non-ADLT clinical diagnostic laboratory test, the circumstances described in this subparagraph are if the Secretary—

“(i) is not able to enter into a contract under subsection (a)(1)(A)(ii) with a qualifying independent claims data entity with respect to such data collection period; or

“(ii) determines that there is no applicable information with respect to such clinical diagnostic laboratory test and data collection period in the qualifying comprehensive claims database of such qualifying independent claims data entity.

“(C) QUALIFIED RATE PERIOD DESCRIBED.—For purposes of subparagraph (A), the qualified rate period, with respect to a data

1 collection period and a widely available non-
 2 ADLT clinical diagnostic test to which a cir-
 3 cumstance described in subparagraph (B) ap-
 4 plies, is the period—

5 “(i) beginning on the first day of the
 6 second year following the first data collec-
 7 tion period with respect to which such cir-
 8 cumstance applies with respect to such
 9 test; and

10 “(ii) ending with the last day of the
 11 year following the first data collection pe-
 12 riod with respect to which such cir-
 13 cumstance no longer applies with respect
 14 to such test.”.

15 (3) PAYMENT IN CASES IN WHICH THERE IS NO
 16 REPORTED APPLICABLE INFORMATION FOR NON-
 17 WIDELY AVAILABLE NON-ADLTS.—Section 1834A of
 18 the Social Security Act (42 U.S.C. 1395m–1), is
 19 amended—

20 (A) in subsection (b), as amended by para-
 21 graph (2)—

22 (i) in paragraph (1)(A), by striking
 23 “paragraphs (3) and (6)” and inserting
 24 “paragraphs (3), (6), and (7)”; and

1 (ii) by adding at the end the following
2 new paragraph:

3 “(7) PAYMENT FOR NON-WIDELY AVAILABLE
4 NON-ADLT CLINICAL DIAGNOSTIC LABORATORY
5 TESTS FOR WHICH THERE IS NO APPLICABLE IN-
6 FORMATION.—

7 “(A) IN GENERAL.—For determining pay-
8 ment under this subsection for a year in the
9 case of a non-widely available non-ADLT clin-
10 ical diagnostic laboratory test with respect to
11 which subsection (c) does not apply, if the Sec-
12 retary determines that no applicable informa-
13 tion has been reported under subsection
14 (a)(1)(A)(i) by any applicable laboratory for
15 such test with respect to the most recent data
16 collection period (beginning with data collection
17 periods for reporting periods beginning on or
18 after January 1, 2028), payment for such test
19 under this section for such year shall be deter-
20 mined as follows:

21 “(i) In the case that a process de-
22 scribed in subparagraph (B) was not ap-
23 plied pursuant to this subparagraph for de-
24 termining payment for such test for a pre-
25 vious year with respect to such data collec-

tion period, payment for such test and year shall be determined using such a process.

“(ii) In the case that a process described in subparagraph (B) was applied pursuant to this subparagraph for determining payment for such test for a previous year with respect to such data collection period, payment for such test and year shall be equal to the amount of payment for such test under this section for the previous year.

“(B) PROCESS DESCRIBED.—For purposes of subparagraph (A), a process described in this subparagraph, with respect to a non-widely available non-ADLT clinical diagnostic laboratory test for which there is no reported data (as described in such subparagraph) with respect to a data collection period, is—

“(i) cross-walking (as described in section 414.508(a) of title 42, Code of Federal Regulations, or any successor regulation) to the most appropriate clinical diagnostic laboratory test under the fee schedule under this section during that period; or

1 “(ii) if no other clinical diagnostic lab-
 2 oratory test is comparable to the test for
 3 which there is no reported applicable infor-
 4 mation, according to the gapfilling process
 5 described in subsection (c)(2).”; and

6 (B) in subsection (c)(3), by inserting “or
 7 subsection (b)(7)” after “under this sub-
 8 section”.

9 (4) PUBLICLY AVAILABLE EXPLANATION OF
 10 PAYMENT RATES.—Section 1834A(b) of the Social
 11 Security Act (42 U.S.C. 1395m–1(b)), as amended
 12 by paragraphs (2) and (3)(A), is amended by adding
 13 at the end the following new paragraph:

14 “(8) EXPLANATION OF PAYMENT RATES.—In
 15 the case of a clinical diagnostic laboratory test for
 16 which payment is made under this subsection, the
 17 Secretary shall make available to the public an ex-
 18 planation of the payment rate for such test, includ-
 19 ing any supporting data as may be necessary for a
 20 laboratory to assess the accuracy of the calcula-
 21 tions.”.

22 (5) TECHNICAL CORRECTION CLARIFYING PE-
 23 RIOD OF APPLICATION OF MARKET RATES.—Section
 24 1834A(b)(4)(A) of the Social Security Act (42
 25 U.S.C. 1395m–1(b)(4)(A)) is amended by striking

1 “until the year following” and inserting “through
2 the year following”.

3 (c) ADDITIONAL IMPROVEMENTS TO ENSURE UP-
4 DATED, ACCURATE MARKET-BASED DATA FOR CLINICAL
5 DIAGNOSTIC LABORATORY TESTS.—

6 (1) UPDATES TO APPLICABLE INFORMATION TO
7 BETTER REFLECT FINAL PAYMENT RATES.—Section
8 1834A(a)(3) of the Social Security Act (42 U.S.C.
9 1395m–1(a)(3)) is amended—

10 (A) in the heading, by inserting “AND
11 FINAL PAYMENT RATE” after “INFORMATION”;

12 (B) in subparagraph (A)—

13 (i) in the heading, by striking “IN
14 GENERAL” and inserting “DATA COLLEC-
15 TION PERIODS BEFORE JANUARY 1, 2027”;
16 and

17 (ii) in the matter preceding clause
18 (i)—

19 (I) by striking “subparagraph
20 (B)” and inserting “subparagraph
21 (C)”; and

22 (II) by inserting “beginning be-
23 fore January 1, 2027” after “for a
24 data collection period”;

1 (C) by redesignating subparagraph (B) as
2 subparagraph (C);

3 (D) by inserting after subparagraph (A)
4 the following new subparagraph:

5 “(B) SUBSEQUENT DATA COLLECTION PE-
6 RIODS.—In this section, subject to subpara-
7 graph (C), for a data collection period begin-
8 ning on or after January 1, 2027, the term ‘ap-
9 plicable information’ means—

10 “(i) with respect to a widely available
11 non-ADLT clinical diagnostic laboratory
12 test furnished during such period—

13 “(I) the final payment rate (as
14 determined in accordance with para-
15 graph (5) and defined in subpara-
16 graph (D)) that was paid by each pri-
17 vate payor for the test during the year
18 in which such period occurs; and

19 “(II) the volume, for each such
20 payor, of such test for which final
21 payment was made during such year;
22 and

23 “(ii) with respect to a non-widely
24 available non-ADLT clinical diagnostic lab-

1 oratory test or an advanced diagnostic lab-
2 oratory test—

3 “(I) the final payment rate (as
4 determined in accordance with para-
5 graph (5) and defined in subpara-
6 graph (D)) that was paid by each pri-
7 vate payor for the test during the
8 data collection period; and

9 “(II) the volume, for each such
10 payor, of such test for which final
11 payment was made during such pe-
12 riod.”; and

13 (E) by inserting after subparagraph (C),
14 the following new subparagraph:

15 “(D) FINAL PAYMENT RATE.—In this sec-
16 tion, for a data collection period beginning on
17 or after January 1, 2027, the term ‘final pay-
18 ment rate’—

19 “(i) means—

20 “(I) with respect to a widely
21 available non-ADLT clinical diag-
22 nostic laboratory test furnished during
23 a data collection period, the last pay-
24 ment made for a test during the year

1 in which the data collection period oc-
2 curs; and

3 “(II) with respect to a non-widely
4 available non-ADLT clinical diag-
5 nostic laboratory test or an advanced
6 diagnostic laboratory test paid during
7 a data collection period, the last pay-
8 ment made during the data collection
9 period; and

10 “(ii) does not include—

11 “(I) denied payments;

12 “(II) payments under appeal or
13 under review by the private payor;

14 “(III) payments made in error;

15 or

16 “(IV) payments that are re-
17 couped by the private payor.”.

18 (2) UPDATING DATA COLLECTION PERIODS.—

19 Section 1834A(a)(4)(B) of the Social Security Act
20 (42 U.S.C. 1395m–1(a)(4)(B)) is amended—

21 (A) by striking “January 1, 2019” and in-
22 serting “January 1, 2027”;

23 (B) by striking “June 30, 2019” and in-
24 serting “June 30, 2027”; and

1 (C) by adding at the end the following new
2 sentence: “In the case of the reporting period
3 after the reporting period described in para-
4 graph (1)(B)(ii) and each subsequent reporting
5 period with respect to clinical diagnostic labora-
6 tory tests that are not advanced diagnostic lab-
7 oratory tests, the term ‘data collection period’
8 means the 6-month period beginning January
9 1st of the year preceding the year during which
10 such reporting period begins.”.

11 (3) ENSURING DATA IS MARKET-BASED BY EX-
12 CLUDING RATES OF MEDICAID MANAGED CARE OR-
13 GANIZATIONS.—Section 1834A(a)(8)(C) of the So-
14 cial Security Act (42 U.S.C. 1395m–1(a)(8)(C)) is
15 amended by striking “A medicaid managed care or-
16 ganization” and inserting “With respect to data col-
17 lection periods for reporting periods beginning before
18 January 1, 2028, a medicaid managed care organi-
19 zation.”.

20 (4) MODIFICATIONS TO LIMITS ON PAYMENT
21 REDUCTIONS.—Section 1834A(b)(3) of the Social
22 Security Act (42 U.S.C. 1395m–1(b)(3)) is amend-
23 ed—

1 (A) in subparagraph (A), by striking “each
2 of 2017 through 2028” and inserting “2017
3 and each subsequent year”;

4 (B) in subparagraph (B)—

5 (i) in clause (ii), by striking “2025”
6 and inserting “2028”; and

7 (ii) in clause (iii), by striking “for
8 each of 2026 through 2028, 15 percent”
9 and inserting “for 2029 and each subse-
10 quent year, 5 percent”; and

11 (C) in subparagraph (C)(ii), by inserting
12 “laboratory” after “advanced diagnostic”.

13 (5) SUNSETTING REVIEW LIMITATIONS.—Sec-
14 tion 1834A(h)(1) of the Social Security Act (42
15 U.S.C. 1395m–1(h)(1)) is amended by inserting
16 “before January 1, 2029” before the period at the
17 end.

○