

119TH CONGRESS  
1ST SESSION

# S. 2761

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.

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IN THE SENATE OF THE UNITED STATES

SEPTEMBER 10, 2025

Mr. TILLIS (for himself and Mr. WARNOCK) introduced the following bill;  
which was read twice and referred to the Committee on Finance

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## 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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Reforming and En-  
3 hancing Sustainable Updates to Laboratory Testing Serv-  
4 ices Act of 2025” or the “RESULTS Act”.

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

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

15 (1) in paragraph (1)—

16 (A) in subparagraph (A)—

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

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

23 (ii) in clause (i), as added by clause  
24 (i) of this subparagraph—

25 (I) by striking “paragraph (2)”  
26 and inserting “paragraph (2)(A)”;

1 (II) by inserting “, in accordance  
2 with the provisions of this section,”  
3 before “report to the Secretary”;

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

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

13 (IV) by striking the period at the  
14 end and inserting “; and”; and

15 (V) by adding at the end the fol-  
16 lowing new subclause:

17 “(II) for a data collection period  
18 beginning on or after January 1,  
19 2027, for each clinical diagnostic lab-  
20 oratory test for which final payment is  
21 made under this part to the labora-  
22 tory during such period.”; and

23 (iii) by adding at the end the fol-  
24 lowing new clause;

1                   “(ii) COLLECTION AND SUBMISSION  
2 OF DATA.—

3                   “(I) IN GENERAL.—With respect  
4 to data collection periods for reporting  
5 periods beginning on or after January  
6 1, 2028, and for purposes of this sec-  
7 tion, in the case of a widely available  
8 non-ADLT clinical diagnostic labora-  
9 tory test (as defined in paragraph  
10 (2)(E)), the Secretary shall collect  
11 and use applicable information from a  
12 qualifying comprehensive claims data-  
13 base (as defined in paragraph (2)(C))  
14 of a qualifying independent claims  
15 data entity (as defined in paragraph  
16 (2)(D)) with which the Secretary has  
17 in effect a contract under subclause  
18 (II) for each such test furnished dur-  
19 ing the respective data collection pe-  
20 riod and for which final payment is  
21 made under this part during the year  
22 in which such data collection period  
23 occurs.

24                   “(II) CONTRACT WITH QUALI-  
25 FYING INDEPENDENT CLAIMS DATA

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

20 (B) in subparagraph (B)—

21 (i) in clause (i), by striking “2025”  
22 and inserting “2027”;

23 (ii) in clause (ii), by striking “begin-  
24 ning January 1, 2026, and ending March  
25 31, 2026” and inserting “beginning Janu-

1                   ary 1, 2028, and ending March 31, 2028”;

2                   and

3                   (iii) in clause (iii), by striking “three

4                   years” and inserting “4 years”; and

5                   (2) in paragraph (2)—

6                   (A) by striking “DEFINITION OF APPLICA-

7                   BLE LABORATORY.—In this section, the term

8                   ‘applicable laboratory’ means” and inserting

9                   “DEFINITIONS.—In this section:”

10                   “(A) APPLICABLE LABORATORY.—

11                   “(i) REPORTING PERIODS BEFORE

12                   2028.—With respect to reporting periods

13                   beginning before January 1, 2028, the

14                   term ‘applicable laboratory’ means”;

15                   (B) in subparagraph (A), as inserted by

16                   subparagraph (A) of this paragraph—

17                   (i) in clause (i), in the second sen-

18                   tence, by striking “paragraph” and insert-

19                   ing “clause”; and

20                   (ii) by adding at the end the following

21                   new clause:

22                   “(ii) REPORTING PERIODS BEGINNING

23                   DURING 2028 AND SUBSEQUENT YEARS.—

24                   With respect to reporting periods begin-

25                   ning on or after January 1, 2028, the term

1           ‘applicable laboratory’ shall have the mean-  
2           ing given such term in section 414.502 of  
3           title 42, Code of Federal Regulations, as in  
4           effect on May 1, 2025, except without ap-  
5           plication of paragraph (3) of such sec-  
6           tion.”; and

7           (C) by adding at the end the following new  
8           subparagraphs:

9           “(B) NON-WIDELY AVAILABLE NON-ADLT  
10          CLINICAL DIAGNOSTIC LABORATORY TEST.—  
11          The term ‘non-widely available non-ADLT clin-  
12          ical diagnostic laboratory test’ means, with re-  
13          spect to a reporting period, a clinical diagnostic  
14          laboratory test that is not an advanced diag-  
15          nostic laboratory test and that is not described  
16          in subparagraph (E).

17          “(C) QUALIFYING INDEPENDENT CLAIMS  
18          DATA ENTITY.—The term ‘qualifying inde-  
19          pendent claims data entity’ means an entity  
20          that satisfies each of the following criteria:

21                 “(i) The entity is a national nonprofit  
22                 organization that is not affiliated with any  
23                 Government agency, insurance issuer,  
24                 group health plan, provider of services or

1 supplier, or other organization in the  
2 health care sector.

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

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

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

20 “(v) The entity applies quality assur-  
21 ance processes to validate all data that is  
22 included in the qualifying comprehensive  
23 claims database of the entity, including  
24 comprehensive statistical testing.

1           “(D)    QUALIFYING    COMPREHENSIVE  
2           CLAIMS DATABASE.—The term ‘qualifying com-  
3           prehensive claims database’ means an inde-  
4           pendent database of private payor claims data,  
5           which—

6                   “(i) includes at least 50,000,000,000  
7                   claims from more than 50 private payors  
8                   and claims administrators;

9                   “(ii) is a statistically significant repos-  
10                  itory of claims data that is representative  
11                  for all 50 States and the District of Co-  
12                  lumbia;

13                  “(iii) includes only data that is vali-  
14                  dated by quality assurance processes, in-  
15                  cluding comprehensive statistical testing;

16                  “(iv) complies with all applicable Fed-  
17                  eral and State privacy and security re-  
18                  quirements, as described in subparagraph  
19                  (C)(iv);

20                  “(v) provides for version control of  
21                  claims to enable the collation and submis-  
22                  sion, for purposes of this section, of only  
23                  claims representative of final payment  
24                  amounts; and

1 “(vi) includes claims data with respect  
2 to widely available non-ADLT clinical diag-  
3 nostic laboratory tests.

4 “(E) WIDELY AVAILABLE NON-ADLT CLIN-  
5 ICAL DIAGNOSTIC LABORATORY TEST.—The  
6 term ‘widely available non-ADLT clinical diag-  
7 nostic laboratory test’ means, with respect to a  
8 reporting period, a clinical diagnostic laboratory  
9 test that is not an advanced diagnostic labora-  
10 tory test and for which, during the first 6  
11 months of the year immediately preceding the  
12 data collection period for such reporting period,  
13 the number of providers of services and sup-  
14 pliers receiving payments under this section (as  
15 determined by the Secretary using the national  
16 provider identifier of the provider of services or  
17 supplier on the claim submitted for payment  
18 under this part for such test) exceeds 100.”;

19 (3) in paragraph (5)—

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

21 (B) by inserting “or from a qualifying  
22 comprehensive claims database pursuant to  
23 paragraph (1)(A)(ii)” after “reported by a lab-  
24 oratory under this subsection”;

25 (4) in paragraph (6)—

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

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

10 (C) by inserting “(and such different pay-  
11 ment rates do not relate to the same claim)”  
12 after “for the same payor for the same test”;  
13 and

14 (D) by inserting “or qualifying inde-  
15 pendent claims data entity, as applicable,” after  
16 “the applicable laboratory”;

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

20 (6) in paragraph (10)—

21 (A) by striking “by a laboratory” after  
22 “information disclosed”; and

23 (B) by inserting “by a laboratory or the  
24 qualifying independent claims data entity with a

1 contract under paragraph (1)(A)(ii)” after  
 2 “under this subsection”; and  
 3 (7) in paragraph (12)—

4 (A) by striking “REGULATIONS.—Not later  
 5 than June 30, 2015,” and inserting “REGULA-  
 6 TIONS.—

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

11 (B) by adding at the end the following new  
 12 subparagraph:

13 “(B) FOR DATA COLLECTION PERIODS BE-  
 14 GINNING WITH 2027.—Not later than December  
 15 31, 2026, the Secretary shall establish through  
 16 notice and comment rulemaking parameters for  
 17 data collection periods beginning on or after  
 18 January 1, 2027.”.

19 (b) INCORPORATING DATA COLLECTION IMPROVE-  
 20 MENTS INTO PRIVATE PAYOR-BASED MEDICARE PAY-  
 21 MENT RATES FOR CLINICAL DIAGNOSTIC LABORATORY  
 22 TESTS THAT ARE NOT ADVANCED DIAGNOSTIC LABORA-  
 23 TORY TESTS.—

24 (1) CALCULATION OF WEIGHTED MEDIAN OF  
 25 PRIVATE PAYOR-BASED RATES.—Section

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

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

14 (B) by inserting “final” before “payment  
15 rates reported”.

16 (2) DEFAULT ADJUSTMENT IN CASES OF WIDE-  
17 LY AVAILABLE NON-ADLT CLINICAL DIAGNOSTIC  
18 LABORATORY TESTS FOR PERIODS FOR WHICH  
19 THERE IS NO CONTRACT WITH A QUALIFYING INDE-  
20 PENDENT CLAIMS ENTITY OR NO APPLICABLE IN-  
21 FORMATION IN THE QUALIFYING COMPREHENSIVE  
22 CLAIMS DATABASE.—Section 1834A(b) of the Social  
23 Security Act (42 U.S.C. 1395m–1(b)) is amended—

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

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

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

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

1 in the Consumer Price Index for all urban con-  
2 sumers (all items; United States city average)  
3 over the previous year.

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

10 “(i) is not able to enter into a con-  
11 tract under subsection (a)(1)(A)(ii) with a  
12 qualifying independent claims data entity  
13 with respect to such data collection period;  
14 or

15 “(ii) determines that there is no appli-  
16 cable information with respect to such clin-  
17 ical diagnostic laboratory test and data col-  
18 lection period in the qualifying comprehen-  
19 sive claims database of such qualifying  
20 independent claims data entity.

21 “(C) QUALIFIED RATE PERIOD DE-  
22 SCRIBED.—For purposes of subparagraph (A),  
23 the qualified rate period, with respect to a data  
24 collection period and a widely available non-  
25 ADLT clinical diagnostic test to which a cir-

1           cumstance described in subparagraph (B) ap-  
2           plies, is the period—

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

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

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

18                   (A) in subsection (b), as amended by para-  
19                   graph (2)—

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

23                           (ii) by adding at the end the following  
24                           new paragraph:

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

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

19                  “(i) In the case that a process de-  
20                  scribed in subparagraph (B) was not ap-  
21                  plied pursuant to this subparagraph for de-  
22                  termining payment for such test for a pre-  
23                  vious year with respect to such data collec-  
24                  tion period, payment for such test and year  
25                  shall be determined using such a process.

1           “(ii) In the case that a process de-  
2           scribed in subparagraph (B) was applied  
3           pursuant to this subparagraph for deter-  
4           mining payment for such test for a pre-  
5           vious year with respect to such data collec-  
6           tion period, payment for such test and year  
7           shall be equal to the amount of payment  
8           for such test under this section for the pre-  
9           vious year.

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

17           “(i) cross-walking (as described in  
18           section 414.508(a) of title 42, Code of  
19           Federal Regulations, or any successor reg-  
20           ulation) to the most appropriate clinical di-  
21           agnostic laboratory test under the fee  
22           schedule under this section during that pe-  
23           riod; or

24           “(ii) if no other clinical diagnostic lab-  
25           oratory test is comparable to the test for

1           which there is no reported applicable infor-  
2           mation, according to the gapfilling process  
3           described in subsection (c)(2).”; and

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

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

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

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

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

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

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

10 (B) in subparagraph (A)—

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

14 and

15 (ii) in the matter preceding clause

16 (i)—

17 (I) by striking “subparagraph  
18 (B)” and inserting “subparagraph  
19 (C)”; and

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

23 (C) by redesignating subparagraph (B) as  
24 subparagraph (C);

1 (D) by inserting after subparagraph (A)  
2 the following new subparagraph:

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

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

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

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

21 “(ii) with respect to a non-widely  
22 available non-ADLT clinical diagnostic lab-  
23 oratory test or an advanced diagnostic lab-  
24 oratory test—

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

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

11           (E) by inserting after subparagraph (C),  
12          the following new subparagraph:

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

17           “(i) means—

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

1                   “(II) with respect to a non-widely  
2                   available non-ADLT clinical diag-  
3                   nostic laboratory test or an advanced  
4                   diagnostic laboratory test paid during  
5                   a data collection period, the last pay-  
6                   ment made during the data collection  
7                   period; and  
8                   “(ii) does not include—  
9                       “(I) denied payments;  
10                       “(II) payments under appeal or  
11                   under review by the private payor;  
12                       “(III) payments made in error;  
13                   or  
14                       “(IV) payments that are re-  
15                   couped by the private payor.”.

16                   (2) UPDATING DATA COLLECTION PERIODS.—  
17                   Section 1834A(a)(4)(B) of the Social Security Act  
18                   (42 U.S.C. 1395m–1(a)(4)(B)) is amended—

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

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

23                   (C) by adding at the end the following new  
24                   sentence: “In the case of the reporting period  
25                   after the reporting period described in para-

1 graph (1)(B)(ii) and each subsequent reporting  
2 period with respect to clinical diagnostic labora-  
3 tory tests that are not advanced diagnostic lab-  
4 oratory tests, the term ‘data collection period’  
5 means the 6-month period beginning January  
6 1st of the year preceding the year during which  
7 such reporting period begins.”.

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

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

21 (A) in subparagraph (A), by striking “each  
22 of 2017 through 2028” and inserting “2017  
23 and each subsequent year”;

24 (B) in subparagraph (B)—

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

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

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

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

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