

statutory right to comparable benefits. The review should also determine the validity of Medicare Advantage Plans denials of admissions to LTCH and IRF based on not offering the benefit of a Medicare approved level of care; verify that personnel being utilized by MA plans for pre-authorizations and denials have the necessary specialized rehabilitation education and training when requests from LTCHs and IRFs are being reviewed; review MA plans' process to provide pre-authorization review and appeals for denials within reasonable amount of time of planned discharge, including weekends, to allow for accelerated transfer to LTCHs and IRFs when necessary; review transparency of MA plans on how they determine medical necessity, as well as the specific standards and guidelines that lead to a denial; review transparency of MA Plans with regard to medical necessity, the number of initial pre-authorization denials, the number of initial denials overturned, and the number of second level appeals for pre-authorization for LTCHs and IRFs.

*Medicare Appropriate Use Criteria Program.*—The Committee is aware that the Protecting Access to Medicare Act established the Medicare Appropriate Use Criteria (AUC) Program for advanced diagnostic imaging. While the Committee recognizes the value of encouraging physicians and other health care professionals to consult AUC and clinical guidelines to support medical decision making, more than seven years have passed since Congress created the AUC program, which has not advanced beyond educational and operations testing. The Committee requests a report within 180 days of enactment of this Act on implementation of this program, including challenges and successes. In this report, CMS shall consider existing quality improvement programs and relevant models authorized under Sec.1115A of the Social Security Act and their influence on encouraging appropriate use of advanced diagnostic imaging. The Committee directs CMS to consult with stakeholders, including medical professional societies and developers of AUC and clinical guidelines, when formulating its report.

*Medicare Promotion.*—The Committee reiterates its direction that CMS avoid taking any action that actively promotes one form of Medicare coverage over another, particularly with respect to the choice between traditional Medicare and Medicare Advantage. The Committee further directs CMS to design and maintain its online coverage options tool in a manner that provides complete and unbiased information, particularly as CMS works to replace the Medicare Plan Finder with the new Medicare Coverage Tools platform. CMS should remain objective and neutral in its education and outreach materials concerning options that beneficiaries have during the open enrollment period and at any other time.

*Molecular Diagnostics.*—More than 550,000 Americans are diagnosed with a rare form of cancer every year. Rare cancers account for 380 of 400 distinct forms of cancer and almost one-third of all diagnoses and include all pediatric-specific cancers. Molecular diagnostics are an important part of determining the form of cancer and which treatment is the best option. Each subtype of cancer requires a targeted therapy in order to save a life or to significantly improve life span, and data is required for each cancer to inform where targeted therapies can be used. However, this data is frequently lacking for rare cancers, leading to the use of older and