

Apples to Apples Comparison Act of 2025 (H.R. 4093)

Bill Text: [H.R. 4093](#)

Sponsor: Rep. Aaron Bean (R-FL), with Rep. Kevin Hern (R-OK)

Introduced: June 24, 2025

Overview

The Apples to Apples Comparison Act of 2025 would substantially expand public reporting requirements related to Medicare spending, enrollment, and program participation. The legislation is designed to increase transparency regarding expenditures across Medicare fee-for-service and Medicare Advantage populations and to facilitate more detailed comparisons between different categories of beneficiaries. The bill would require new data releases from CMS, additional analyses from MedPAC, and enhanced expenditure reporting within the annual Medicare Trustees Reports.

Section 2. Expanded CMS Reporting on Medicare Expenditures

The bill would require the Secretary of Health and Human Services to publish detailed Medicare expenditure information in machine-readable formats on the CMS website. Beginning with 2025 data, expenditure and enrollment information would be reported at the county and Metropolitan Statistical Area (MSA) level rather than solely at the state level.

New Geographic and Beneficiary-Level Reporting

Not later than 30 days after the end of each year, CMS would be required to publish total and average Medicare expenditures for each county and MSA, including both historical and projected spending information. Data would be broken out across numerous beneficiary categories, including:

- Traditional Medicare beneficiaries with Part A only, Part B only, and combined Part A and Part B coverage.
- Medicare beneficiaries enrolled and not enrolled in Medicare Part D.
- Beneficiaries with and without supplemental coverage, employer-sponsored coverage, or other federal health coverage.
- Medicare Advantage enrollees, including Special Needs Plan (SNP) enrollees and Employer Group Waiver Plan (EGWP) enrollees.
- Medicare Advantage beneficiaries with and without integrated prescription drug coverage.

The bill would also require CMS to publish historical enrollment data dating back to 2015 for these beneficiary categories and geographic areas.

Potential Impact

Supporters contend that current Medicare reporting does not provide sufficient detail to evaluate spending differences across regions and coverage arrangements. The expanded data set could provide researchers, policymakers, beneficiaries, and stakeholders with significantly more granular information regarding Medicare enrollment patterns and spending trends.

Section 3. MedPAC Analysis of Medicare Advantage and Fee-for-Service Spending

The legislation would require MedPAC to include a new annual analysis comparing expenditures for Medicare Advantage beneficiaries and similarly situated traditional Medicare beneficiaries. The analysis would begin with MedPAC's 2026 report cycle.

Required Analysis

Under the bill, MedPAC would be required to compare average Medicare expenditures for:

- Individuals enrolled in Medicare Advantage plans; and
- Individuals eligible for Medicare Advantage who remain enrolled in traditional fee-for-service Medicare.

The analysis would be required to consider:

- Differences in supplemental benefits and out-of-pocket protections available in Medicare Advantage.
- Integration of prescription drug coverage under MA-PD plans.
- Demographic differences between Medicare Advantage and traditional Medicare populations.
- Differences in Hierarchical Condition Category (HCC) risk scores.

The legislation specifically directs MedPAC not to adjust for favorable selection into Medicare Advantage plans.

Transparency Requirements

To increase transparency and replicability, MedPAC would be required to:

- Publicly release the data used in the analysis, subject to privacy protections.
- Publish the methodology at least 60 days before issuing the report.
- Allow at least 30 days for public comment on the methodology.
- Release responses to submitted comments.

Potential Impact

The provision reflects ongoing policy debates regarding Medicare Advantage spending, risk adjustment, beneficiary selection, and program value. By requiring a standardized annual comparison, Congress could gain a more consistent framework for evaluating spending differences between Medicare Advantage and traditional Medicare.

Section 4. Medicare Trustees Report Expenditure Reporting

The bill would also require the Boards of Trustees for the Federal Hospital Insurance Trust Fund and the Federal Supplementary Medical Insurance Trust Fund to include additional expenditure information in their annual reports beginning in 2026.

New Trustee Reporting Requirements

The Trustees would be required to report aggregate and average expenditures for:

- Beneficiaries enrolled only in Part A.
- Beneficiaries enrolled only in Part B.
- Beneficiaries enrolled in both Part A and Part B who are not enrolled in Medicare Advantage.

For beneficiaries enrolled in both Part A and Part B, spending would be separately reported for Part A and Part B services. The Trustees would also be directed to disaggregate expenditure data throughout their reports whenever practicable.

Potential Impact

These reporting requirements would provide policymakers with additional visibility into spending across different segments of the Medicare population and could help inform future discussions regarding program costs, enrollment trends, and financing.

Key Takeaway

The Apples to Apples Comparison Act of 2025 is primarily a Medicare transparency and reporting bill. The legislation would require CMS to publish detailed county-level expenditure and enrollment data, direct MedPAC to conduct annual Medicare Advantage versus fee-for-service spending comparisons, and expand expenditure reporting within the Medicare Trustees Reports. Collectively, these provisions are intended to provide policymakers and stakeholders with more detailed information regarding how Medicare dollars are spent across different beneficiary populations and delivery systems.