

105TH CONGRESS  
1ST SESSION

# H. R. 15

To amend title XVIII of the Social Security Act to improve preventive benefits under the Medicare program.

---

## IN THE HOUSE OF REPRESENTATIVES

JANUARY 7, 1997

Mr. THOMAS (for himself, Mr. BILIRAKIS, and Mr. CARDIN) introduced the following bill; which was referred to the Committee on 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 improve preventive benefits under the Medicare program.

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; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the  
5 “Medicare Preventive Benefit Improvement Act of 1997”.

6 (b) TABLE OF CONTENTS.—The table of contents of  
7 this Act is as follows:

- Sec. 1. Short title; table of contents.
- Sec. 2. Screening mammography.
- Sec. 3. Screening pap smear and pelvic exams.
- Sec. 4. Coverage of colorectal screening.

Sec. 5. Prostate cancer screening tests.  
 Sec. 6. Diabetes screening benefits.  
 Sec. 7. Effective date.

1 **SEC. 2. SCREENING MAMMOGRAPHY.**

2 (a) PROVIDING ANNUAL SCREENING MAMMOGRAPHY  
 3 FOR WOMEN OVER AGE 49.—Section 1834(c)(2)(A) of  
 4 the Social Security Act (42 U.S.C. 1395m(c)(2)(A)) is  
 5 amended—

6 (1) in clause (iv), by striking “but under 65  
 7 years of age,” and

8 (2) by striking clause (v).

9 (b) WAIVER OF DEDUCTIBLE.—The first sentence of  
 10 section 1833(b) of such Act (42 U.S.C. 1395l(b)) is  
 11 amended—

12 (1) by striking “and” before “(4)”, and

13 (2) by inserting before the period at the end the  
 14 following: “, and (5) such deductible shall not apply  
 15 with respect to screening mammography (as de-  
 16 scribed in section 1861(jj))”.

17 (c) CONFORMING AMENDMENT.—Section  
 18 1834(c)(1)(C) of such Act (42 U.S.C. 1395m(c)(1)(C)) is  
 19 amended by striking “, subject to the deductible estab-  
 20 lished under section 1833(b),”.

21 **SEC. 3. SCREENING PAP SMEAR AND PELVIC EXAMS.**

22 (a) COVERAGE OF PELVIC EXAM; INCREASING FRE-  
 23 QUENCY OF COVERAGE OF PAP SMEAR.—Section

1 1861(nn) of the Social Security Act (42 U.S.C.  
2 1395x(nn)) is amended—

3 (1) in the heading, by striking “Smear” and in-  
4 serting “Smear; Screening Pelvic Exam”;

5 (2) by striking “(nn)” and inserting “(nn)(1)”;

6 (3) by striking “3 years” and all that follows  
7 and inserting “3 years, or during the preceding year  
8 in the case of a woman described in paragraph (3).”;  
9 and

10 (4) by adding at the end the following new  
11 paragraphs:

12 “(2) The term ‘screening pelvic exam’ means a pelvic  
13 examination provided to a woman if the woman involved  
14 has not had such an examination during the preceding 3  
15 years, or during the preceding year in the case of a woman  
16 described in paragraph (3), and includes a clinical breast  
17 examination.

18 “(3) A woman described in this paragraph is a  
19 woman who—

20 “(A) is of childbearing age and has not had a  
21 test described in this subsection during each of the  
22 preceding 3 years that did not indicate the presence  
23 of cervical cancer; or

1           “(B) is at high risk of developing cervical can-  
2           cer (as determined pursuant to factors identified by  
3           the Secretary).”.

4           (b) **WAIVER OF DEDUCTIBLE.**—The first sentence of  
5           section 1833(b) of such Act (42 U.S.C. 1395l(b)), as  
6           amended by section 2(b), is amended—

7                   (1) by striking “and” before “(5)”, and

8                   (2) by inserting before the period at the end the  
9           following: “, and (6) such deductible shall not apply  
10          with respect to screening pap smear and screening  
11          pelvic exam (as described in section 1861(nn))”.

12          (c)       **CONFORMING        AMENDMENTS.**—Sections  
13          1861(s)(14) and 1862(a)(1)(F) of such Act (42 U.S.C.  
14          1395x(s)(14), 1395y(a)(1)(F)) are each amended by in-  
15          serting “and screening pelvic exam” after “screening pap  
16          smear”.

17          **SEC. 4. COVERAGE OF COLORECTAL SCREENING.**

18          (a) **COVERAGE.**—

19                   (1) **IN GENERAL.**—Section 1861 of the Social  
20          Security Act (42 U.S.C. 1395x) is amended—

21                           (A) in subsection (s)(2)—

22                                   (i) by striking “and” at the end of  
23                                   subparagraphs (N) and (O), and

24                                   (ii) by inserting after subparagraph  
25                                   (O) the following new subparagraph:

1           “(P) colorectal cancer screening tests (as de-  
2           fined in subsection (oo)); and”;

3                   (B) by adding at the end the following new  
4           subsection:

5                   “Colorectal Cancer Screening Tests

6           “(oo)(1) The term ‘colorectal cancer screening test’  
7           means any of the following procedures furnished to an in-  
8           dividual for the purpose of early detection of colorectal  
9           cancer:

10                   “(A) Screening fecal-occult blood test.

11                   “(B) Screening flexible sigmoidoscopy.

12                   “(C) In the case of an individual at high risk  
13           for colorectal cancer, screening colonoscopy.

14                   “(D) Screening barium enema, if found by the  
15           Secretary to be an appropriate alternative to screen-  
16           ing flexible sigmoidoscopy under subparagraph (B)  
17           or screening colonoscopy under subparagraph (C).

18                   “(E) For years beginning after 2002, such  
19           other procedures as the Secretary finds appropriate  
20           for the purpose of early detection of colorectal can-  
21           cer, taking into account changes in technology and  
22           standards of medical practice, availability, effective-  
23           ness, costs, and such other factors as the Secretary  
24           considers appropriate.

1       “(2) In paragraph (1)(C), an ‘individual at high risk  
2 for colorectal cancer’ is an individual who, because of fam-  
3 ily history, prior experience of cancer or precursor neo-  
4 plastic polyps, a history of chronic digestive disease condi-  
5 tion (including inflammatory bowel disease, Crohn’s Dis-  
6 ease, or ulcerative colitis), the presence of any appropriate  
7 recognized gene markers for colorectal cancer, or other  
8 predisposing factors, faces a high risk for colorectal can-  
9 cer.”.

10           (2) DEADLINE FOR DECISION ON COVERAGE OF  
11 SCREENING BARIUM ENEMA.—Not later than 2  
12 years after the date of the enactment of this Act, the  
13 Secretary of Health and Human Services shall issue  
14 and publish a determination on the treatment of  
15 screening barium enema as a colorectal cancer  
16 screening test under section 1861(oo) of the Social  
17 Security Act (as added by subparagraph (B)) as an  
18 alternative procedure to a screening flexible  
19 sigmoidoscopy or screening colonoscopy.

20           (b) FREQUENCY AND PAYMENT LIMITS.—

21           (1) IN GENERAL.—Section 1834 of such Act  
22 (42 U.S.C. 1395m) is amended by inserting after  
23 subsection (c) the following new subsection:

24           “(d) FREQUENCY AND PAYMENT LIMITS FOR  
25 COLORECTAL CANCER SCREENING TESTS.—

1           “(1) SCREENING FECAL-OCCULT BLOOD  
2 TESTS.—

3           “(A) PAYMENT LIMIT.—In establishing fee  
4 schedules under section 1833(h) with respect to  
5 colorectal cancer screening tests consisting of  
6 screening fecal-occult blood tests, except as pro-  
7 vided by the Secretary under paragraph (4)(A),  
8 the payment amount established for tests per-  
9 formed—

10                   “(i) in 1998 shall not exceed \$5; and

11                   “(ii) in a subsequent year, shall not  
12 exceed the limit on the payment amount  
13 established under this subsection for such  
14 tests for the preceding year, adjusted by  
15 the applicable adjustment under section  
16 1833(h) for tests performed in such year.

17           “(B) FREQUENCY LIMIT.—Subject to revi-  
18 sion by the Secretary under paragraph (4)(B),  
19 no payment may be made under this part for  
20 colorectal cancer screening test consisting of a  
21 screening fecal-occult blood test—

22                   “(i) if the individual is under 50 years  
23 of age; or

1                   “(ii) if the test is performed within  
2                   the 11 months after a previous screening  
3                   fecal-occult blood test.

4                   “(2)     SCREENING     FLEXIBLE     SIGMOIDOS  
5     COPIES.—

6                   “(A) PAYMENT AMOUNT.—The Secretary  
7                   shall establish a payment amount under section  
8                   1848 with respect to colorectal cancer screening  
9                   tests consisting of screening flexible  
10                  sigmoidoscopies that is consistent with payment  
11                  amounts under such section for similar or relat-  
12                  ed services, except that such payment amount  
13                  shall be established without regard to sub-  
14                  section (a)(2)(A) of such section.

15                  “(B) FREQUENCY LIMIT.—Subject to revi-  
16                  sion by the Secretary under paragraph (4)(B),  
17                  no payment may be made under this part for  
18                  a colorectal cancer screening test consisting of  
19                  a screening flexible sigmoidoscopy—

20                         “(i) if the individual is under 50 years  
21                         of age; or

22                         “(ii) if the procedure is performed  
23                         within the 47 months after a previous  
24                         screening flexible sigmoidoscopy.



1           “(3) SCREENING COLONOSCOPY FOR INDIVID-  
2           UALS AT HIGH RISK FOR COLORECTAL CANCER.—

3           “(A) PAYMENT AMOUNT.—The Secretary  
4           shall establish a payment amount under section  
5           1848 with respect to colorectal cancer screening  
6           test consisting of a screening colonoscopy for  
7           individuals at high risk for colorectal cancer (as  
8           defined in section 1861(oo)(2)) that is consist-  
9           ent with payment amounts under such section  
10          for similar or related services, except that such  
11          payment amount shall be established without  
12          regard to subsection (a)(2)(A) of such section.

13          “(B) FREQUENCY LIMIT.—Subject to revi-  
14          sion by the Secretary under paragraph (4)(B),  
15          no payment may be made under this part for  
16          a colorectal cancer screening test consisting of  
17          a screening colonoscopy for individuals at high  
18          risk for colorectal cancer if the procedure is  
19          performed within the 23 months after a pre-  
20          vious screening colonoscopy.

21          “(4) REDUCTIONS IN PAYMENT LIMIT AND RE-  
22          VISION OF FREQUENCY.—

23          “(A) REDUCTIONS IN PAYMENT LIMIT FOR  
24          SCREENING FECAL-OCCULT BLOOD TESTS.—

25          The Secretary shall review from time to time

1 the appropriateness of the amount of the pay-  
2 ment limit established for screening fecal-occult  
3 blood tests under paragraph (1)(A). The Sec-  
4 retary may, with respect to tests performed in  
5 a year after 2000, reduce the amount of such  
6 limit as it applies nationally or in any area to  
7 the amount that the Secretary estimates is re-  
8 quired to assure that such tests of an appro-  
9 priate quality are readily and conveniently  
10 available during the year.

11 “(B) REVISION OF FREQUENCY.—

12 “(i) REVIEW.—The Secretary shall re-  
13 view periodically the appropriate frequency  
14 for performing colorectal cancer screening  
15 tests based on age and such other factors  
16 as the Secretary believes to be pertinent.

17 “(ii) REVISION OF FREQUENCY.—The  
18 Secretary, taking into consideration the re-  
19 view made under clause (i), may revise  
20 from time to time the frequency with  
21 which such tests may be paid for under  
22 this subsection, but no such revision shall  
23 apply to tests performed before January 1,  
24 2001.

1           “(5) LIMITING CHARGES OF NONPARTICIPATING  
2           PHYSICIANS.—

3           “(A) IN GENERAL.—In the case of a  
4           colorectal cancer screening test consisting of a  
5           screening flexible sigmoidoscopy or a screening  
6           colonoscopy provided to an individual at high  
7           risk for colorectal cancer for which payment  
8           may be made under this part, if a nonpartici-  
9           pating physician provides the procedure to an  
10          individual enrolled under this part, the physi-  
11          cian may not charge the individual more than  
12          the limiting charge (as defined in section  
13          1848(g)(2)).

14          “(B) ENFORCEMENT.—If a physician or  
15          supplier knowingly and willfully imposes a  
16          charge in violation of subparagraph (A), the  
17          Secretary may apply sanctions against such  
18          physician or supplier in accordance with section  
19          1842(j)(2).”.

20          (2) SPECIAL RULE FOR SCREENING BARIUM  
21          ENEMA.—If the Secretary of Health and Human  
22          Services issues a determination under paragraph  
23          (1)(C) that screening barium enema should be cov-  
24          ered as a colorectal cancer screening test under sec-  
25          tion 1861(oo) of the Social Security Act (as added

1 by paragraph (2)(B)), the Secretary shall establish  
2 frequency limits (including revisions of frequency  
3 limits) for such procedure consistent with the fre-  
4 quency limits for other colorectal cancer screening  
5 tests under section 1834(d) of such Act (as added  
6 by subparagraph (A)), and shall establish payment  
7 limits (including limits on charges of nonparticipat-  
8 ing physicians) for such procedure consistent with  
9 the payment limits under part B of title XVIII of  
10 such Act for diagnostic barium enema procedures.

11 (c) CONFORMING AMENDMENTS.—(1) Paragraphs  
12 (1)(D) and (2)(D) of section 1833(a) of such Act (42  
13 U.S.C. 1395l(a)) are each amended by inserting “or sec-  
14 tion 1834(d)(1)” after “subsection (h)(1)”.

15 (2) Section 1833(h)(1)(A) (42 U.S.C.  
16 1395l(h)(1)(A)) is amended by striking “The Secretary”  
17 and inserting “Subject to paragraphs (1) and (4)(A) of  
18 section 1834(d), the Secretary”.

19 (3) Clauses (i) and (ii) of section 1848(a)(2)(A) (42  
20 U.S.C. 1395w-4(a)(2)(A)) are each amended by inserting  
21 after “a service” the following: “(other than a colorectal  
22 cancer screening test consisting of a screening colonoscopy  
23 provided to an individual at high risk for colorectal cancer  
24 or a screening flexible sigmoidoscopy)”.

1 (4) Section 1862(a) of such Act (42 U.S.C. 1395y(a))  
2 is amended—

3 (A) in paragraph (1)—

4 (i) in subparagraph (E), by striking “and”  
5 at the end,

6 (ii) in subparagraph (F), by striking the  
7 semicolon at the end and inserting “, and”, and

8 (iii) by adding at the end the following new  
9 subparagraph:

10 “(G) in the case of colorectal cancer screening  
11 tests, which are performed more frequently than is  
12 covered under section 1834(d);”; and

13 (B) in paragraph (7), by striking “paragraph  
14 (1)(B) or under paragraph (1)(F)” and inserting  
15 “subparagraph (B), (F), or (G) of paragraph (1)”.

16 **SEC. 5. PROSTATE CANCER SCREENING TESTS.**

17 (a) **COVERAGE.**—Section 1861 of the Social Security  
18 Act (42 U.S.C. 1395x), as amended by section 4(a), is  
19 amended—

20 (1) in subsection (s)(2)—

21 (A) by striking “and” at the end of sub-  
22 paragraph (P);

23 (B) by adding “and” at the end of sub-  
24 paragraph (Q); and

1 (C) by adding at the end the following new  
2 subparagraph:

3 “(R) prostate cancer screening tests (as defined  
4 in subsection (pp)); and”; and

5 (2) by adding at the end the following new sub-  
6 section:

7 “Prostate Cancer Screening Tests

8 “(pp)(1) The term ‘prostate cancer screening test’  
9 means a test that consists of any (or all) of the procedures  
10 described in paragraph (2) provided for the purpose of  
11 early detection of prostate cancer to a man over 50 years  
12 of age who has not had such a test during the preceding  
13 year.

14 “(2) The procedures described in this paragraph are  
15 as follows:

16 “(A) A digital rectal examination.

17 “(B) A prostate-specific antigen blood test.

18 “(C) For years beginning after 2001, such  
19 other procedures as the Secretary finds appropriate  
20 for the purpose of early detection of prostate cancer,  
21 taking into account changes in technology and  
22 standards of medical practice, availability, effective-  
23 ness, costs, and such other factors as the Secretary  
24 considers appropriate.”.

1           (b) PAYMENT FOR PROSTATE-SPECIFIC ANTIGEN  
2 BLOOD TEST UNDER CLINICAL DIAGNOSTIC LABORA-  
3 TORY TEST FEE SCHEDULES.—Section 1833(h)(1)(A) of  
4 such Act (42 U.S.C. 1395l(h)(1)(A)) is amended by in-  
5 serting after “laboratory tests” the following: “(including  
6 prostate cancer screening tests under section 1861(pp)  
7 consisting of prostate-specific antigen blood tests)”.

8           (c) CONFORMING AMENDMENT.—Section 1862(a) of  
9 such Act (42 U.S.C. 1395y(a)), as amended by section  
10 4(c)(4), is amended—

11                 (1) in paragraph (1)—

12                         (A) in subparagraph (F), by striking  
13                         “and” at the end,

14                         (B) in subparagraph (G), by striking the  
15                         semicolon at the end and inserting “, and”, and

16                         (C) by adding at the end the following new  
17                         subparagraph:

18                                 “(H) in the case of prostate cancer screening  
19                                 tests (as defined in section 1861(oo)), which are per-  
20                                 formed more frequently than is covered under such  
21                                 section;”; and

22                         (2) in paragraph (7), by striking “or (G)” and  
23                         inserting “(G), or (H)”.

1 **SEC. 6. DIABETES SCREENING BENEFITS.**

2 (a) COVERAGE OF DIABETES OUTPATIENT SELF-  
3 MANAGEMENT TRAINING SERVICES.—

4 (1) IN GENERAL.—Section 1861 of the Social  
5 Security Act (42 U.S.C. 1395x), as amended by sec-  
6 tions 4(a) and 5(a), is amended—

7 (A) in subsection (s)(2)—

8 (i) by striking “and” at the end of  
9 subparagraph (Q);

10 (ii) by adding “and” at the end of  
11 subparagraph (R); and

12 (iii) by adding at the end the follow-  
13 ing new subparagraph:

14 “(S) diabetes outpatient self-management train-  
15 ing services (as defined in subsection (qq)); and”;  
16 and

17 (B) by adding at the end the following new  
18 subsection:

19 “Diabetes Outpatient Self-management Training Services

20 “(qq)(1) The term ‘diabetes outpatient self-manage-  
21 ment training services’ means educational and training  
22 services furnished to an individual with diabetes by or  
23 under arrangements with a certified provider (as described  
24 in paragraph (2)(A)) in an outpatient setting by an indi-  
25 vidual or entity who meets the quality standards described



1 in paragraph (2)(B), but only if the physician who is man-  
2 aging the individual’s diabetic condition certifies that such  
3 services are needed under a comprehensive plan of care  
4 related to the individual’s diabetic condition to provide the  
5 individual with necessary skills and knowledge (including  
6 skills related to the self-administration of injectable drugs)  
7 to participate in the management of the individual’s condi-  
8 tion.

9 “(2) In paragraph (1)—

10 “(A) a ‘certified provider’ is an individual or  
11 entity that, in addition to providing diabetes out-  
12 patient self-management training services, provides  
13 other items or services for which payment may be  
14 made under this title; and

15 “(B) an individual or entity meets the quality  
16 standards described in this paragraph if the individ-  
17 ual or entity meets quality standards established by  
18 the Secretary, except that the individual or entity  
19 shall be deemed to have met such standards if the  
20 individual or entity meets applicable standards origi-  
21 nally established by the National Diabetes Advisory  
22 Board and subsequently revised by organizations  
23 who participated in the establishment of standards

1 by such Board, or is recognized by the American Di-  
2 abetes Association as meeting standards for furnish-  
3 ing the services.”.

4 (2) CONSULTATION WITH ORGANIZATIONS IN  
5 ESTABLISHING PAYMENT AMOUNTS FOR SERVICES  
6 PROVIDED BY PHYSICIANS.—In establishing payment  
7 amounts under section 1848(a) of the Social Secu-  
8 rity Act for physicians’ services consisting of diabe-  
9 tes outpatient self-management training services, the  
10 Secretary of Health and Human Services shall con-  
11 sult with appropriate organizations, including the  
12 American Diabetes Association, in determining the  
13 relative value for such services under section  
14 1848(e)(2) of such Act.

15 (b) BLOOD-TESTING STRIPS FOR INDIVIDUALS WITH  
16 DIABETES.—

17 (1) INCLUDING STRIPS AS DURABLE MEDICAL  
18 EQUIPMENT.—The first sentence of section 1861(n)  
19 of such Act (42 U.S.C. 1395x(n)) is amended by in-  
20 sserting before the semicolon the following: “, and in-  
21 cludes blood-testing strips for individuals with diabe-  
22 tes without regard to whether the individual has  
23 Type I or Type II diabetes or to the individual’s use

1 of insulin (as determined under standards estab-  
2 lished by the Secretary in consultation with the  
3 American Diabetes Association)”.

4 (2) PAYMENT FOR STRIPS BASED ON METH-  
5 ODOLOGY FOR INEXPENSIVE AND ROUTINELY PUR-  
6 CHASED EQUIPMENT.—Section 1834(a)(2)(A) of  
7 such Act (42 U.S.C. 1395m(a)(2)(A)) is amended—

8 (A) by striking “or” at the end of clause  
9 (ii);

10 (B) by adding “or” at the end of clause  
11 (iii); and

12 (C) by inserting after clause (iii) the fol-  
13 lowing new clause:

14 “(iv) which is a blood-testing strip for  
15 an individual with diabetes,”.

16 (c) ESTABLISHMENT OF OUTCOME MEASURES FOR  
17 BENEFICIARIES WITH DIABETES.—

18 (1) IN GENERAL.—The Secretary of Health and  
19 Human Services, in consultation with appropriate  
20 organizations (including the American Diabetes As-  
21 sociation), shall establish outcome measures, includ-  
22 ing glycosylated hemoglobin (past 90-day average  
23 blood sugar levels), for purposes of evaluating the  
24 improvement of the health status of Medicare bene-  
25 ficiaries with diabetes mellitus.

1           (2) RECOMMENDATIONS FOR MODIFICATIONS  
2           TO SCREENING BENEFITS.—Taking into account in-  
3           formation on the health status of Medicare bene-  
4           ficiaries with diabetes mellitus as measured under  
5           the outcome measures established under subpara-  
6           graph (A), the Secretary shall from time to time  
7           submit recommendations to Congress regarding  
8           modifications to the coverage of services for such  
9           beneficiaries under the Medicare program.

10 **SEC. 7. EFFECTIVE DATE.**

11           The amendments made by this Act shall apply to  
12 items and services furnished on or after January 1, 1998.

○