

106TH CONGRESS
2D SESSION

H. CON. RES. 341

Expressing the sense of Congress regarding the guaranteed coverage of medically appropriate actinic keratoses treatment and removal under the Medicare Program.

IN THE HOUSE OF REPRESENTATIVES

MAY 25, 2000

Mr. FOLEY submitted the following concurrent resolution; which was referred to the Committee on Ways and Means, and in addition to the Committee on Commerce, 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

CONCURRENT RESOLUTION

Expressing the sense of Congress regarding the guaranteed coverage of medically appropriate actinic keratoses treatment and removal under the Medicare Program.

Whereas the American Academy of Dermatology and the American Cancer Society estimate that 1.3 million new cases of skin cancer will be diagnosed in the coming year, amounting to half of all cancer diagnoses. Further, every minute two Americans will develop skin cancer this year;

Whereas the annual cancer report card issued by the National Cancer Institute and the Centers for Disease Control and Prevention showed that the overall cancer inci-

dence rate is in decline in all but two cancers, skin cancer and non-Hodgkins Lymphoma;

Whereas actinic keratosis is the beginning of the continuum of an invasive squamous cell carcinoma and occur primarily on the sun-exposed areas of the skin;

Whereas the mutation in the P-53 gene in an invasive squamous cell carcinoma is identical to the mutation found in actinic keratoses;

Whereas it is impossible to accurately predict in which patient or lesion an actinic keratosis will progress into an invasive squamous cell carcinoma; Therefore, all actinic keratoses should be treated;

Whereas treatment of actinic keratosis avoids the potentially more extensive and expensive treatment of a subsequent invasive squamous cell carcinoma;

Whereas treatment and removal of actinic keratosis lesions varies depending on the presenting conditions of the beneficiary and, therefore, the treating physician, in consultation with the beneficiary, must determine what course of treatment is clinically appropriate;

Whereas surgical removal of actinic keratoses lesions is the clinical standard of medical care because it produces the most positive outcomes in the majority of cases presented by beneficiaries;

Whereas the Medicare Carriers Manual states that a Local Medical Review Policy must be based on the strongest evidence available, including scientific data or research studies published in peer-reviewed medical journals, the consensus of expert medical opinion, or medical option derived from consultations with medical associations or other health care experts;

Whereas Local Medical Review Policies promulgated by Medicare carriers in a number of states do not reflect the consensus of expert medical opinion or the accepted standard of care for actinic keratoses treatment and removal, thereby directly interfering with the physician-to-patient relationship;

Whereas these diverse Local Medical Review Policies for actinic keratoses treatment and removal are creating confusion for beneficiaries, participating physicians, and carriers alike; and

Whereas the Medicare statute prohibits any Federal officer or employee from exercising “any supervision or control over the practice of medicine or the manner in which medical services are provided . . .”: Now, therefore, be it

1 *Resolved by the House of Representatives (the Senate*
 2 *concurring)*, That it is the sense of Congress that the
 3 Medicare program should cover the treatment and removal
 4 of actinic keratoses based on the appropriate standard of
 5 care as determined by a beneficiary’s treating physician,
 6 in consultation with the beneficiary.

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