

107TH CONGRESS
1ST SESSION

H. R. 2484

To amend title XVIII of the Social Security Act to improve outpatient vision services under part B of the Medicare Program.

IN THE HOUSE OF REPRESENTATIVES

JULY 12, 2001

Mr. CAPUANO (for himself, Mr. FOLEY, Mr. TOWNS, Mr. WELDON of Florida, Mr. BUYER, and Mr. McDERMOTT) introduced the following bill; which was referred to the Committee on Energy and 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 outpatient vision services under part B of 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.**

4 This Act may be cited as the “Medicare Vision Reha-
5 bilitation Services Act of 2001”.

1 **SEC. 2. IMPROVEMENT OF OUTPATIENT VISION SERVICES**

2 **UNDER PART B.**

3 (a) **COVERAGE UNDER PART B.**—Section 1861(s)(2)
4 of the Social Security Act (42 U.S.C. 1395x(s)(2)), as
5 amended by sections 102(a) and 105(a) of the Medicare,
6 Medicaid, and SCHIP Benefits Improvement and Protec-
7 tion Act of 2000, as enacted into law by section 1(a)(6)
8 of Public Law 106–554, is amended—

9 (1) in subparagraph (U), by striking “and” at
10 the end;

11 (2) in subparagraph (V), by inserting “and” at
12 the end; and

13 (3) by adding at the end the following new sub-
14 paragraph:

15 “(W) vision rehabilitation services (as defined
16 in subsection (ww)(1));”.

17 (b) **SERVICES DESCRIBED.**—Section 1861 of the So-
18 cial Security Act (42 U.S.C. 1395x), as amended by sec-
19 tions 102(b) and 105(b) of the Medicare, Medicaid, and
20 SCHIP Benefits Improvement and Protection Act of
21 2000, as enacted into law by section 1(a)(6) of Public Law
22 106–554, is amended by adding at the end the following
23 new subsection:

1 “Vision Rehabilitation Services: Vision Rehabilitation
2 Professional

3 “(ww)(1)(A) The term ‘vision rehabilitation services’
4 means rehabilitative services (as determined by the Sec-
5 retary in regulations) furnished—

6 “(i) to an individual diagnosed with a vision im-
7 pairment (as defined in paragraph (6)),

8 “(ii) pursuant to a plan of care established by
9 a qualified physician (as defined in subparagraph
10 (C)), or by a qualified occupational therapist, and is
11 periodically reviewed by the qualified physician,

12 “(iii) in an appropriate setting (including the
13 home of the individual receiving such services if
14 specified in the plan of care), and

15 “(iv) by any of the following individuals:

16 “(I) A qualified physician.

17 “(II) A qualified occupational therapist.

18 “(III) A vision rehabilitation professional
19 (as defined in paragraph (2)) while under the
20 general supervision (as defined in subparagraph
21 (D)) of a qualified physician.

22 “(B) In the case of vision rehabilitation services fur-
23 nished by a vision rehabilitation professional, the plan of
24 care may only be established and reviewed by a qualified
25 physician.

1 “(C) The term ‘qualified physician’ means—

2 “(i) a physician (as defined in subsection
3 (r)(1)) who is an ophthalmologist; or

4 “(ii) a physician (as defined in subsection (r)(4)
5 (relating to a doctor of optometry)).

6 “(D) The term ‘general supervision’ means, with re-
7 spect to a vision rehabilitation professional, overall direc-
8 tion and control of that professional by the qualified physi-
9 cian who established the plan of care for the individual,
10 but the presence of the qualified physician is not required
11 during the furnishing of vision rehabilitation services by
12 that professional to the individual.

13 “(2) The term ‘vision rehabilitation professional’
14 means any of the following individuals:

15 “(A) An orientation and mobility specialist (as
16 defined in paragraph (3)).

17 “(B) A rehabilitation teacher (as defined in
18 paragraph (4)).

19 “(C) A low vision therapist (as defined in para-
20 graph (5)).

21 “(3) The term ‘orientation and mobility specialist’
22 means an individual who—

23 “(A) if a State requires licensure or certifi-
24 cation of orientation and mobility specialists, is li-

1 censed or certified by that State as an orientation
2 and mobility specialist;

3 “(B)(i) holds a baccalaureate or higher degree
4 from an accredited college or university in the
5 United States (or an equivalent foreign degree) with
6 a concentration in orientation and mobility; and

7 “(ii) has successfully completed 350 hours of
8 clinical practicum under the supervision of an ori-
9 entation and mobility specialist and has furnished
10 not less than 9 months of supervised full-time ori-
11 entation and mobility services;

12 “(C) has successfully completed the national ex-
13 amination in orientation and mobility administered
14 by the Academy for Certification of Vision Rehabili-
15 tation and Education Professionals; and

16 “(D) meets such other criteria as the Secretary
17 establishes.

18 “(4) The term ‘rehabilitation teacher’ means an indi-
19 vidual who—

20 “(A) if a State requires licensure or certifi-
21 cation of rehabilitation teachers, is licensed or cer-
22 tified by the State as a rehabilitation teacher;

23 “(B)(i) holds a baccalaureate or higher degree
24 from an accredited college or university in the
25 United States (or an equivalent foreign degree) with

1 a concentration in rehabilitation teaching, or holds
2 such a degree in a health field; and

3 “(ii) has successfully completed 350 hours of
4 clinical practicum under the supervision of a reha-
5 bilitation teacher and has furnished not less than 9
6 months of supervised full-time rehabilitation teach-
7 ing services;

8 “(C) has successfully completed the national ex-
9 amination in rehabilitation teaching administered by
10 the Academy for Certification of Vision Rehabilita-
11 tion and Education Professionals; and

12 “(D) meets such other criteria as the Secretary
13 establishes.

14 “(5) The term ‘low vision therapist’ means an indi-
15 vidual who—

16 “(A) if a State requires licensure or certifi-
17 cation of low vision therapists, is licensed or certified
18 by the State as a low vision therapist;

19 “(B)(i) holds a baccalaureate or higher degree
20 from an accredited college or university in the
21 United States (or an equivalent foreign degree) with
22 a concentration in low vision therapy, or holds such
23 a degree in a health field; and

24 “(ii) has successfully completed 350 hours of
25 clinical practicum under the supervision of a physi-

1 cian, and has furnished not less than 9 months of
2 supervised full-time low vision therapy services;

3 “(C) has successfully completed the national ex-
4 amination in low vision therapy administered by the
5 Academy for Certification of Vision Rehabilitation
6 and Education Professionals; and

7 “(D) meets such other criteria as the Secretary
8 establishes.

9 “(6) The term ‘vision impairment’ means vision loss
10 that constitutes a significant limitation of visual capability
11 resulting from disease, trauma, or a congenital or degen-
12 erative condition that cannot be corrected by conventional
13 means, including refractive correction, medication, or sur-
14 gery, and that is manifested by one or more of the fol-
15 lowing:

16 “(A) Best corrected visual acuity of less than
17 20/60, or significant central field defect.

18 “(B) Significant peripheral field defect includ-
19 ing homonymous or heteronymous bilateral visual
20 field defect or generalized contraction or constriction
21 of field.

22 “(C) Reduced peak contrast sensitivity in con-
23 junction with a condition described in subparagraph
24 (A) or (B).

1 “(D) Such other diagnoses, indications, or other
2 manifestations as the Secretary may determine to be
3 appropriate.”.

4 (c) PAYMENT UNDER PART B.—

5 (1) PHYSICIAN FEE SCHEDULE.—Section
6 1848(j)(3) of the Social Security Act (42 U.S.C.
7 1395w-4(j)(3)) is amended by inserting “(2)(W),”
8 after “(2)(S),”.

9 (2) CARVE OUT FROM HOSPITAL OUTPATIENT
10 DEPARTMENT PROSPECTIVE PAYMENT SYSTEM.—
11 Section 1833(t)(1)(B)(iv) of such Act (42 U.S.C.
12 1395l(t)(1)(B)(iv)), as redesignated by section
13 201(e)(1)(B) of the Medicare, Medicaid, and SCHIP
14 Balanced Budget Refinement Act of 1999 (as en-
15 acted into law by section 1000(a)(6) of Public Law
16 106-113), is amended by inserting “vision rehabili-
17 tation services (as defined in section 1861(ww)(1)),
18 or” after “does not include”.

19 (3) CLARIFICATION OF BILLING REQUIRE-
20 MENTS.—The first sentence of section 1842(b)(6) of
21 such Act (42 U.S.C. 1395u(b)(6)) is amended—

22 (A) by striking “and” before “(G)”; and

23 (B) by inserting before the period the fol-
24 lowing: “, and (H) in the case of vision rehabili-
25 tation services (as defined in section

1 1861(ww)(1)) furnished by a vision rehabilita-
2 tion professional (as defined in section
3 1861(ww)(2)) while under the general super-
4 vision (as defined in section 1861(ww)(1)(D))
5 of a qualified physician (as defined in section
6 1861(ww)(1)(C)), payment shall be made to (i)
7 the qualified physician or (ii) the facility (such
8 as a rehabilitation agency, a clinic, or other fa-
9 cility) through which such services are fur-
10 nished under the plan of care if there is a con-
11 tractual arrangement between the vision reha-
12 bilitation professional and the facility under
13 which the facility submits the bill for such serv-
14 ices”.

15 (d) PLAN OF CARE.—Section 1835(a)(2) of the So-
16 cial Security Act (42 U.S.C. 1395n(a)(2)) is amended—

17 (1) in subparagraph (E), by striking “and” at
18 the end;

19 (2) in subparagraph (F), by striking the period
20 and inserting “; and

21 (3) by inserting after subparagraph (F) the fol-
22 lowing new subparagraph:

23 “(G) in the case of vision rehabilitation
24 services, that (i) such services are or were re-
25 quired because the individual needed vision re-

1 habilitation services, (ii) an individualized, writ-
2 ten plan for furnishing such services has been
3 established (I) by a qualified physician (as de-
4 fined in section 1861(w)(1)(C)), (II) by a
5 qualified occupational therapist, or (III) in the
6 case of such services furnished by a vision reha-
7 bilitation professional, by a qualified physician,
8 (iii) the plan is periodically reviewed by the
9 qualified physician, and (iv) such services are or
10 were furnished while the individual is or was
11 under the care of the qualified physician.”.

12 (e) RELATIONSHIP TO REHABILITATION ACT OF
13 1973.—The provision of vision rehabilitation services
14 under the medicare program under title XVIII of the So-
15 cial Security Act (42 U.S.C. 1395 et seq.) shall not be
16 taken into account for any purpose under the Rehabilita-
17 tion Act of 1973 (29 U.S.C. 701 et seq.).

18 (f) EFFECTIVE DATE.—

19 (1) INTERIM, FINAL REGULATIONS.—The Sec-
20 retary shall publish a rule under this section in the
21 Federal Register by not later than 180 days after
22 the date of the enactment of this section to carry
23 out the provisions of this section. Such rule shall be
24 effective and final immediately on an interim basis,
25 but is subject to change and revision after public no-

1 tice and opportunity for a period (of not less than
2 60 days) for public comment.

3 (2) CONSULTATION.—The Secretary shall con-
4 sult with the National Vision Rehabilitation Cooper-
5 ative, the Association for Education and Rehabilita-
6 tion of the Blind and Visually Impaired, the Acad-
7 emy for Certification of Vision Rehabilitation and
8 Education Professionals, the American Academy of
9 Ophthalmology, the American Occupational Therapy
10 Association, the American Optometric Association,
11 and such other qualified professional and consumer
12 organizations as the Secretary determines appro-
13 priate in promulgating regulations to carry out this
14 Act.

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