

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

2 “(I) A qualified physician.

3 “(II) A qualified occupational therapist.

4 “(III) A vision rehabilitation professional
5 (as defined in paragraph (2)) while under the
6 general supervision (as defined in subparagraph
7 (D)) of a qualified physician.

8 “(B) In the case of vision rehabilitation services fur-
9 nished by a vision rehabilitation professional, the plan of
10 care may only be established and reviewed by a qualified
11 physician.

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

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

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

17 “(D) The term ‘general supervision’ means, with re-
18 spect to a vision rehabilitation professional, overall direc-
19 tion and control of that professional by the qualified physi-
20 cian who established the plan of care for the individual,
21 but the presence of the qualified physician is not required
22 during the furnishing of vision rehabilitation services by
23 that professional to the individual.

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

1 “(A) An orientation and mobility specialist (as
2 defined in paragraph (3)).

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

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

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

9 “(A) if a State requires licensure or certifi-
10 cation of orientation and mobility specialists, is li-
11 censed or certified by that State as an orientation
12 and mobility specialist;

13 “(B)(i) holds a baccalaureate or higher degree
14 from an accredited college or university in the
15 United States (or an equivalent foreign degree) with
16 a concentration in orientation and mobility; and

17 “(ii) has successfully completed 350 hours of
18 clinical practicum under the supervision of an ori-
19 entation and mobility specialist and has furnished
20 not less than 9 months of supervised full-time ori-
21 entation and mobility services;

22 “(C) has successfully completed the national ex-
23 amination in orientation and mobility administered
24 by the Academy for Certification of Vision Rehabili-
25 tation and Education Professionals; and

1 “(D) meets such other criteria as the Secretary
2 establishes.

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

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

8 “(B)(i) holds a baccalaureate or higher degree
9 from an accredited college or university in the
10 United States (or an equivalent foreign degree) with
11 a concentration in rehabilitation teaching, or holds
12 such a degree in a health field; and

13 “(ii) has successfully completed 350 hours of
14 clinical practicum under the supervision of a reha-
15 bilitation teacher and has furnished not less than 9
16 months of supervised full-time rehabilitation teach-
17 ing services;

18 “(C) has successfully completed the national ex-
19 amination in rehabilitation teaching administered by
20 the Academy for Certification of Vision Rehabilita-
21 tion and Education Professionals; and

22 “(D) meets such other criteria as the Secretary
23 establishes.

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

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

4 “(B)(i) holds a baccalaureate or higher degree
5 from an accredited college or university in the
6 United States (or an equivalent foreign degree) with
7 a concentration in low vision therapy, or holds such
8 a degree in a health field; and

9 “(ii) has successfully completed 350 hours of
10 clinical practicum under the supervision of a physi-
11 cian, and has furnished not less than 9 months of
12 supervised full-time low vision therapy services;

13 “(C) has successfully completed the national ex-
14 amination in low vision therapy administered by the
15 Academy for Certification of Vision Rehabilitation
16 and Education Professionals; and

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

19 “(6) The term ‘vision impairment’ means vision loss
20 that constitutes a significant limitation of visual capability
21 resulting from disease, trauma, or a congenital or degen-
22 erative condition that cannot be corrected by conventional
23 means, including refractive correction, medication, or sur-
24 gery, and that is manifested by one or more of the fol-
25 lowing:

1 “(A) Best corrected visual acuity of less than
2 20/60, or significant central field defect.

3 “(B) Significant peripheral field defect includ-
4 ing homonymous or heteronymous bilateral visual
5 field defect or generalized contraction or constriction
6 of field.

7 “(C) Reduced peak contrast sensitivity in con-
8 junction with a condition described in subparagraph
9 (A) or (B).

10 “(D) Such other diagnoses, indications, or other
11 manifestations as the Secretary may determine to be
12 appropriate.”.

13 (c) PAYMENT UNDER PART B.—

14 (1) PHYSICIAN FEE SCHEDULE.—Section
15 1848(j)(3) of the Social Security Act (42 U.S.C.
16 1395w-4(j)(3)) is amended by inserting “(2)(W),”
17 after “(2)(S),”.

18 (2) CARVE OUT FROM HOSPITAL OUTPATIENT
19 DEPARTMENT PROSPECTIVE PAYMENT SYSTEM.—
20 Section 1833(t)(1)(B)(iv) of such Act (42 U.S.C.
21 1395l(t)(1)(B)(iv)), as redesignated by section
22 201(e)(1)(B) of the Medicare, Medicaid, and SCHIP
23 Balanced Budget Refinement Act of 1999 (as en-
24 acted into law by section 1000(a)(6) of Public Law
25 106-113), is amended by inserting “vision rehabili-

1 tation services (as defined in section 1861(ww)(1)),
2 or” after “does not include”.

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

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

7 (B) by inserting before the period the fol-
8 lowing: “, and (H) in the case of vision rehabili-
9 tation services (as defined in section
10 1861(ww)(1)) furnished by a vision rehabilita-
11 tion professional (as defined in section
12 1861(ww)(2)) while under the general super-
13 vision (as defined in section 1861(ww)(1)(D))
14 of a qualified physician (as defined in section
15 1861(ww)(1)(C)), payment shall be made to (i)
16 the qualified physician or (ii) the facility (such
17 as a rehabilitation agency, a clinic, or other fa-
18 cility) through which such services are fur-
19 nished under the plan of care if there is a con-
20 tractual arrangement between the vision reha-
21 bilitation professional and the facility under
22 which the facility submits the bill for such serv-
23 ices”.

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

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

3 (2) in subparagraph (F), by striking the period
4 and inserting “; and”; and

5 (3) by inserting after subparagraph (F) the fol-
6 lowing new subparagraph:

7 “(G) in the case of vision rehabilitation
8 services, that (i) such services are or were re-
9 quired because the individual needed vision re-
10 habilitation services, (ii) an individualized, writ-
11 ten plan for furnishing such services has been
12 established (I) by a qualified physician (as de-
13 fined in section 1861(w)(1)(C)), (II) by a
14 qualified occupational therapist, or (III) in the
15 case of such services furnished by a vision reha-
16 bilitation professional, by a qualified physician,
17 (iii) the plan is periodically reviewed by the
18 qualified physician, and (iv) such services are or
19 were furnished while the individual is or was
20 under the care of the qualified physician.”.

21 (e) RELATIONSHIP TO REHABILITATION ACT OF
22 1973.—The provision of vision rehabilitation services
23 under the medicare program under title XVIII of the So-
24 cial Security Act (42 U.S.C. 1395 et seq.) shall not be

1 taken into account for any purpose under the Rehabilita-
2 tion Act of 1973 (29 U.S.C. 701 et seq.).

3 (f) EFFECTIVE DATE.—

4 (1) INTERIM, FINAL REGULATIONS.—The Sec-
5 retary of Health and Human Services shall publish
6 a rule under this section in the Federal Register by
7 not later than 180 days after the date of the enact-
8 ment of this section to carry out the provisions of
9 this section. Such rule shall be effective and final
10 immediately on an interim basis, but is subject to
11 change and revision after public notice and oppor-
12 tunity for a period (of not less than 60 days) for
13 public comment.

14 (2) CONSULTATION.—The Secretary of Health
15 and human Services shall consult with the National
16 Vision Rehabilitation Cooperative, the Association
17 for Education and Rehabilitation of the Blind and
18 Visually Impaired, the Academy for Certification of
19 Vision Rehabilitation and Education Professionals,
20 the American Academy of Ophthalmology, the Amer-
21 ican Occupational Therapy Association, the Amer-
22 ican Optometric Association, and such other quali-
23 fied professional and consumer organizations as the

- 1 Secretary determines appropriate in promulgating
- 2 regulations to carry out this Act.

○