

107TH CONGRESS
2D SESSION

S. 2057

To amend title XVIII of the Social Security Act to permit expansion of medical residency training programs in geriatric medicine and to provide for reimbursement of care coordination and assessment services provided under the medicare program.

IN THE SENATE OF THE UNITED STATES

MARCH 21, 2002

Mrs. LINCOLN (for herself, Mr. REID, Mr. BINGAMAN, Mrs. MURRAY, Ms. LANDRIEU, Ms. MIKULSKI, Mr. GRAHAM, Ms. SNOWE, Mr. CORZINE, and Mrs. CARNAHAN) introduced the following bill; which was read twice and referred to the Committee on Finance

A BILL

To amend title XVIII of the Social Security Act to permit expansion of medical residency training programs in geriatric medicine and to provide for reimbursement of care coordination and assessment services provided 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.**

4 This Act may be cited as the “Geriatric Care Act of
5 2002”.

1 **SEC. 2. DISREGARD OF CERTAIN GERIATRIC RESIDENTS**
 2 **AGAINST GRADUATE MEDICAL EDUCATION**
 3 **LIMITATIONS.**

4 (a) DIRECT GME.—Section 1886(h)(4)(F) of the So-
 5 cial Security Act (42 U.S.C. 1395ww(h)(4)(F)) is amend-
 6 ed by adding at the end the following new clause:

7 “(iii) INCREASE IN LIMITATION FOR
 8 GERIATRIC FELLOWSHIPS.—For cost re-
 9 porting periods beginning on or after the
 10 date that is 6 months after the date of en-
 11 actment of the Geriatric Care Act of 2002,
 12 in applying the limitations regarding the
 13 total number of full-time equivalent resi-
 14 dents in the field of allopathic or osteo-
 15 pathic medicine under clause (i) for a hos-
 16 pital, rural health clinic, or Federally
 17 qualified health center, the Secretary shall
 18 not take into account a maximum of 3
 19 residents enrolled in a fellowship or resi-
 20 dency in geriatric medicine or geriatric
 21 psychiatry within an approved medical
 22 residency training program to the extent
 23 that the hospital, rural health clinic, or
 24 Federally qualified health center increases
 25 the number of such residents above the
 26 number of such residents for the hospital’s,

1 rural health clinic’s, or Federally qualified
 2 health center’s most recent cost reporting
 3 period ending before the date that is 6
 4 months after the date of enactment of such
 5 Act.”.

6 (b) INDIRECT GME.—Section 1886(d)(5)(B) of the
 7 Social Security Act (42 U.S.C. 1395ww(d)(5)(B)) is
 8 amended by adding at the end the following new clause:

9 “(ix) Clause (iii) of subsection (h)(4)(F), inso-
 10 far as such clause applies with respect to hospitals,
 11 shall apply to clause (v) in the same manner and for
 12 the same period as such clause (iii) applies to clause
 13 (i) of such subsection.”.

14 **SEC. 3. MEDICARE COVERAGE OF CARE COORDINATION**
 15 **AND ASSESSMENT SERVICES.**

16 (a) PART B COVERAGE OF CARE COORDINATION AND
 17 ASSESSMENT SERVICES.—Section 1861(s)(2) of the So-
 18 cial Security Act (42 U.S.C. 1395x(s)(2)), as amended by
 19 section 105(a) of the Medicare, Medicaid, and SCHIP
 20 Benefits Improvement and Protection Act of 2000 (114
 21 Stat. 2763A–471), as enacted into law by section 1(a)(6)
 22 of Public Law 106–554, is amended—

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

1 (2) in subparagraph (V), by inserting “and”
 2 after the semicolon at the end; and

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

5 “(W) care coordination and assessment services
 6 (as defined in subsection (ww)).”.

7 (b) CARE COORDINATION AND ASSESSMENT SERV-
 8 ICES DEFINED.—Section 1861 of the Social Security Act
 9 (42 U.S.C. 1395x) is amended by adding at the end the
 10 following new subsection:

11 “Care Coordination and Assessment Services; Individual
 12 With a Serious and Disabling Chronic Condition;
 13 Care Coordinator

14 “(ww)(1) The term ‘care coordination and assess-
 15 ment services’ means services that are furnished to an in-
 16 dividual with a serious and disabling chronic condition (as
 17 defined in paragraph (2)) by a care coordinator (as de-
 18 fined in paragraph (3)) under a plan of care prescribed
 19 by such care coordinator for the purpose of care coordina-
 20 tion and assessment, which may include any of the fol-
 21 lowing services:

22 “(A)(i)(I) An initial assessment of an individ-
 23 ual’s medical condition, functional and cognitive ca-
 24 pacity, and environmental and psychosocial needs.

1 “(II) Annual assessments after the initial as-
2 sessment performed under subclause (I), unless the
3 physician or care coordinator of the individual deter-
4 mines that additional assessments are required due
5 to sentinel health events or changes in the health
6 status of the individual that may require changes in
7 plans of care developed for the individual.

8 “(ii) The development of an initial plan of care,
9 and subsequent appropriate revisions to that plan of
10 care.

11 “(iii) The management of, and referral for,
12 medical and other health services, including multi-
13 disciplinary care conferences and coordination with
14 other providers.

15 “(iv) The monitoring and management of medi-
16 cations.

17 “(v) Patient education and counseling services.

18 “(vi) Family caregiver education and counseling
19 services.

20 “(vii) Self-management services, including
21 health education and risk appraisal to identify be-
22 havioral risk factors through self-assessment.

23 “(viii) Providing access for consultations by
24 telephone with physicians and other appropriate
25 health care professionals, including 24-hour avail-

1 ability of such professionals for emergency consulta-
2 tions.

3 “(ix) Coordination with the principal nonprofes-
4 sional caregiver in the home.

5 “(x) Managing and facilitating transitions
6 among health care professionals and across settings
7 of care, including the following:

8 “(I) Pursuing the treatment option elected
9 by the individual.

10 “(II) Including any advance directive exe-
11 cuted by the individual in the medical file of the
12 individual.

13 “(xi) Activities that facilitate continuity of care
14 and patient adherence to plans of care.

15 “(xii) Information about, and referral to, hos-
16 pice services, including patient and family caregiver
17 education and counseling about hospice, and facili-
18 tating transition to hospice when elected.

19 “(xiii) Such other medical and health care serv-
20 ices for which payment would not otherwise be made
21 under this title as the Secretary determines to be
22 appropriate for effective care coordination, including
23 the additional items and services as described in
24 subparagraph (B).

1 “(B) The Secretary may specify additional ben-
2 efits for which payment would not otherwise be
3 made under this title that may be available to eligi-
4 ble beneficiaries who have made an election under
5 this section (subject to an assessment by the care
6 coordinator of an individual beneficiary’s cir-
7 cumstances and need for such benefits) in order to
8 encourage the receipt of, or to improve the effective-
9 ness of, care coordination services.

10 “(2) For purposes of this subsection, the term ‘indi-
11 vidual with a serious and disabling chronic condition’
12 means an individual who a care coordinator annually
13 certifies—

14 “(A) is unable to perform (without substantial
15 assistance from another individual) at least 2 activi-
16 ties of daily living (as defined in paragraph (4)) for
17 a period of at least 60 days due to a loss of func-
18 tional capacity;

19 “(B) has a level of disability similar to the level
20 of disability described in subparagraph (A) (as de-
21 termined under regulations promulgated by the Sec-
22 retary);

23 “(C) has a complex medical condition (as de-
24 fined by the Secretary) that requires medical man-
25 agement and coordination of care; or

1 “(D) requires substantial supervision to protect
2 such individual from threats to health and safety
3 due to a severe cognitive impairment (as defined by
4 the Secretary) or mental condition (as defined by the
5 Secretary).

6 “(3)(A) For purposes of this subsection, the term
7 ‘care coordinator’ means an individual or entity that—

8 “(i) is—

9 “(I) a physician (as defined in subsection
10 (r)(1)); or

11 “(II) a practitioner described in section
12 1842(b)(18)(C) or an entity that meets such
13 conditions as the Secretary may specify (which
14 may include physicians, physician group prac-
15 tices, or other health care professionals or enti-
16 ties the Secretary may find appropriate) work-
17 ing in collaboration with a physician;

18 “(ii) has entered into a care coordination agree-
19 ment with the Secretary; and

20 “(iii) meets such other criteria as the Secretary
21 may establish (which may include experience in the
22 provision of care coordination or primary care physi-
23 cians’ services).

24 “(B) For purposes of subparagraph (A)(ii), each care
25 coordination agreement shall—

1 “(i) be entered into for a period of 1 year and
 2 may be renewed if the Secretary is satisfied that the
 3 care coordinator continues to meet the conditions of
 4 participation specified in subparagraph (A);

5 “(ii) assure that the care coordinator will sub-
 6 mit reports to the Secretary on the functional and
 7 medical status of individuals with a chronic and dis-
 8 abling condition who receive care coordination serv-
 9 ices, expenditures relating to such services, and
 10 health outcomes relating to such services, except
 11 that the Secretary may not require a care coordi-
 12 nator to submit more than 1 such report during a
 13 year; and

14 “(iii) contain such other terms and conditions
 15 as the Secretary may require.

16 “(4) For purposes of this subsection, the term ‘activi-
 17 ties of daily living’ means each of the following:

18 “(A) Eating.

19 “(B) Toileting.

20 “(C) Transferring.

21 “(D) Bathing.

22 “(E) Dressing.

23 “(F) Continence.

1 “(5) Rural health clinics and Federally qualified
 2 health centers shall be eligible sites at which care coordi-
 3 nation and assessment services may be provided.”.

4 (c) PAYMENT AND ELIMINATION OF COINSUR-
 5 ANCE.—

6 (1) IN GENERAL.—Section 1833(a)(1) of the
 7 Social Security Act (42 U.S.C. 1395l(a)(1)), as
 8 amended by section 223(c) of the Medicare, Med-
 9 icaid, and SCHIP Benefits Improvement and Pro-
 10 tection Act of 2000 (114 Stat. 2763A–489), as en-
 11 acted into law by section 1(a)(6) of Public Law 106–
 12 554, is amended—

13 (A) by striking “and (U)” and inserting
 14 “(U)”; and

15 (B) by inserting before the semicolon at
 16 the end the following: “, and (V) with respect
 17 to care coordination and assessment services de-
 18 scribed in section 1861(s)(2)(W), the amounts
 19 paid shall be 100 percent of the lesser of the
 20 actual charge for the service or the amount de-
 21 termined under the payment basis determined
 22 under section 1848 by the Secretary for such
 23 service”.

24 (2) PAYMENT UNDER PHYSICIAN FEE SCHED-
 25 ULE.—Section 1848(j)(3) (42 U.S.C. 1395w–

1 4(j)(3)) is amended by inserting “(2)(W),” after
 2 “(2)(S),”.

3 (3) ELIMINATION OF COINSURANCE IN OUT-
 4 PATIENT HOSPITAL SETTINGS.—The third sentence
 5 of section 1866(a)(2)(A) of the Social Security Act
 6 (42 U.S.C. 1395cc(a)(2)(A)) is amended by insert-
 7 ing after “1861(s)(10)(A)” the following: “, with re-
 8 spect to care coordination and assessment services
 9 (as defined in section 1861(ww)(1)),”.

10 (d) APPLICATION OF LIMITS ON BILLING.—Section
 11 1842(b)(18)(C) of the Social Security Act (42 U.S.C.
 12 1395u(b)(18)(C)), as amended by section 105(d) of the
 13 Medicare, Medicaid, and SCHIP Benefits Improvement
 14 and Protection Act of 2000 (114 Stat. 2763A–472), as
 15 enacted into law by section 1(a)(6) of Public Law 106–
 16 554, is amended by adding at the end the following new
 17 clause:

18 “(vii) A care coordinator (as defined in section
 19 1861(ww)(3)) that is not a physician.”.

20 (e) EXCEPTION TO LIMITS ON PHYSICIAN REFER-
 21 RALS.—Section 1877(b) of the Social Security Act (42
 22 U.S.C. 1395nn(b)) is amended—

23 (1) by redesignating paragraph (4) as para-
 24 graph (5); and

1 (2) by inserting after paragraph (3) the fol-
 2 lowing new paragraph:

3 “(4) PRIVATE SECTOR PURCHASING AND QUAL-
 4 ITY IMPROVEMENT TOOLS FOR ORIGINAL MEDI-
 5 CARE.—In the case of a designated health service, if
 6 the designated health service is—

7 “(A) a care coordination and assessment
 8 service (as defined in section 1861(ww)(1)); and

9 “(B) provided by a care coordinator (as
 10 defined in paragraph (3) of such section).”.

11 (f) RULEMAKING.—The Secretary of Health and
 12 Human Services shall define such terms and establish
 13 such procedures as the Secretary determines necessary to
 14 implement the provisions of this section.

15 (g) EFFECTIVE DATE.—The amendments made by
 16 this section shall apply to care coordination and assess-
 17 ment services furnished on or after January 1, 2003.

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