

108TH CONGRESS
1ST SESSION

S. 869

To amend title XVIII of the Social Security Act to provide for enhanced reimbursement under the medicare program for screening and diagnostic mammography services, and for other purposes.

IN THE SENATE OF THE UNITED STATES

APRIL 10, 2003

Mr. HARKIN (for himself, Ms. SNOWE, Mr. INOUE, Mr. GRAHAM of South Carolina, Mrs. MURRAY, Mr. CORZINE, Mr. BIDEN, Mr. SPECTER, Ms. LANDRIEU, Mr. JOHNSON, Mrs. LINCOLN, Mr. HOLLINGS, Ms. MIKULSKI, Mrs. CLINTON, and Ms. COLLINS) 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 provide for enhanced reimbursement under the medicare program for screening and diagnostic mammography services, and for other purposes.

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 “Assure Access to Mam-
5 mography Act of 2003”.

1 **SEC. 2. ENHANCED REIMBURSEMENT UNDER THE MEDI-**
2 **CARE PROGRAM FOR SCREENING AND DIAG-**
3 **NOSTIC MAMMOGRAPHY SERVICES FUR-**
4 **NISHED IN 2003.**

5 (a) PAYMENTS TO FACILITIES FOR SCREENING AND
6 DIAGNOSTIC MAMMOGRAPHY.—

7 (1) IN GENERAL.—Notwithstanding any other
8 provision of law, with respect to payment for a
9 screening or diagnostic mammography furnished to
10 a medicare beneficiary, the amount of payment made
11 to a hospital-based facility (defined in paragraph
12 (4)) in which such screening or diagnostic mammog-
13 raphy is performed during the applicable period de-
14 scribed in paragraph (3) is equal to 200 percent of
15 the amount of payment that would otherwise apply
16 under the fee schedule established under section
17 1848 of the Social Security Act (42 U.S.C. 1395w-
18 4) with respect to the technical component of such
19 screening or diagnostic mammography.

20 (2) TEMPORARY PAYMENT RULE.—With respect
21 to payments to a hospital-based facility for screening
22 or diagnostic mammography described in paragraph
23 (1) during the applicable period, payment shall be
24 made to the facility for such mammography pursu-
25 ant to this subsection and shall not be made under
26 section 1833(t) of such Act (42 U.S.C. 1395l(t)).

1 (3) APPLICABLE PERIOD.—The applicable pe-
2 riod referred to in paragraph (1) is the period begin-
3 ning on the date of the enactment of this Act and
4 ending on the date the Secretary establishes and im-
5 plements an appropriate facility payment rate under
6 the prospective payment system for covered out-
7 patient services under such section 1833(t) for a
8 screening or diagnostic mammography furnished to
9 a medicare beneficiary, but in no case less than the
10 amount payment provided for in paragraph (1).

11 (4) HOSPITAL-BASED FACILITY DEFINED.—In
12 this subsection, the term “hospital-based facility”
13 means a facility for which payment is made for a di-
14 agnostic or screening mammography under such sec-
15 tion 1833(t) but for this subsection.

16 (b) NOT COUNTING CERTAIN RADIOLOGY RESI-
17 DENTS AGAINST GRADUATE MEDICAL EDUCATION LIMI-
18 TATIONS.—

19 (1) IN GENERAL.—For cost reporting periods
20 beginning on or after October 1, 2003, and before
21 October 1, 2008, in applying the limitations regard-
22 ing the total number of full-time equivalent residents
23 in the field of allopathic or osteopathic medicine
24 under subsections (d)(5)(B)(v) and (h)(4)(F) of sec-
25 tion 1886 of the Social Security Act (42 U.S.C.

1 1395ww) for a hospital, the Secretary of Health and
2 Human Services shall not take into account 1 addi-
3 tional resident in the field of radiology per post-
4 graduate year during each such cost reporting period
5 to the extent the hospital increases the number of
6 radiology residents above the number of such resi-
7 dents for the hospital's most recent cost reporting
8 period ending before October 1, 2003.

9 (2) TREATMENT FOR ENTIRE PERIOD OF
10 TRAINING PROGRAM.—The provisions of paragraph
11 (1) shall apply for each year of the full-time equiva-
12 lent resident's approved medical residency training
13 program in the field of radiology not taken into ac-
14 count by reason of paragraph (1).

15 (c) CONSTRUCTION.—Nothing in this section shall be
16 construed as affecting the provisions of section 104(d) of
17 the Medicare, Medicaid, and SCHIP Benefits Improve-
18 ment and Protection Act of 2000 (as enacted into law by
19 section 1(a)(6) of Public Law 106–554) (relating to pay-
20 ment for new technologies).

21 **SEC. 3. IOM STUDY AND REPORT ON MEDICARE REIM-**
22 **BURSEMENT FOR GENDER-SPECIFIC SERV-**
23 **ICES.**

24 (a) STUDY.—The Secretary of Health and Human
25 Services shall enter into an arrangement with the Institute

1 of Medicine of the National Academy of Sciences to con-
2 duct a study of—

3 (1) the relative value units established by the
4 Secretary under the medicare physician fee schedule
5 under section 1848 of the Social Security Act (42
6 U.S.C. 1395w-4) for physicians' services that are
7 gender-specific; and

8 (2) adjustments to payment amounts under the
9 prospective payment systems for inpatient hospital
10 services (under section 1886(d) of such Act (42
11 U.S.C. 1395ww(d))) and for covered skilled nursing
12 facility services (under section 1888(e) of such Act
13 (42 U.S.C. 1395yy(e))) that are gender specific.

14 (b) REPORT.—

15 (1) IN GENERAL.—Such arrangement shall pro-
16 vide that the Institute shall submit to the Secretary
17 a report on the study conducted under subsection
18 (a) by not later than December 31, 2004.

19 (2) RECOMMENDATIONS.—The report shall in-
20 clude such recommendations regarding the appro-
21 priateness of adjusting the relative value units for
22 physicians' services or the prospective payment
23 amounts for inpatient hospital services or covered
24 skilled nursing facility services that are gender-spe-
25 cific, as the Institute determines appropriate.

1 (3) TRANSMISSION TO CONGRESS.—The Sec-
2 retary shall promptly transmit a copy of such report
3 to Congress.

4 **SEC. 4. MEDPAC STUDY AND REPORT ON MEDICARE REIM-**
5 **BURSEMENT FOR SCREENING SERVICES.**

6 (a) STUDY.—The Medicare Payment Advisory Com-
7 mission shall conduct a study of the relative value units
8 established by the Secretary of Health and Human Serv-
9 ices under the medicare physician fee schedule under sec-
10 tion 1848 of the Social Security Act (42 U.S.C. 1395w-
11 4) for screening services that are reimbursed under such
12 fee schedule.

13 (b) REPORT.—Not later than March 1, 2004, the
14 Commission shall submit to Congress a report on the
15 study conducted under subsection (a), together with such
16 recommendations regarding the appropriateness of adjust-
17 ing the relative value units for screening services that are
18 reimbursed under the physician fee schedule as the Com-
19 mission determines appropriate.

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