

110TH CONGRESS
1ST SESSION

S. 1164

To amend title XVIII of the Social Security Act to improve patient access to, and utilization of, the colorectal cancer screening benefit under the Medicare Program.

IN THE SENATE OF THE UNITED STATES

APRIL 19, 2007

Mr. CARDIN (for himself, Ms. COLLINS, Mr. LIEBERMAN, Mr. GRAHAM, and Mr. NELSON of Nebraska) 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 improve patient access to, and utilization of, the colorectal cancer screening benefit 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 “Colon Cancer Screen
5 for Life Act of 2007”.

6 **SEC. 2. SENSE OF CONGRESS.**

7 It is the sense of Congress that—

8 (1) colorectal cancer screening tests (as defined
9 in section 1861(pp)(1) of the Social Security Act (42

1 U.S.C. 1395x(pp)(1)) covered under the Medicare
2 Program have been severely underutilized, with the
3 Comptroller General of the United States reporting
4 in 2000 that since coverage of such tests was imple-
5 mented, the percentage of beneficiaries under the
6 Medicare Program receiving either a screening or a
7 diagnostic colonoscopy has increased by only 1 per-
8 cent;

9 (2) in recognition of the need to improve rates
10 of colorectal cancer screening in the Medicare Pro-
11 gram, Congress enacted provisions in the Medicare
12 Prescription Drug, Improvement, and Modernization
13 Act of 2003 to require physicians to provide a refer-
14 ral for colorectal cancer screening as part of the new
15 initial preventive physical examination, beginning
16 January 1, 2005;

17 (3) the Centers for Medicare & Medicaid Serv-
18 ices should encourage health care providers to use
19 more effective screening and diagnostic health care
20 technologies in the area of colorectal cancer screen-
21 ing;

22 (4) in recent years, the Centers for Medicare &
23 Medicaid Services has subjected colorectal cancer
24 screening tests to some of the largest reimbursement
25 reductions under the Medicare Program;

1 (5) unlike other preventive screening tests cov-
 2 ered under the Medicare Program, health care pro-
 3 viders must consult with beneficiaries prior to fur-
 4 nishing a screening colonoscopy in order to—

5 (A) ascertain the medical and family his-
 6 tory of the beneficiary; and

7 (B) inform the beneficiary of preparatory
 8 steps that must be taken prior to the procedure;
 9 and

10 (6) reimbursement under the Medicare Pro-
 11 gram is not currently available for the consultations
 12 described in paragraph (5) despite the fact that re-
 13 imbursement is provided under such program for
 14 similar consultations prior to a diagnostic
 15 colonoscopy.

16 **SEC. 3. INCREASE IN PART B REIMBURSEMENT FOR**
 17 **COLORECTAL CANCER SCREENING AND DI-**
 18 **AGNOSTIC TESTS.**

19 (a) IN GENERAL.—Section 1834(d) of the Social Se-
 20 curity Act (42 U.S.C. 1395m(d)) is amended by adding
 21 at the end the following new paragraph:

22 “(4) ENHANCED PART B PAYMENT FOR
 23 COLORECTAL CANCER SCREENING AND DIAGNOSTIC
 24 TESTS.—

1 “(A) NONFACILITY RATES.—Notwith-
2 standing paragraphs (2)(A) and (3)(A), the
3 Secretary shall establish national minimum pay-
4 ment amounts for CPT codes 45378, 45380,
5 and 45385, and HCPCS codes G0105 and
6 GO121 for items and services furnished on or
7 after January 1, 2008, which reflect a 10-per-
8 cent increase above the relative value units in
9 effect as the nonfacility rates for such codes on
10 December 31, 2007, with such revised payment
11 level to apply to items and services performed
12 in a nonfacility setting.

13 “(B) FACILITY RATES.—Notwithstanding
14 paragraphs (2)(A) and (3)(A), the Secretary
15 shall establish national minimum payment
16 amounts for CPT codes 45378, 45380, and
17 45385, and HCPCS codes G0105 and GO121
18 for items and services furnished on or after
19 January 1, 2008, which reflect a 30-percent in-
20 crease above the relative value units in effect as
21 the facility rates for such codes on December
22 31, 2007, with such revised payment level to
23 apply to items and services performed in a facil-
24 ity setting.

1 “(C) ANNUAL ADJUSTMENTS.—In the case
2 of items and services furnished on or after Jan-
3 uary 1, 2008, the payment rates described in
4 subparagraphs (A) and (B) shall, subject to the
5 minimum payment amounts established in such
6 subparagraphs, be adjusted annually as pro-
7 vided in section 1848.”.

8 (b) NO EFFECT ON HOPD PAYMENTS.—The Sec-
9 retary of Health and Human Services shall not take into
10 account the provisions of section 1834(d)(4) of the Social
11 Security Act, as added by subsection (a), in determining
12 the amount of payment for any covered OPD service under
13 the prospective payment system for hospital outpatient de-
14 partment services under section 1833(t) of such Act (42
15 U.S.C. 1395l(t)).

16 **SEC. 4. MEDICARE COVERAGE OF OFFICE VISIT OR CON-**
17 **SULTATION PRIOR TO A SCREENING**
18 **COLONOSCOPY OR IN CONJUNCTION WITH A**
19 **BENEFICIARY’S DECISION TO OBTAIN SUCH A**
20 **SCREENING.**

21 (a) COVERAGE.—Section 1861(s)(2) of the Social Se-
22 curity Act (42 U.S.C. 1395x(s)(2)) is amended—

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

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

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

5 “(BB) an outpatient office visit or con-
6 sultation for the purpose of beneficiary edu-
7 cation, assuring selection of the proper screen-
8 ing test, and securing information relating to
9 the procedure and sedation of the beneficiary,
10 prior to a colorectal cancer screening test con-
11 sisting of a screening colonoscopy or in conjunc-
12 tion with the beneficiary’s decision to obtain
13 such a screening, regardless of whether such
14 screening is medically indicated with respect to
15 the beneficiary;”.

16 (b) PAYMENT.—

17 (1) IN GENERAL.—Section 1833(a)(1) of the
18 Social Security Act (42 U.S.C. 1395l(a)(1)) is
19 amended—

20 (A) by striking “and” before “(V)”; and

21 (B) by inserting before the semicolon at
22 the end the following: “, and (W) with respect
23 to an outpatient office visit or consultation
24 under section 1861(s)(2)(BB), the amounts
25 paid shall be 80 percent of the lesser of the ac-

1 tual charge or the amount established under
2 section 1848”.

3 (2) PAYMENT UNDER PHYSICIAN FEE SCHED-
4 ULE.—Section 1848(j)(3) of the Social Security Act
5 (42 U.S.C. 1395w-4(j)(3)) is amended by inserting
6 “(2)(BB),” after “(2)(AA),”.

7 (3) REQUIREMENT FOR ESTABLISHMENT OF
8 PAYMENT AMOUNT UNDER PHYSICIAN FEE SCHED-
9 ULE.—Section 1834(d) of the Social Security Act
10 (42 U.S.C. 1395m(d)), as amended by section 3, is
11 amended by adding at the end the following new
12 paragraph:

13 “(5) PAYMENT FOR OUTPATIENT OFFICE VISIT
14 OR CONSULTATION PRIOR TO SCREENING
15 COLONOSCOPY.—With respect to an outpatient office
16 visit or consultation under section 1861(s)(2)(BB),
17 payment under section 1848 shall be consistent with
18 the payment amounts for CPT codes 99203 and
19 99243.”.

20 (c) EFFECTIVE DATE.—The amendments made by
21 this section shall apply to items and services provided on
22 or after January 1, 2008.

1 **SEC. 5. TECHNICAL AMENDMENT TO WAIVER OF DEDUCT-**
2 **IBLE FOR COLORECTAL CANCER SCREENING**
3 **TESTS.**

4 (a) **IN GENERAL.**—Section 1833(b)(8) of the Social
5 Security Act (42 U.S.C. 1395l(b)(8)), as inserted by sec-
6 tion 5113(a) of the Deficit Reduction Act of 2005 (Public
7 Law 109–171), is amended by inserting “, regardless of
8 the code applied, a particular diagnosis, or whether a con-
9 nected procedure is performed” after “1861(pp)(1)”.

10 (b) **EFFECTIVE DATE.**—The amendment made by
11 this section shall apply to items and services furnished on
12 or after January 1, 2008.

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