

110TH CONGRESS
1ST SESSION

H. R. 1571

To amend title XVIII of the Social Security Act to eliminate discriminatory copayment rates for outpatient psychiatric services under the Medicare Program.

IN THE HOUSE OF REPRESENTATIVES

MARCH 19, 2007

Mr. TIM MURPHY of Pennsylvania (for himself and Mrs. NAPOLITANO) 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 eliminate discriminatory copayment rates for outpatient psychiatric services 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 “Seniors Access to Men-
5 tal Health Act of 2007”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

1 (1) The Medicare program currently discrimi-
2 nates against mental health services for seniors by
3 charging more in copayments for such services than
4 for any other outpatient health care services. This
5 policy creates a barrier for seniors who would benefit
6 from effective mental health treatments and in-
7 creases costs to the Medicare program.

8 (2) Despite the availability of proven treat-
9 ments, the Substance Abuse and Mental Health Ad-
10 ministration has shown that 63 percent of seniors
11 who need mental health treatments do not receive it.

12 (3) The Surgeon General attributes this large
13 unmet need to patient barriers (such as the reluc-
14 tance of patients to discuss psychological problems),
15 provider barriers (such as difficulty with respect to
16 diagnosing and treating mental illness), and health
17 care system barriers (such as payment and coverage
18 policies).

19 (4) Adjusting Medicare copayment rates for
20 outpatient psychiatric care to correspond with Medi-
21 care copayment rates for all other health care serv-
22 ices will integrate the diagnosis and treatment of
23 chronic diseases and mental illnesses, such as de-
24 pression, for more effective care and lower health
25 care costs.

1 **SEC. 3. ELIMINATION OF DISCRIMINATORY COPAYMENT**
2 **RATES FOR MEDICARE OUTPATIENT PSY-**
3 **CHIATRIC SERVICES.**

4 Section 1833(c) of the Social Security Act (42 U.S.C.
5 1395l(c)) is amended to read as follows:

6 “(c)(1) Notwithstanding any other provision of this
7 part, with respect to expenses incurred in a calendar year
8 in connection with the treatment of mental, psycho-
9 neurotic, and personality disorders of an individual who
10 is not an inpatient of a hospital at the time such expenses
11 are incurred, there shall be considered as incurred ex-
12 penses for purposes of subsections (a) and (b)—

13 “(A) for expenses incurred in any year before
14 2008, only 62½ percent of such expenses;

15 “(B) for expenses incurred in 2008, only 68¾
16 percent of such expenses;

17 “(C) for expenses incurred in 2009, only 75
18 percent of such expenses;

19 “(D) for expenses incurred in 2010, only 81¼
20 percent of such expenses;

21 “(E) for expenses incurred in 2011, only 87½
22 percent of such expenses;

23 “(F) for expenses incurred in 2012, only 93¾
24 percent of such expenses; and

25 “(G) for expenses incurred in 2013, or any sub-
26 sequent year, 100 percent of such expenses.

1 “(2) For purposes of subparagraphs (A) through (F)
2 of paragraph (1), the term ‘treatment’ does not include
3 brief office visits (as defined by the Secretary) for the sole
4 purpose of monitoring or changing drug prescriptions used
5 in the treatment of such disorders or partial hospitaliza-
6 tion services that are not directly provided by a physi-
7 cian.”.

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