

105TH CONGRESS
1ST SESSION

H. R. 1218

To amend title XVIII of the Social Security Act to provide for coverage of pharmaceutical care services under part B of the Medicare Program.

IN THE HOUSE OF REPRESENTATIVES

MARCH 21, 1997

Mr. PALLONE (for himself, Mr. FOX of Pennsylvania, Mr. LIPINSKI, Mr. DELLUMS, and Ms. BROWN of Florida) introduced the following bill; which was referred to the Committee on 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 provide for coverage of pharmaceutical care services under part B of 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 “Safe Medications for
5 the Elderly Act of 1997”.

1 **SEC. 2. MEDICARE COVERAGE OF PHARMACEUTICAL CARE**
2 **SERVICES.**

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

5 (1) by striking “and” at the end of subpara-
6 graphs (N) and (O); and

7 (2) by inserting after subparagraph (O) the fol-
8 lowing new subparagraph:

9 “(P) covered pharmaceutical care services (as
10 defined in subsection (oo)); and”.

11 (b) SERVICES DESCRIBED.—Section 1861 of such
12 Act (42 U.S.C. 1395x) is amended by adding at the end
13 the following new subsection:

14 “Covered Pharmaceutical Care Services

15 “(oo)(1) The term ‘covered pharmaceutical care serv-
16 ices’ means pharmaceutical care services described in
17 paragraph (2) which are furnished by a pharmacist who
18 is legally authorized to furnish such services under State
19 law (or the State regulatory mechanism provided by State
20 law) of the State in which the services are furnished.

21 “(2) The pharmaceutical care services described in
22 this paragraph are as follows:

23 “(A) Services covered under subsection (s)(10)
24 (relating to certain vaccines and their administra-
25 tion).

1 “(B) Consultation with a physician which re-
2 sults in the physician taking any of the following ac-
3 tions with respect to an outpatient prescription drug
4 furnished to an individual enrolled under part B
5 (without regard to whether or not payment is made
6 for the drug under such part):

7 “(i) A change in the individual’s drug regi-
8 men to avoid an adverse interaction with an-
9 other drug or medical condition.

10 “(ii) A change in the dosage or form of an
11 outpatient prescription drug taken by the indi-
12 vidual.

13 “(iii) The elimination of a drug from the
14 individual’s drug regimen.

15 “(iv) The initiation of a drug therapy for
16 a medical condition.

17 “(C) Consultation with an individual enrolled
18 under part B which results in improved compliance
19 by the individual with an outpatient prescription
20 drug regimen with respect to any drug identified by
21 the Secretary pursuant to paragraph (3), if the
22 pharmacist maintains documentation (in accordance
23 with such requirements as the Secretary may im-
24 pose) that the improvement in compliance is consid-

1 ered necessary by the prescriber of the drug or
2 under peer-reviewed medical literature.

3 “(3)(A) With respect to the consultations described
4 in paragraph (2)(C), the Secretary shall, not later than
5 one year after the date of the enactment of this subsection,
6 identify and publish a list of outpatient prescription drugs
7 (without regard to whether payment is made for such drug
8 under part B) which are used in the treatment of the fol-
9 lowing conditions prevalent in the elderly:

10 “(i) Asthma and chronic obstructive pulmonary
11 disease.

12 “(ii) Congestive heart failure.

13 “(iii) Depression.

14 “(iv) Hyperlipidemia.

15 “(v) Non-insulin-dependent diabetes.

16 “(vi) Prevention of stroke (including
17 antihypertensive and anticoagulant therapy).

18 “(vii) Simultaneous use of 4 or more drugs.

19 “(B) Beginning 5 years after the date of the enact-
20 ment of this subsection, the Secretary may periodically up-
21 date such list of drugs to reflect changes in medical and
22 pharmaceutical practice, the development of new drugs,
23 and other factors the Secretary considers appropriate.”.

24 (c) PAYMENT.—

1 (1) IN GENERAL.—Section 1833(a)(1) of such
2 Act (42 U.S.C. 1395l(a)(1)) is amended—

3 (A) by striking “and (P)” and inserting
4 “(P)”; and

5 (B) by striking the semicolon at the end
6 and inserting the following: “, and (Q) with re-
7 spect to covered pharmaceutical care services
8 (as defined in section 1861(oo)), the amounts
9 paid shall be the amounts described in section
10 1834(k)(1);”.

11 (2) ESTABLISHMENT OF FEE SCHEDULE.—Sec-
12 tion 1834 of such Act (42 U.S.C. 1395m) is amend-
13 ed by adding at the end the following new sub-
14 section:

15 “(k) FEE SCHEDULES FOR PHARMACEUTICAL CARE
16 SERVICES.—

17 “(1) DEVELOPMENT.—The Secretary shall de-
18 velop—

19 “(A) a relative value scale to serve as the
20 basis for the payment of covered pharma-
21 ceutical care services (as defined in section
22 1861(oo)) under this part; and

23 “(B) using such scale and appropriate con-
24 version factors, fee schedules (on a regional,
25 statewide, locality, or carrier service area basis)

1 for payment for covered pharmaceutical care
2 services under this part, to be implemented for
3 such services furnished during years beginning
4 after the expiration of the 3-year period which
5 begins on the date of the enactment of this sub-
6 section.

7 “(2) CONSIDERATIONS.—In developing the rel-
8 ative value scale and fee schedules under paragraph
9 (1), the Secretary shall take into account—

10 “(A) differences in the time required to
11 perform types of covered pharmaceutical care
12 services;

13 “(B) differences in the level of risk associ-
14 ated with the use of particular outpatient pre-
15 scription drugs or groups of drugs; and

16 “(C) differences in the health status of in-
17 dividuals to whom covered pharmaceutical care
18 services are provided.

19 “(3) PAYMENTS PRIOR TO IMPLEMENTATION
20 OF FEE SCHEDULE.—In the case of covered pharma-
21 ceutical care services described in subparagraph (B)
22 or (C) of section 1861(oo)(2) which are furnished
23 prior to the implementation of the fee schedule
24 under paragraph (1)(B), the amount of payment
25 made under this part shall be equal to 80 percent

1 of the amount which would be paid for the service
2 under the fee schedule applicable under section 1848
3 if the service were furnished by a physician.”.

4 (3) REPORT TO CONGRESS.—Not later than 3
5 years after the date of the enactment of this Act, the
6 Secretary of Health and Human Services shall sub-
7 mit a report to Congress on the relative value scale
8 and fee schedules developed pursuant to section
9 1834(k)(1) of the Social Security Act (as added by
10 paragraph (2)) for covered pharmaceutical services
11 under part B of the Medicare Program.

12 (d) EFFECTIVE DATE.—The amendments made by
13 this section shall apply to services furnished on or after
14 January 1, 1998.

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