106TH CONGRESS 1ST SESSION

H. R. 2650

To amend title XVIII of the Social Security Act to improve and streamline the physician self-referral law.

IN THE HOUSE OF REPRESENTATIVES

July 29, 1999

Mr. Stark 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 improve and streamline the physician self-referral law.

- 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; REFERENCES TO SOCIAL SECU-
- 4 RITY ACT; TABLE OF CONTENTS.
- 5 (a) SHORT TITLE.—This Act may be cited as the
- 6 "Medicare Physician Self-Referral Improvement Act of
- 7 1999";
- 8 (b) References to Social Security Act.—Ex-
- 9 cept as otherwise expressly provided, whenever in this Act

- 1 an amendment or repeal is expressed in terms of an
- 2 amendment to, or repeal of, a section or other provision,
- 3 the reference shall be considered to be made to a section
- 4 or other provision of Social Security Act.
- 5 (c) Table of Contents.—The table of contents of
- 6 this Act is as follows:
 - Sec. 1. Short title; references to Social Security Act; table of contents.
 - Sec. 2. Changes in exceptions for both ownership and compensation arrangements.
 - Sec. 3. Revision of exceptions for certain compensation arrangements.
 - Sec. 4. Revision of definitions.
 - Sec. 5. Change in reporting requirements.
 - Sec. 6. Advisory opinions.
 - Sec. 7. Effective date.

7 SEC. 2. CHANGES IN EXCEPTIONS FOR BOTH OWNERSHIP

- 8 AND COMPENSATION ARRANGEMENTS.
- 9 (a) Inclusion of Durable Medical Equipment
- 10 and Parenteral and Enteral Nutrients, Equip-
- 11 MENT, AND SUPPLIES IN EXCEPTION FOR IN-OFFICE AN-
- 12 CILLARY SERVICES.—Section 1877(b)(2) (42 U.S.C.
- 13 1395nn(b)(2)) is amended by striking "In the case of"
- 14 and all that follows through "supplies" and inserting
- 15 "Subsection (a)(1) shall not apply in the case of des-
- 16 ignated health services".
- 17 (b) Modification of the Direct Supervision
- 18 REQUIREMENT FOR IN-OFFICE ANCILLARY SERVICES.—
- 19 Section 1877(b)(2)(A)(i) (42 U.S.C. 1395nn(b)(2)(A)(i))
- 20 is amended by striking "who are directly supervised by
- 21 the physician or by another physician in the group prac-

1 tice" and inserting "who assume full and direct legal, financial, and professional responsibility for the services or items, or both, that are provided and who provide those services". 4 (c) Expansion of Prepaid Plan Exception.— 5 U.S.C. 6 Section 1877(b)(3)(42)1395nn(b)(3)7 amended— (1) in subparagraph (A), by inserting "part C 8 9 or" before "section 1876"; and (2) by striking "or" at the end of subparagraph 10 (C);11 12 (3) by striking the period at the end of sub-13 paragraph (D) and inserting "; and; and 14 (4) by adding at the end the following new sub-15 paragraph: "(E) that is a medicaid managed care or-16 17 defined ganization section (as in 18 1903(m)(1)(A)) to an individual enrolled with 19 the organization.". 20 (d) New Exception for Capitated Payments.— 21 Section 1877(b) (42 U.S.C. 1395nn(b)) is amended— 22 (1) by redesignating paragraph (4) as para-23 graph (5); and 24 (2) by inserting after paragraph (3) the fol-

lowing new paragraph:

25

1	"(4) OTHER CAPITATED PAYMENTS.—Sub-
2	section (a)(1) shall not apply in the case of a des-
3	ignated health service, if the designated health serv-
4	ice is included in the services for which a physician
5	or physician group is paid only on a capitated basis
6	by a health plan or insurer pursuant to a written ar-
7	rangement between the plan or insurer and the phy-
8	sician or physician group in which the physician or
9	physician group.".
10	(e) New Exception for Services Furnished in
11	Communities With No Alternative Providers.—
12	Section 1877(b) (42 U.S.C. 1395nn(b)), as amended by
13	subsection (d), is further amended—
14	(1) by redesignating paragraph (5) as para-
15	graph (6); and
16	(2) inserting after paragraph (4) the following
17	new paragraph:
18	"(5) No alternative providers in Area.—
19	In the case of a designated health service furnished
20	in any area with respect to which the Secretary de-
21	termines that individuals residing in the area do not
22	have reasonable access to such a designated health
23	service.".
24	(f) New Exception for Services Furnished in
25	Ambulatory Surgical Centers.—Section 1877(b) (42

- 1 U.S.C. 1395nn(b)), as amended by subsections (d) and
- 2 (e), is further amended—
- 3 (1) by redesignating paragraph (6) as para-
- 4 graph (7); and
- 5 (2) inserting after paragraph (5) the following
- 6 new paragraph:
- 7 "(6) Services furnished in ambulatory
- 8 SURGICAL CENTERS.—In the case of a designated
- 9 health service furnished in an ambulatory surgical
- center described in section 1832(a)(2)(F)(i).".
- 11 (g) New Exception for Services Furnished in
- 12 A Hospice.—Section 1877(b) (42 U.S.C. 1395nn(b)), as
- 13 amended by subsections (d) through (g), is further
- 14 amended—
- (1) by redesignating paragraph (8) as para-
- 16 graph (9); and
- 17 (2) inserting after paragraph (7) the following
- 18 new paragraph:
- 19 "(8) Services furnished by a hospice pro-
- 20 GRAM.—In the case of a designated health service
- 21 furnished by a hospice program under section
- 1861(dd)(2).".
- (h) Conforming Amendments.—Paragraphs (3)
- 24 and (9) of section 1877(b) (42 U.S.C. 1395nn(b)), as pre-
- 25 viously redesignated by this section, are each amended by

1	striking "In the case of" and inserting "Subsection (a)(1)
2	shall not apply in the case of".
3	SEC. 3. REVISION OF EXCEPTIONS FOR CERTAIN COM-
4	PENSATION ARRANGEMENTS.
5	Section 1877 (42 U.S.C. 1395nn) is amended—
6	(1) in subsection $(a)(2)(B)$ —
7	(A) by striking "except as provided in sub-
8	section (e)(2),"; and
9	(B) by striking "entity." and inserting
10	"entity which does not meet the requirements
11	of subsection (e)(1)."; and
12	(2) by amending subsection (e) to read as fol-
13	lows:
14	"(e) Requirements and Exceptions for Permis-
15	SIBLE COMPENSATION ARRANGEMENTS.—
16	"(1) In General.—The requirements under
17	this paragraph with respect to a compensation ar-
18	rangement are as follows:
19	"(A) The arrangement is in writing and is
20	signed by all parties to the arrangement.
21	"(B) The arrangement is for a specified
22	period of time, which may be less than a year
23	and may be renewed any number of times if the
24	terms of the arrangement and the compensation
25	for the same items or services do not change.

	•
1	"(C) The arrangement must cover all of
2	the items and services to be provided by the
3	physician or immediate family member to the
4	entity or, alternatively, cross refer to any other
5	agreements for items or services between any of
6	the parties.
7	"(D) The arrangement is consistent with
8	fair market value.
9	"(E) The arrangement must specify the
10	compensation that will be provided under the
11	arrangement, which must be set in advance,
12	consistent with fair market value and not deter-
13	mined in a manner that takes into account the
14	volume or value of any referrals, payments for
15	referrals for medical services that are not cov-
16	ered under this title or title XIX, or other busi-
17	ness generated between the parties.
18	"(F) The arrangement is commercially rea-
19	sonable and further the legitimate business pur-
20	poses of the parties.
21	"(G) The arrangement meets such other
22	requirements as the Secretary may impose as

needed to protect against program or patient

abuse.

23

24

1	"(2) Exceptions.—The following shall not be
2	considered to be a compensation arrangement de-
3	scribed in subsection (a)(2)(B):
4	"(A) Physician recruitment.—In the
5	case of remuneration which is provided by a
6	hospital to a physician to induce the physician
7	to relocate to the geographic area served by the
8	hospital in order to be a member of the medical
9	staff of the hospital, if—
10	"(i) the physician is not required to
11	refer patients to the hospital,
12	"(ii) the amount of the remuneration
13	under the arrangement is not determined
14	in a manner that takes into account (di-
15	rectly or indirectly) the volume or value of
16	any referrals by the referring physician,
17	and
18	"(iii) the arrangement meets such
19	other requirements as the Secretary may
20	impose by regulation as needed to protect
21	against program or patient abuse.
22	"(B) DE MINIMIS EXCEPTION.—In the
23	case of remuneration in the form of items or
24	services, not including cash or cash equivalents,
25	if—

1	"(i) the remuneration does not exceed
2	\$50 per gift and an aggregate of \$300 per
3	year, and
4	"(ii) the remuneration is not deter-
5	mined in any way that takes into account
6	the volume or value of the physician's re-
7	ferrals to the entity.".
8	SEC. 4. REVISION OF DEFINITIONS.
9	(a) Exclusion of Intraocular Lens, Eye-
10	GLASSES, AND CONTACT LENSES FROM DESIGNATED
11	HEALTH SERVICES SUBJECT TO PROHIBITIONS.—Section
12	1877(h)(6)(H) (42 U.S.C. $1395nn(h)(6)(H)$) is amended
13	by striking the period at the end and inserting the fol-
14	lowing: ", other than an intraocluar lens inserted during
15	or subsequent to cataract surgery, eyeglasses, or contact
16	lenses.".
17	(b) Change in Definition of Group Practice.—
18	Section $1877(h)(4)(A)$ (42 U.S.C. $1395nn(h)(4)(A)$) is
19	amended by amending clause (vi) to read as follows:
20	"(vi) in which the overhead expenses
21	of and the income from the practice are
22	distributed according to methods that indi-
23	cate that the practice is a unified busi-
24	ness.''.

1 SEC. 5. CHANGE IN REPORTING REQUIREMENTS.

2 (a) REQUIREMENT.—Section 1877(f) (42 U.S.C. 3 1395nn(f)) is amended— 4 (1) by striking "shall provide the Secretary 5 with" and inserting "shall provide to the Secretary 6 upon request for purposes of an audit"; and 7 (2) by striking the second sentence. 8 (b) SANCTIONS.—Section 1877(g)(5) (42 U.S.C. 9 1395nn(g)(5)) is amended by striking all that follows "Any person who is required, but fails," and inserting the 10 following: "to provide the Secretary upon request for pur-11 poses of an audit with information concerning the entity's 13 ownership, investment, and compensation arrangements, including— 14 15 "(A) the covered items and services pro-16 vided by the entity; and "(B) the names and unique physician iden-17 18 tification numbers of all physicians with an 19 ownership or investment interest (as described 20 in subsection (a)(2)(B) in the entity, or who 21 have such a compensation relationship with the 22 entity, or whose immediate relatives have such 23 an ownership or investment interest or who 24 have such a compensation relationship with the 25 entity,

- 1 is subject to a civil money penalty at the Secretary's
- 2 discretion of not more than \$10,000 for each day of
- 3 non-compliance following a request by the Secretary
- 4 for information concerning such arrangements.".

5 SEC. 6. ADVISORY OPINIONS.

- 6 Section 1877(g)(6)(A) (42 U.S.C. 1395nn(g)(6)(A))
- 7 is amended by inserting before the period at the end of
- 8 the first sentence the following: "within 60 days after the
- 9 date the Secretary receives a written request for such an
- 10 advisory opinion".

11 SEC. 7. EFFECTIVE DATE.

- The amendments made by this Act shall apply to re-
- 13 ferrals made on or after January 1, 2000.

 \bigcirc