106TH CONGRESS 1ST SESSION H.R.632

To require the Secretary of Health and Human Services to conduct a study on mortality and adverse outcome rates of Medicare patients of providers of anesthesia services, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 9, 1999

Mr. WELDON of Florida (for himself, Mr. GREEN of Texas, Mr. STEARNS, Mr. BENTSEN, Mr. EHLERS, Mr. DEFAZIO, Mr. SMITH of Washington, Mr. BRADY of Texas, Mr. HALL of Texas, Mr. MCCOLLUM, Mr. ROTHMAN, Mrs. MYRICK, Mr. PALLONE, and Mr. TALENT) introduced the following bill; which was referred to the Committee on Ways and Means, and in addition to the Committee on Commerce, 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 require the Secretary of Health and Human Services to conduct a study on mortality and adverse outcome rates of Medicare patients of providers of anesthesia 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 "Safe Seniors Assurance

5 Study Act of 1999".

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1 SEC. 2. ANESTHESIA OUTCOME STUDY.

(a) STUDY.—(1) The Secretary of Health and
Human Services shall conduct a study of mortality and
adverse outcome rates of medicare patients by providers
of anesthesia services. In conducting the study, the Secretary shall analyze the impact of physician supervision
of providers of anesthesia services, or lack thereof, on such
mortality and adverse outcome rates.

9 (2) In conducting the study, the Secretary shall con-10 sult with appropriate national professional organizations 11 with respect to the methodology of the study, and shall 12 use medicare operating room anesthesia data, adjusted for 13 patient acuity and other relevant scientific variables.

(b) REPORT.—Not later than June 30, 2000, the
Secretary shall submit to Congress a report containing the
results of the study conducted under subsection (a).

17 (c) Consideration of Report in Rulemaking.— If the Secretary determines that the lack of physician su-18 pervision of providers of anesthesia services results in an 19 20 adverse impact on outcome rates of medicare patients, then providers of anesthesia services furnished under the 21 22 medicare or medicaid program shall be supervised by a 23 physician in the same manner as such providers are super-24 vised under regulations of the Department of Health and 25 Human Services in effect on January 1, 1999.