

106TH CONGRESS  
1ST SESSION

# S. 1618

To promote primary and secondary health promotion and disease prevention services and activities among the elderly, to amend title XVIII of the Social Security Act to add preventive benefits, and for other purposes.

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## IN THE SENATE OF THE UNITED STATES

SEPTEMBER 22, 1999

Mr. GRAHAM (for himself, Mr. JEFFORDS, Mr. CHAFEE, Mr. BRYAN, Mr. ROCKEFELLER, and Mr. KERRY) introduced the following bill; which was read twice and referred to the Committee on Finance

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## A BILL

To promote primary and secondary health promotion and disease prevention services and activities among the elderly, to amend title XVIII of the Social Security Act to add preventive benefits, 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; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the  
5 “Medicare Wellness Act of 1999”.

6 (b) TABLE OF CONTENTS.—The table of contents is  
7 as follows:

Sec. 1. Short title; table of contents.

- Sec. 2. Finding.  
 Sec. 3. Definitions.

#### TITLE I—HEALTHY SENIORS PROMOTION PROGRAM

- Sec. 101. Healthy Seniors Promotion Program.  
 Sec. 102. Sense of Congress regarding the response of HCFA to preventive health issues.  
 Sec. 103. Sense of Congress regarding the efforts of HCFA to study health promotion and disease prevention for medicare beneficiaries.  
 Sec. 104. Sense of Congress regarding the establishment of a medicare health promotion and disease prevention clearinghouse.

#### TITLE II—MEDICARE COVERAGE OF PREVENTIVE SERVICES

- Sec. 201. Counseling for cessation of tobacco use.  
 Sec. 202. Screening for hypertension.  
 Sec. 203. Counseling for hormone replacement therapy.  
 Sec. 204. Screening for glaucoma.  
 Sec. 205. Screening for diminished visual acuity.  
 Sec. 206. Screening for hearing impairment.  
 Sec. 207. Screening and counseling for osteoporosis.  
 Sec. 208. Screening for cholesterol.  
 Sec. 209. Elimination of cost sharing for current preventive benefits.  
 Sec. 210. National falls prevention education and awareness campaign.  
 Sec. 211. Program integrity.

#### TITLE III—MEDICARE HEALTH EDUCATION AND RISK APPRAISAL PROGRAM

- Sec. 301. Medicare Health Education and Risk Appraisal Program.

#### TITLE IV—DISEASE SELF-MANAGEMENT DEMONSTRATION PROJECTS

- Sec. 401. Disease self-management demonstration projects.

#### TITLE V—STUDIES AND REPORTS ADVANCING ORIGINAL RESEARCH IN THE FIELD OF DISEASE PREVENTION AND THE ELDERLY

- Sec. 501. MedPAC biannual report.  
 Sec. 502. National Institute on Aging study and report.  
 Sec. 503. Institute of Medicine 5-year medicare prevention benefit study and report.  
 Sec. 504. Fast-track consideration of prevention benefit legislation.

### 1 **SEC. 2. FINDING.**

2 Congress finds that despite significant advancements  
 3 in general research for health promotion and disease pre-  
 4 vention among the elderly, there has been a failure in  
 5 translating that research into practical intervention.

1 **SEC. 3. DEFINITIONS.**

2 As used in this Act:

3 (1) **COST-EFFECTIVE BENEFIT.**—The term  
4 “cost-effective benefit” means a benefit or technique  
5 that has—

6 (A) been subject to peer review;

7 (B) been described in scientific journals;

8 and

9 (C) demonstrated value as measured by  
10 unit costs relative to health outcomes achieved.

11 (2) **COST-SAVING BENEFIT.**—The term “cost-  
12 saving benefit” means a benefit or technique that  
13 has—

14 (A) been subject to peer review;

15 (B) been described in scientific journals;

16 and

17 (C) caused a net reduction in health care  
18 costs for medicare beneficiaries.

19 (3) **MEDICALLY EFFECTIVE.**—The term “medi-  
20 cally effective” means, with respect to a benefit or  
21 technique, that the benefit or technique has been—

22 (A) subject to peer review;

23 (B) described in scientific journals; and

24 (C) determined to achieve an intended goal  
25 under normal, programmatic conditions.

(4) MEDICAL EFFICACY; MEDICALLY EFFICACIOUS.—The terms “medical efficacy” and “medically efficacious” mean, with respect to a benefit or technique, that the benefit or technique has been—

(A) subject to peer review;

(B) described in scientific journals; and

(C) determined to achieve an intended goal under controlled conditions.

(5) MEDICARE BENEFICIARY.—The term “medicare beneficiary” means any individual who is entitled to benefits under part A or enrolled under part B of the medicare program, including any individual enrolled in a Medicare+Choice plan offered by a Medicare+Choice organization under part C of such program.

(6) MEDICARE PROGRAM.—The term “medicare program” means the health care program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.).

(7) SECRETARY.—The term “Secretary” means the Secretary of Health and Human Services.

## **TITLE I—HEALTHY SENIORS PROMOTION PROGRAM**

### **SEC. 101. HEALTHY SENIORS PROMOTION PROGRAM.**

(a) DEFINITIONS.—As used in this section:

1           (1) ELIGIBLE ENTITY.—The term “eligible enti-  
 2           ty” means an entity that the Working Group deter-  
 3           mines has demonstrated expertise in research re-  
 4           garding health promotion and disease prevention  
 5           among the elderly.

6           (2) WORKING GROUP.—The term “Working  
 7           Group” means the Healthy Seniors Working Group  
 8           established under subsection (d).

9           (b) PROGRAM AUTHORIZED.—The Secretary, subject  
 10          to the general policies and criteria established by the  
 11          Working Group and in accordance with the provisions of  
 12          this Act, is authorized to make grants to eligible entities  
 13          to pay for the costs of the activities described in subsection  
 14          (c).

15          (c) USE OF FUNDS.—An eligible entity may use pay-  
 16          ments received under this section in any fiscal year to  
 17          study—

18               (1) whether using different types of providers of  
 19               care who are not physicians and alternative settings  
 20               (including community-based senior centers) for the  
 21               implementation of a successful health promotion and  
 22               disease prevention strategy, including the implica-  
 23               tions regarding the payment of such providers, is  
 24               medically efficacious or medically effective;

1           (2) the most medically effective means of edu-  
 2       cating medicare beneficiaries and providers of serv-  
 3       ices regarding the importance of health promotion  
 4       and disease prevention among the elderly and identi-  
 5       fication of incentives that would increase the use of  
 6       new and existing preventive services and healthy be-  
 7       haviors by medicare beneficiaries; and

8           (3) other topics designated by the Secretary.

9       (d) HEALTHY SENIORS WORKING GROUP.—

10           (1) ESTABLISHMENT.—There is established  
 11       within the Department of Health and Human Serv-  
 12       ices a Healthy Seniors Working Group.

13           (2) COMPOSITION.—Subject to paragraph (3),  
 14       the Working Group established pursuant to sub-  
 15       section (b) shall be composed of 5 members as fol-  
 16       lows:

17           (A) The Administrator of the Health Care  
 18       Financing Administration.

19           (B) The Director of the Centers for Dis-  
 20       ease Control and Prevention.

21           (C) The Administrator of the Agency for  
 22       Health Care Policy and Research.

23           (D) The Assistant Secretary for Aging.

24           (E) The Director of the National Institute  
 25       on Aging.

1 (3) ALTERNATIVE MEMBERSHIP.—

2 (A) APPOINTMENT.—Any member of the  
3 Working Group described in a subparagraph of  
4 paragraph (2) may appoint an individual who is  
5 an officer or employee of the Federal Govern-  
6 ment to serve as a member of the Working  
7 Group instead of the member described in such  
8 subparagraph.

9 (B) DEADLINE.—If a member described in  
10 subparagraph (A) elects to appoint an indi-  
11 vidual under such subparagraph, such indi-  
12 vidual shall be appointed not later than Decem-  
13 ber 31, 2000.

14 (4) GENERAL POLICIES AND CRITERIA.—The  
15 Working Group shall establish general policies and  
16 criteria with respect to the functions of the Sec-  
17 retary under this section including—

18 (A) priorities for the approval of applica-  
19 tions;

20 (B) procedures for developing, monitoring,  
21 and evaluating research efforts conducted under  
22 this section; and

23 (C) such other matters as are rec-  
24 ommended by the Working Group and approved  
25 by the Secretary.

1           (5) CHAIRPERSON.—The Chairperson of the  
2           Working Group shall be the Administrator of the  
3           Agency for Health Care Policy and Research.

4           (6) QUORUM.—A majority of the members of  
5           the Working Group shall constitute a quorum, but  
6           a lesser number of members may hold hearings.

7           (7) MEETINGS.—The Working Group shall  
8           meet at the call of the Chairperson, except that—

9                   (A) it shall meet not less than 4 times each  
10           year; and

11                   (B) it shall meet whenever a majority of  
12           the appointed members request a meeting in  
13           writing.

14           (8) COMPENSATION OF MEMBERS.—Each mem-  
15           ber of the Working Group shall be an officer or em-  
16           ployee of the Federal Government and shall serve  
17           without compensation in addition to that received for  
18           their service as an officer or employee of the Federal  
19           Government.

20           (e) APPLICATION.—

21           (1) IN GENERAL.—Each eligible entity which  
22           desires to receive a grant under this section shall  
23           submit an application to the Secretary, at such time,  
24           in such manner, and accompanied by such additional



1 information as the Secretary may reasonably re-  
2 quire.

3 (2) CONTENTS.—Each application submitted  
4 pursuant to paragraph (1) shall—

5 (A) describe the activities for which assist-  
6 ance under this section is sought;

7 (B) describe how the research effort pro-  
8 posed to be conducted will reflect the medical,  
9 behavioral, and social aspects of care for the el-  
10 derly, lead to the development of cost-effective  
11 benefits and cost-saving benefits, and impact  
12 the quality of life of medicare beneficiaries;

13 (C) provide evidence that the eligible entity  
14 meets the general policies established by the  
15 Working Group pursuant to subsection (d)(4);

16 (D) provide assurances that the eligible en-  
17 tity will take such steps as may be available to  
18 it to continue the activities for which the eligi-  
19 ble entity is making application after the period  
20 for which assistance is sought; and

21 (E) provide such additional assurances as  
22 the Secretary determines to be essential to en-  
23 sure compliance with the requirements of this  
24 Act.

1           (3) JOINT APPLICATION.—A consortium of eli-  
 2           gible entities may file a joint application under the  
 3           provisions of paragraph (1) of this subsection.

4           (f) APPROVAL OF APPLICATION.—The Secretary  
 5           shall approve applications in accordance with the general  
 6           policies established by the Working Group under sub-  
 7           section (d).

8           (g) PAYMENTS.—The Secretary shall pay to each eli-  
 9           gible entity having an application approved under sub-  
 10          section (f) the cost of the activities described in the appli-  
 11          cation.

12          (h) EVALUATION AND REPORT.—

13           (1) EVALUATION.—The Secretary shall conduct  
 14           an annual evaluation of grants made under this sec-  
 15           tion to determine—

16                   (A) the results of the overall applied re-  
 17                   search conducted under this Act;

18                   (B) the extent to which research assisted  
 19                   under this section has improved or expanded  
 20                   the general research for health promotion and  
 21                   disease prevention among the elderly and identi-  
 22                   fied practical interventions based upon such re-  
 23                   search;

24                   (C) a list of specific recommendations  
 25                   based upon research conducted under this sec-

tion which show promise as practical interventions for health promotion and disease prevention among the elderly;

(D) whether or not as a result of the applied research effort certain health promotion and disease prevention benefits or education efforts should be added to the medicare program, including discussions of quality of life, translating the applied research results into a benefit under the medicare program, and whether each additional benefit would be a cost-effective benefit or cost-saving benefit for each proposed addition;

(E) the utility of, potential for, and issues surrounding health risk appraisals sponsored under the medicare program and targeted followup; and

(F) how best to increase utilization of existing and recommended health promotion and disease prevention services, including an education and public awareness component discussion of financial incentives for providers of services and medicare beneficiaries to improve utilization and other administrative means of increasing utilization.

1           (2) ANNUAL REPORT.—Not later than Decem-  
2       ber 31, 2002, and each year thereafter through  
3       2005, the Secretary shall submit a report to Con-  
4       gress based on the annual studies made under para-  
5       graph (1), which shall contain a detailed statement  
6       of the findings and conclusions of the Working  
7       Group together with its recommendations for such  
8       legislation and administrative actions as it considers  
9       appropriate.

10       (i) AUTHORIZATION OF APPROPRIATIONS.—There  
11      are authorized to be appropriated \$40,000,000 for each  
12      of the fiscal years 2000, 2001, 2002, and 2003 to carry  
13      out the provisions of this section.

14      **SEC. 102. SENSE OF CONGRESS REGARDING THE RESPONSE**  
15                                   **OF HCFA TO PREVENTIVE HEALTH ISSUES.**

16       It is the sense of Congress that in administering the  
17      medicare program the Secretary should ensure that the  
18      Administrator of the Health Care Financing Administra-  
19      tion encourages the inclusion of preventive measures as  
20      part of all treatments described in such program.

1 **SEC. 103. SENSE OF CONGRESS REGARDING THE EFFORTS**  
2 **OF HCFA TO STUDY HEALTH PROMOTION**  
3 **AND DISEASE PREVENTION FOR MEDICARE**  
4 **BENEFICIARIES.**

5 It is the sense of Congress that the Secretary should  
6 ensure that the Administrator of the Health Care Finance-  
7 ing Administration expands the study of the most prom-  
8 ising behavioral modification of risk factors associated  
9 with health promotion and disease prevention for all medi-  
10 care beneficiaries.

11 **SEC. 104. SENSE OF CONGRESS REGARDING THE ESTAB-**  
12 **LISHMENT OF A MEDICARE HEALTH PRO-**  
13 **MOTION AND DISEASE PREVENTION CLEAR-**  
14 **INGHOUSE.**

15 It is the sense of Congress that the National Library  
16 of Medicine should collect information regarding innova-  
17 tive and successful health promotion and disease preven-  
18 tion interventions from both published and unpublished  
19 sources, establish a clearinghouse targeting all medicare  
20 beneficiaries in a variety of settings for the consolidation  
21 and coordination of all such information, and make the  
22 clearinghouse available to the public and accessible  
23 through the Internet.

1 **TITLE II—MEDICARE COVERAGE**  
 2 **OF PREVENTIVE SERVICES**

3 **SEC. 201. COUNSELING FOR CESSATION OF TOBACCO USE.**

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

6 (1) in subparagraph (S), by striking “and” at  
 7 the end;

8 (2) in subparagraph (T), by striking the period  
 9 at the end and inserting “; and”; and

10 (3) by adding at the end the following:

11 “(U) counseling for cessation of tobacco use (as  
 12 defined in subsection (uu)) for individuals who have  
 13 a history of tobacco use.”.

14 (b) **SERVICES DESCRIBED.**—Section 1861 of such  
 15 Act (42 U.S.C. 1395x) is amended by adding at the end  
 16 the following:

17 “Counseling for Cessation of Tobacco Use

18 “(uu)(1) Except as provided in paragraph (2), the  
 19 term ‘counseling for cessation of tobacco use’ means diag-  
 20 nostic, therapy, and counseling services for cessation of  
 21 tobacco use which are furnished by or under the super-  
 22 vision of a physician or other health care professional who  
 23 is legally authorized to furnish such services under State  
 24 law (or the State regulatory mechanism provided by State  
 25 law) of the State in which the services are furnished, as

1 would otherwise be covered if furnished by a physician or  
 2 as an incident to a physician's professional service.

3 “(2) The term ‘counseling for cessation of tobacco  
 4 use’ does not include coverage for drugs or biologicals that  
 5 are not otherwise covered under this title.”.

6 (c) ELIMINATION OF COST SHARING.—

7 (1) ELIMINATION OF COINSURANCE.—Section  
 8 1833(a)(1) of such Act (42 U.S.C. 1395l(a)(1)) is  
 9 amended—

10 (A) by striking “and (S)” and inserting  
 11 “(S)”; and

12 (B) by striking the semicolon at the end  
 13 and inserting the following: “, and (T) with re-  
 14 spect to counseling for cessation of tobacco use  
 15 (as defined in section 1861(uu)), the amount  
 16 paid shall be 100 percent of the lesser of the  
 17 actual charge for the services or the amount de-  
 18 termined by a fee schedule established by the  
 19 Secretary for the purposes of this subpara-  
 20 graph;”.

21 (2) ELIMINATION OF DEDUCTIBLE.—The first  
 22 sentence of section 1833(b) of such Act (42 U.S.C.  
 23 1395l(b)) is amended—

24 (A) by striking “and” before “(6)”; and

1 (B) by inserting before the period the fol-  
 2 lowing: “, and (7) such deductible shall not  
 3 apply with respect to counseling for cessation of  
 4 tobacco use (as defined in section 1861(uu))”.

5 (d) EFFECTIVE DATE.—The amendments made by  
 6 this section shall apply to services furnished on or after  
 7 December 31, 2001.

8 **SEC. 202. SCREENING FOR HYPERTENSION.**

9 (a) COVERAGE.—Section 1861(s)(2) of the Social Se-  
 10 curity Act (42 U.S.C. 1395x(s)(2)) (as amended by sec-  
 11 tion 201(a)) is amended—

12 (1) in subparagraph (T), by striking “and” at  
 13 the end;

14 (2) in subparagraph (U), by striking the period  
 15 at the end and inserting “; and”; and

16 (3) by adding at the end the following:

17 “(V) screening for hypertension (as defined in  
 18 subsection (vv)) not more frequently than once every  
 19 2 years for individuals with normotensive blood pres-  
 20 sure measurements and annually for individuals with  
 21 blood pressure measurements that are not  
 22 normotensive.”.

23 (b) SERVICES DESCRIBED.—Section 1861 of such  
 24 Act (42 U.S.C. 1395x) (as amended by section 201(b))  
 25 is amended by adding at the end the following:



1 “Screening for Hypertension

2 “(vv) The term ‘screening for hypertension’ means di-  
 3 agnostic services for hypertension which are furnished by  
 4 or under the supervision of a physician or other health  
 5 care professional who is legally authorized to furnish such  
 6 services under State law (or the State regulatory mecha-  
 7 nism provided by State law) of the State in which the serv-  
 8 ices are furnished, as would otherwise be covered if fur-  
 9 nished by a physician or as an incident to a physician’s  
 10 professional service.”.

11 (c) ELIMINATION OF COST SHARING.—

12 (1) ELIMINATION OF COINSURANCE.—Section  
 13 1833(a)(1) of such Act (42 U.S.C. 1395l(a)(1)) (as  
 14 amended by section 201(c)(1)) is amended—

15 (A) by striking “and (T)” and inserting  
 16 “(T)”; and

17 (B) by striking the semicolon at the end  
 18 and inserting the following: “, and (U) with re-  
 19 spect to screening for hypertension (as defined  
 20 in section 1861(vv)), the amount paid shall be  
 21 100 percent of the lesser of the actual charge  
 22 for the services or the amount determined by a  
 23 fee schedule established by the Secretary for the  
 24 purposes of this subparagraph;”.

1           (2) ELIMINATION OF DEDUCTIBLE.—The first  
 2           sentence of section 1833(b) of such Act (42 U.S.C.  
 3           1395l(b)) (as amended by section 201(c)(2)) is  
 4           amended—

5                     (A) by striking “and” before “(7)”; and

6                     (B) by inserting before the period the fol-  
 7           lowing: “, and (8) such deductible shall not  
 8           apply with respect to screening for hypertension  
 9           (as defined in section 1861(vv))”.

10          (d) EFFECTIVE DATE.—The amendments made by  
 11          this section shall apply to services furnished on or after  
 12          December 31, 2001.

13      **SEC. 203. COUNSELING FOR HORMONE REPLACEMENT**  
 14                     **THERAPY.**

15          (a) COVERAGE.—Section 1861(s)(2) of the Social Se-  
 16          curity Act (42 U.S.C. 1395x(s)(2)) (as amended by sec-  
 17          tion 202(a)) is amended—

18                     (1) in subparagraph (U), by striking “and” at  
 19           the end;

20                     (2) in subparagraph (V), by striking the period  
 21           at the end and inserting “; and”; and

22                     (3) by adding at the end the following:

23                     “(W) counseling for hormone replacement ther-  
 24           apy (as defined in subsection (ww)).”.

1 (b) SERVICES DESCRIBED.—Section 1861 of such  
 2 Act (42 U.S.C. 1395x) (as amended by section 202(b))  
 3 is amended by adding at the end the following:

4 “Counseling for Hormone Replacement Therapy

5 “(ww)(1) Except as provided in paragraph (2), the  
 6 term ‘counseling for hormone replacement therapy’ means  
 7 diagnostic, therapy, and counseling services for hormone  
 8 replacement which are furnished by or under the super-  
 9 vision of a physician or other health care professional who  
 10 is legally authorized to furnish such services under State  
 11 law (or the State regulatory mechanism provided by State  
 12 law) of the State in which the services are furnished, as  
 13 would otherwise be covered if furnished by a physician or  
 14 as an incident to a physician’s professional service.

15 “(2) The term ‘counseling for hormone replacement  
 16 therapy’ does not include coverage for drugs or biologicals  
 17 that are not otherwise covered under this title.”.

18 (c) ELIMINATION OF COST SHARING.—

19 (1) ELIMINATION OF COINSURANCE.—Section  
 20 1833(a)(1) of such Act (42 U.S.C. 1395l(a)(1)) (as  
 21 amended by section 202(c)(1)) is amended—

22 (A) by striking “and (U)” and inserting  
 23 “(U)”; and

24 (B) by striking the semicolon at the end  
 25 and inserting the following: “, and (V) with re-

spect to counseling for hormone replacement therapy (as defined in section 1861(ww)), the amount paid shall be 100 percent of the lesser of the actual charge for the services or the amount determined by a fee schedule established by the Secretary for the purposes of this subparagraph;”.

(2) ELIMINATION OF DEDUCTIBLE.—The first sentence of section 1833(b) of such Act (42 U.S.C. 1395l(b)) (as amended by section 202(c)(2)) is amended—

(A) by striking “and” before “(8)”; and

(B) by inserting before the period the following: “, and (9) such deductible shall not apply with respect to counseling for hormone replacement therapy (as defined in section 1861(ww))”.

(d) EFFECTIVE DATE.—The amendments made by this section shall apply to services furnished on or after December 31, 2001.

**SEC. 204. SCREENING FOR GLAUCOMA.**

(a) COVERAGE.—Section 1861(s)(2) of the Social Security Act (42 U.S.C. 1395x(s)(2)) (as amended by section 203(a)) is amended—

1           (1) in subparagraph (V), by striking “and” at  
2     the end;

3           (2) in subparagraph (W), by striking the period  
4     at the end and inserting “; and”; and

5           (3) by adding at the end the following:

6           “(X) screening for glaucoma (as defined in sub-  
7     section (xx)) for individuals determined to be at high  
8     risk for glaucoma, individuals with a family history  
9     of glaucoma, and individuals with diabetes or myo-  
10    pia.”.

11       (b) SERVICES DESCRIBED.—Section 1861 of such  
12   Act (42 U.S.C. 1395x) (as amended by section 203(b))  
13   is amended by adding at the end the following:

14                   “Screening for Glaucoma

15       “(xx) The term ‘screening for glaucoma’ means a di-  
16   lated eye examination with an intraocular pressure meas-  
17   urement, and a direct ophthalmoscopy or a slit-lamp bio-  
18   microscopic examination for the early detection of glau-  
19   coma which is furnished by or under the supervision of  
20   an optometrist or ophthalmologist who is legally author-  
21   ized to furnish such services under State law (or the State  
22   regulatory mechanism provided by State law) of the State  
23   in which the services are furnished, as would otherwise  
24   be covered if furnished by a physician or as an incident  
25   to a physician’s professional service.”.

1 (c) ELIMINATION OF COST SHARING.—

2 (1) ELIMINATION OF COINSURANCE.—Section  
3 1833(a)(1) of such Act (42 U.S.C. 1395l(a)(1)) (as  
4 amended by section 203(c)(1)) is amended—

5 (A) by striking “and (V)” and inserting  
6 “(V)”; and

7 (B) by striking the semicolon at the end  
8 and inserting the following: “, and (W) with re-  
9 spect to screening for glaucoma (as defined in  
10 section 1861(xx)), the amount paid shall be 100  
11 percent of the lesser of the actual charge for  
12 the services or amount determined by a fee  
13 schedule established by the Secretary for the  
14 purposes of this subparagraph;”.

15 (2) ELIMINATION OF DEDUCTIBLE.—The first  
16 sentence of section 1833(b) of such Act (42 U.S.C.  
17 1395l(b)) (as amended by section 203(c)(2)) is  
18 amended—

19 (A) by striking “and” before “(9)”; and

20 (B) by inserting before the period the fol-  
21 lowing: “, and (10) such deductible shall not  
22 apply with respect to screening for glaucoma  
23 (as defined in section 1861(xx))”.

1 (d) EFFECTIVE DATE.—The amendments made by  
 2 this section shall apply to services furnished on or after  
 3 December 31, 2001.

4 **SEC. 205. SCREENING FOR DIMINISHED VISUAL ACUITY.**

5 (a) COVERAGE.—Section 1861(s)(2) of the Social Se-  
 6 curity Act (42 U.S.C. 1395x(s)(2)) (as amended by sec-  
 7 tion 204(a)) is amended—

8 (1) in subparagraph (W), by striking “and” at  
 9 the end;

10 (2) in subparagraph (X), by striking the period  
 11 at the end and inserting “; and”; and

12 (3) by adding at the end the following:

13 “(Y) screening for diminished visual acuity (as  
 14 defined in subsection (yy)).”.

15 (b) SERVICES DESCRIBED.—Section 1861 of such  
 16 Act (42 U.S.C. 1395x) (as amended by section 204(b))  
 17 is amended by adding at the end the following:

18 “Screening for Diminished Visual Acuity

19 “(yy) The term ‘screening for diminished visual acu-  
 20 ity’ means diagnostic services for screening for diminished  
 21 visual acuity which are furnished by or under the super-  
 22 vision of an optometrist or ophthalmologist who is legally  
 23 authorized to furnish such services under State law (or  
 24 the State regulatory mechanism provided by State law) of  
 25 the State in which the services are furnished, as would

1 otherwise be covered if furnished by a physician or as an  
 2 incident to a physician's professional service.”.

3 (c) ELIMINATION OF COST SHARING.—

4 (1) ELIMINATION OF COINSURANCE.—Section  
 5 1833(a)(1) of such Act (42 U.S.C. 1395l(a)(1)) (as  
 6 amended by section 204(c)(1)) is amended—

7 (A) by striking “and (W)” and inserting  
 8 “(W)”; and

9 (B) by striking the semicolon at the end  
 10 and inserting the following: “, and (X) with re-  
 11 spect to screening for diminished visual acuity  
 12 (as defined in section 1861(yy)), the amount  
 13 paid shall be 100 percent of the lesser of the  
 14 actual charge for the services or the amount de-  
 15 termined by a fee schedule established by the  
 16 Secretary for the purposes of this subpara-  
 17 graph;”.

18 (2) ELIMINATION OF DEDUCTIBLE.—The first  
 19 sentence of section 1833(b) of such Act (42 U.S.C.  
 20 1395l(b)) (as amended by section 204(c)(2)) is  
 21 amended—

22 (A) by striking “and” before “(10)”; and

23 (B) by inserting before the period the fol-  
 24 lowing: “, and (11) such deductible shall not



1           apply with respect to screening for diminished  
2           visual acuity (as defined in section 1861(yy))”.

3           (d) **EFFECTIVE DATE.**—The amendments made by  
4 this section shall apply to services furnished on or after  
5 December 31, 2001.

6 **SEC. 206. SCREENING FOR HEARING IMPAIRMENT.**

7           (a) **COVERAGE.**—Section 1861(s)(2) of the Social Se-  
8 curity Act (42 U.S.C. 1395x(s)(2)) (as amended by sec-  
9 tion 205(a)) is amended—

10           (1) in subparagraph (X), by striking “and” at  
11 the end;

12           (2) in subparagraph (Y), by striking the period  
13 at the end and inserting “; and”; and

14           (3) by adding at the end the following:

15           “(Z) screening for hearing impairment (as de-  
16 fined in subsection (zz)).”.

17           (b) **SERVICES DESCRIBED.**—Section 1861 of such  
18 Act (42 U.S.C. 1395x) (as amended by section 205(b))  
19 is amended by adding at the end the following:

20           “Screening for Hearing Impairment

21           “(zz) The term ‘screening for hearing impairment’  
22 means diagnostic services for hearing impairment by use  
23 of periodic questions, otoscopic examination and audio  
24 metric testing if such questions indicate potential hearing  
25 impairment, and counseling about hearing aid devices

1 which are furnished by or under the supervision of a physi-  
 2 cian or other health care professional who is legally au-  
 3 thorized to furnish such services under State law (or the  
 4 State regulatory mechanism provided by State law) of the  
 5 State in which the services are furnished, as would other-  
 6 wise be covered if furnished by a physician or as an inci-  
 7 dent to a physician’s professional service.”.

8 (c) ELIMINATION OF COST SHARING.—

9 (1) ELIMINATION OF COINSURANCE.—Section  
 10 1833(a)(1) of such Act (42 U.S.C. 1395l(a)(1)) (as  
 11 amended by section 205(c)(1)) is amended—

12 (A) by striking “and (X)” and inserting  
 13 “(X)”; and

14 (B) by striking the semicolon at the end  
 15 and inserting the following: “, and (Y) with re-  
 16 spect to screening for hearing impairment (as  
 17 defined in section 1861(zz)), the amount paid  
 18 shall be 100 percent of the lesser of the actual  
 19 charge for the services or the amount deter-  
 20 mined by a fee schedule established by the Sec-  
 21 retary for the purposes of this subparagraph;”.

22 (2) ELIMINATION OF DEDUCTIBLE.—The first  
 23 sentence of section 1833(b) of such Act (42 U.S.C.  
 24 1395l(b)) (as amended by section 205(c)(2)) is  
 25 amended—

1 (A) by striking “and” before “(11)”; and

2 (B) by inserting before the period the fol-  
 3 lowing: “, and (12) such deductible shall not  
 4 apply with respect to screening for hearing im-  
 5 pairment (as defined in section 1861(zz))”.

6 (d) EFFECTIVE DATE.—The amendments made by  
 7 this section shall apply to services furnished on or after  
 8 December 31, 2001.

9 **SEC. 207. SCREENING AND COUNSELING FOR**  
 10 **OSTEOPOROSIS.**

11 (a) COVERAGE.—Section 1861(s)(2) of the Social Se-  
 12 curity Act (42 U.S.C. 1395x(s)(2)) (as amended by sec-  
 13 tion 206(a)) is amended—

14 (1) in subparagraph (Y), by striking “and” at  
 15 the end;

16 (2) in subparagraph (Z), by striking the period  
 17 at the end and inserting “; and”; and

18 (3) by adding at the end the following:

19 “(AA) screening and counseling for osteoporosis  
 20 (as defined in subsection (aaa)) for—

21 “(i) women; and

22 “(ii) men with fractures.”.

23 (b) SERVICES DESCRIBED.—Section 1861 of such  
 24 Act (42 U.S.C. 1395x) (as amended by section 206(b))  
 25 is amended by adding at the end the following:

1 “Screening and counseling for Osteoporosis

2 “(aaa) The term ‘screening and counseling for  
3 osteoporosis’ means diagnostic and counseling services for  
4 osteoporosis in addition to a bone mass measurement (as  
5 defined in subsection (rr)) which are furnished in accord-  
6 ance with methods approved by the Food and Drug Ad-  
7 ministration by or under the supervision of a physician  
8 or other health care professional who is legally authorized  
9 to furnish such services under State law (or the State reg-  
10 ulatory mechanism provided by State law) of the State in  
11 which the services are furnished, as would otherwise be  
12 covered if furnished by a physician or as an incident to  
13 a physician’s professional service.”.

14 (c) ELIMINATION OF COST SHARING.—

15 (1) ELIMINATION OF COINSURANCE.—Section  
16 1833(a)(1) of such Act (42 U.S.C. 1395l(a)(1)) (as  
17 amended by section 206(c)(1)) is amended—

18 (A) by striking “and (Y)” and inserting  
19 “(Y)”; and

20 (B) by striking the semicolon at the end  
21 and inserting the following: “, and (Z) with re-  
22 spect to screening and counseling for  
23 osteoporosis (as defined in section 1861(aaa)),  
24 the amount paid shall be 100 percent of the  
25 lesser of the actual charge for the services or

1 the amount determined by a fee schedule estab-  
 2 lished by the Secretary for the purposes of this  
 3 subparagraph;”.

4 (2) ELIMINATION OF DEDUCTIBLE.—The first  
 5 sentence of section 1833(b) of such Act (42 U.S.C.  
 6 1395l(b)) (as amended by section 206(c)(2)) is  
 7 amended—

8 (A) by striking “and” before “(12)”; and

9 (B) by inserting before the period the fol-  
 10 lowing: “, and (13) such deductible shall not  
 11 apply with respect to screening and counseling  
 12 for osteoporosis (as defined in section  
 13 1861(aaa))”.

14 (d) EFFECTIVE DATE.—The amendments made by  
 15 this section shall apply to services furnished on or after  
 16 December 31, 2001.

17 **SEC. 208. SCREENING FOR CHOLESTEROL.**

18 (a) COVERAGE.—Section 1861(s)(2) of the Social Se-  
 19 curity Act (42 U.S.C. 1395x(s)(2)) (as amended by sec-  
 20 tion 207(a)) is amended—

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

23 (2) in subparagraph (AA), by striking the pe-  
 24 riod at the end and inserting “; and”; and

25 (3) by adding at the end the following:

1           “(BB) screening for cholesterol (as defined in  
 2           subsection (bbb)) for individuals between the ages of  
 3           65 and 75 that exhibit major risk factors for coro-  
 4           nary heart disease, including smoking, hypertension,  
 5           and diabetes.”.

6           (b) SERVICES DESCRIBED.—Section 1861 of such  
 7           Act (42 U.S.C. 1395x) (as amended by section 207(b))  
 8           is amended by adding at the end the following:

9                               “Screening for Cholesterol

10           “(bbb) The term ‘screening for cholesterol’ means di-  
 11           agnostic services for cholesterol that are furnished by or  
 12           under the supervision of a physician or other health care  
 13           professional who is legally authorized to furnish such serv-  
 14           ices under State law (or the State regulatory mechanism  
 15           provided by State law) of the State in which the services  
 16           are furnished, as would otherwise be covered if furnished  
 17           by a physician or as an incident to a physician’s profes-  
 18           sional service.”.

19           (c) ELIMINATION OF COST SHARING.—

20                               (1) ELIMINATION OF COINSURANCE.—Section  
 21           1833(a)(1) of such Act (42 U.S.C. 1395l(a)(1)) (as  
 22           amended by section 207(c)(1)) is amended—

23                               (A) by striking “and (Z)” and inserting  
 24                               “(Z)”; and

(B) by striking the semicolon at the end and inserting the following: “, and (AA) with respect to screening for cholesterol (as defined in section 1861(bbb)), the amount paid shall be 100 percent of the lesser of the actual charge for the services or the amount determined by a fee schedule established by the Secretary for the purposes of this subparagraph;”.

(2) ELIMINATION OF DEDUCTIBLE.—The first sentence of section 1833(b) of such Act (42 U.S.C. 1395l(b)) (as amended by section 207(c)(2)) is amended—

(A) by striking “and” before “(13)”; and

(B) by inserting before the period the following: “, and (14) such deductible shall not apply with respect to screening and counseling for osteoporosis (as defined in section 1861(bbb))”.

(d) EFFECTIVE DATE.—The amendments made by this section shall apply to services furnished on or after December 31, 2001.

**SEC. 209. ELIMINATION OF COST SHARING FOR CURRENT PREVENTIVE BENEFITS.**

(a) WAIVER OF COINSURANCE AND DEDUCTIBLES.—

1           (1) IN GENERAL.—Section 1834 of the Social  
 2       Security Act (42 U.S.C. 1395m) is amended by add-  
 3       ing at the end the following:

4       “(m) WAIVER OF COINSURANCE AND DEDUCTIBLE  
 5       FOR PREVENTIVE SERVICES.—

6           “(1) COINSURANCE.—

7               “(A) IN GENERAL.—Notwithstanding any  
 8       other provision of this part—

9                   “(i) the Secretary shall waive any co-  
 10       insurance applicable to services described  
 11       in subparagraph (B); and

12                   “(ii) with respect to payment for such  
 13       services, any reference to a percent that is  
 14       less than 100 percent shall be deemed to  
 15       be a reference to 100 percent.

16           “(B) SERVICES DESCRIBED.—The services  
 17       described in this subparagraph are the following  
 18       services:

19                   “(i) Screening mammography (as de-  
 20       fined in section 1861(jj)).

21                   “(ii) Screening pelvic exam (as de-  
 22       fined in section 1861(nn)(2)).

23                   “(iii) Hepatitis B vaccine and its ad-  
 24       ministration               (under               section  
 25       1861(s)(10)(B)).



1 “(iv) Colorectal cancer screening test  
2 (as defined in section 1861(pp)).

3 “(v) Bone mass measurement (as de-  
4 fined in section 1861(rr)).

5 “(vi) Prostate cancer screening test  
6 (as defined in section 1861(oo)).

7 “(vii) Diabetes outpatient self-man-  
8 agement training services (as defined in  
9 section 1861(qq)).

10 “(2) DEDUCTIBLE.—

11 “(A) IN GENERAL.—Notwithstanding any  
12 other provision of this part, the deductible de-  
13 scribed in section 1833(b) shall not apply with  
14 respect to services described in subparagraph  
15 (B).

16 “(B) SERVICES DESCRIBED.—The services  
17 described in this subparagraph are the following  
18 services:

19 “(i) Hepatitis B vaccine and its ad-  
20 ministration (under section  
21 1861(s)(10)(B)).

22 “(ii) Colorectal cancer screening test  
23 (as defined in section 1861(pp)).

24 “(iii) Bone mass measurement (as de-  
25 fined in section 1861(rr)).

1 “(iv) Prostate cancer screening test  
2 (as defined in section 1861(oo)).

3 “(v) Diabetes outpatient self-manage-  
4 ment training services (as defined in sec-  
5 tion 1861(qq)).”.

6 (2) CONFORMING AMENDMENT.—Section  
7 1833(a) of the Social Security Act (42 U.S.C.  
8 1395l(a)) is amended by striking “section 1876”  
9 and inserting “sections 1834 and 1876” in the mat-  
10 ter preceding paragraph (1).

11 (b) EFFECTIVE DATE.—The amendments made by  
12 this section shall apply to services furnished on or after  
13 December 31, 2001.

14 **SEC. 210. NATIONAL FALLS PREVENTION EDUCATION AND**  
15 **AWARENESS CAMPAIGN.**

16 The Secretary, in consultation with the Director of  
17 the Centers for Disease Control and Prevention, shall con-  
18 duct a national falls prevention and awareness campaign  
19 to reduce fall-related injuries among medicare bene-  
20 ficiaries.

21 **SEC. 211. PROGRAM INTEGRITY.**

22 The Secretary, in consultation with the Inspector  
23 General of the Department of Health and Human Serv-  
24 ices, shall integrate the benefits described in sections 201  
25 through 208 with existing program integrity measures.

1 **TITLE III—MEDICARE HEALTH**  
 2 **EDUCATION AND RISK AP-**  
 3 **PRAISAL PROGRAM**

4 **SEC. 301. MEDICARE HEALTH EDUCATION AND RISK AP-**  
 5 **PRAISAL PROGRAM.**

6 (a) IN GENERAL.—Title XVIII of the Social Security  
 7 Act (42 U.S.C. 1395 et seq.) is amended by adding at  
 8 the end the following:

9 “MEDICARE HEALTH EDUCATION AND RISK APPRAISAL  
 10 PROGRAM

11 “SEC. 1897. (a) ESTABLISHMENT.—The Secretary,  
 12 in consultation with the Director of the Centers for Dis-  
 13 ease Control and Prevention, the Administrator of the  
 14 Agency for Health Care Policy and Research, and the Ad-  
 15 ministrator of the Health Care Financing Administration,  
 16 shall establish a health education and risk appraisal pro-  
 17 gram to inform the target individuals described in sub-  
 18 section (b) of the major behavioral risk factors described  
 19 in subsection (c) through the self-assessment described in  
 20 subsection (d) and shall conduct the periodic followup de-  
 21 scribed in subsection (e).

22 “(b) TARGET INDIVIDUALS.—The target individuals  
 23 described in this subsection are the following:

24 “(1) MEDICARE BENEFICIARIES.—Individuals  
 25 that are beneficiaries under this title.

1           “(2) INDIVIDUALS BETWEEN THE AGES OF 50  
2           AND 64.—Individuals between the ages of 50 and 64.

3           “(c) MAJOR BEHAVIORAL RISK FACTORS.—The  
4 major behavioral risk factors described in this subsection  
5 include—

6           “(1) the lack of proper nutrition;

7           “(2) the use of alcohol;

8           “(3) the lack of regular exercise;

9           “(4) the use of tobacco;

10          “(5) depression; and

11          “(6) other risk factors identified by the Sec-  
12 retary.

13          “(d) SELF-ASSESSMENT.—

14          “(1) IN GENERAL.—The self-assessment de-  
15 scribed in this subsection is a form delivered by the  
16 Secretary to each target individual that—

17               “(A) includes questions regarding major  
18 behavioral risk factors;

19               “(B) requests that such individual answer  
20 the questions and return the form to the Sec-  
21 retary; and

22               “(C) is then assessed using—

23                       “(i) knowledge coupling computer  
24 software that assesses overall health risks

1 and then provides options for management  
 2 of identified risk factors;

3 “(ii) nurse hotlines; and

4 “(iii) case managers as the Secretary  
 5 determines appropriate.

6 “(2) INDIVIDUALS BETWEEN THE AGES OF 50  
 7 AND 64.—With respect to the target individuals de-  
 8 scribed in subsection (b)(2), the Secretary shall co-  
 9 ordinate the delivery of the self-assessment form  
 10 with the issuance of the statement described in sec-  
 11 tion 1143(c)(2).

12 “(e) PERIODIC FOLLOWUP.—

13 “(1) MEDICARE BENEFICIARIES.—Not less fre-  
 14 quently than once every 2 years, the Secretary shall  
 15 conduct periodic followup appraisals with respect to  
 16 the target individuals described in subsection (b)(1)  
 17 to reduce major behavioral risk factors described in  
 18 subsection (c)—

19 “(A) by providing such individuals with—

20 “(i) information regarding the results  
 21 of the self-administered risk appraisal;

22 “(ii) recommendations regarding be-  
 23 havior modifications based on such ap-  
 24 praisal; and

1 “(iii) information regarding any need  
2 for further assessment or treatment; and

3 “(B) by providing the information de-  
4 scribed in subparagraph (A) to the provider  
5 designated by such individual to receive such in-  
6 formation.

7 “(2) INDIVIDUALS BETWEEN THE AGES OF 50  
8 AND 64.—The Secretary shall conduct such periodic  
9 followup appraisals with respect to the target indi-  
10 viduals described in subsection (b)(2) as the Sec-  
11 retary determines appropriate.”.

12 **TITLE IV—DISEASE SELF-MAN-**  
13 **AGEMENT DEMONSTRATION**  
14 **PROJECTS**

15 **SEC. 401. DISEASE SELF-MANAGEMENT DEMONSTRATION**  
16 **PROJECTS.**

17 (a) DEMONSTRATION PROJECTS.—

18 (1) IN GENERAL.—The Secretary, acting  
19 through the Administrator of the Health Care Fi-  
20 nancing Administration, shall conduct demonstration  
21 projects for the purpose of promoting disease self-  
22 management for conditions identified by the working  
23 group established under paragraph (2) for target in-  
24 dividuals (as defined in paragraph (3)).

1           (2) DISEASE SELF-MANAGEMENT WORKING  
2 GROUP.—

3           (A) ESTABLISHMENT.—There is estab-  
4 lished within the Department of Health and  
5 Human Services a Disease Self-Management  
6 Working Group.

7           (B) COMPOSITION.—The Disease Self-  
8 Management Working Group established under  
9 subparagraph (A) shall be composed of 4 mem-  
10 bers as follows:

11           (i) The Administrator of the Health  
12 Care Financing Administration.

13           (ii) The Director of the Centers for  
14 Disease Control and Prevention.

15           (iii) The Administrator of the Agency  
16 for Health Care Policy and Research.

17           (iv) The Director of the Administra-  
18 tion on Aging.

19           (C) GENERAL POLICIES AND CRITERIA.—  
20 The Disease Self-Management Working Group  
21 established under paragraph (1) shall establish  
22 general policies and criteria with respect to the  
23 functions of the Secretary under this section  
24 including—

1 (i) the identification of conditions for  
 2 which a demonstration project may be im-  
 3 plemented;

4 (ii) the prioritization of the conditions  
 5 identified under clause (i) based on poten-  
 6 tial of self-management of such condition  
 7 to be medically effective and for such self-  
 8 management to be a cost-effective benefit  
 9 or cost-saving benefit, as those terms are  
 10 defined in section 3 of this Act;

11 (iii) the identification of target indi-  
 12 viduals;

13 (iv) the development of procedures for  
 14 selecting areas in which a demonstration  
 15 project may be implemented; and

16 (v) such other matters as are rec-  
 17 ommended by the Disease Self-Manage-  
 18 ment Working Group and approved by the  
 19 Secretary.

20 (3) TARGET INDIVIDUAL DEFINED.—In this  
 21 section, the term “target individual” means an indi-  
 22 vidual that is at risk for or has a condition identified  
 23 by the working group described under paragraph (2)  
 24 and is eligible for benefits under the fee-for-service  
 25 program under parts A and B of title XVIII of the



1 Social Security Act (42 U.S.C. 1395c et seq.; 1395j  
 2 et seq.) or is enrolled under the Medicare+Choice  
 3 program under part C of title XVIII of such Act (42  
 4 U.S.C. 1395w–21 et seq.).

5 (b) NUMBER, PROJECT AREAS, AND DURATION.—

6 (1) NUMBER.—Not later than 2 years after the  
 7 date of enactment of this Act, the Secretary shall  
 8 implement a series of demonstration projects.

9 (2) PROJECT AREAS.—The Secretary, acting  
 10 through the Administrator of the Health Care Fi-  
 11 nancing Administration, shall implement the dem-  
 12 onstration projects described in paragraph (1) in  
 13 urban, suburban, and rural areas.

14 (3) DURATION.—The demonstration projects  
 15 under this section shall be conducted for a period of  
 16 3 years, beginning on the date on which the Sec-  
 17 retary implements the initial demonstration project.

18 (c) REPORTS TO CONGRESS.—

19 (1) ANNUAL REPORTS.—

20 (A) IN GENERAL.—Not later than 1 year  
 21 after the Secretary implements the initial dem-  
 22 onstration project under this section, and bian-  
 23 nually thereafter, the Secretary shall submit to  
 24 Congress a report regarding the demonstration  
 25 projects conducted under this section.

1 (B) CONTENTS OF REPORT.—The report  
2 in subparagraph (A) shall include the following:

3 (i) A description of the demonstration  
4 projects conducted under this section.

5 (ii) An evaluation of—

6 (I) whether each benefit provided  
7 under the demonstration project is a  
8 cost-effective benefit or a cost-saving  
9 benefit;

10 (II) the level of the disease self-  
11 management attained by target indi-  
12 viduals under the demonstration  
13 projects; and

14 (III) the satisfaction of target in-  
15 dividuals under the demonstration  
16 project.

17 (iii) Any other information regarding  
18 the demonstration projects conducted  
19 under this section that the Secretary deter-  
20 mines to be appropriate.

21 (2) FINAL REPORT.—Not later than 1 year  
22 after the conclusion of the demonstration projects  
23 under this section, the Secretary shall submit a final  
24 report to Congress on the demonstration projects  
25 conducted under this section containing the rec-

1       ommendations of the Secretary regarding whether to  
 2       conduct the demonstration projects on a permanent  
 3       basis, together with such recommendations for legis-  
 4       lation and administrative action as the Secretary  
 5       considers appropriate.

6       (d) FUNDING.—The Secretary shall provide for the  
 7       transfer from the Federal Hospital Insurance Trust Fund  
 8       under section 1817 of the Social Security Act (42 U.S.C.  
 9       1395i) an amount not to exceed \$30,000,000 for the costs  
 10      of carrying out the demonstration projects under this sec-  
 11      tion, establishing the Disease Self-Management Working  
 12      Group under subsection (a)(2), and submitting the reports  
 13      to Congress under subsection (c).

14   **TITLE    V—STUDIES    AND    RE-**  
 15       **PORTS ADVANCING ORIGINAL**  
 16       **RESEARCH IN THE FIELD OF**  
 17       **DISEASE    PREVENTION    AND**  
 18       **THE ELDERLY**

19   **SEC. 501. MEDPAC BIENNIAL REPORT.**

20       (a) IN GENERAL.—Section 1805(b) of the Social Se-  
 21      curity Act (42 U.S.C. 1395b–6(b)) is amended—

22               (1) in paragraph (1)—

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

1 (B) in subparagraph (D), by striking the  
2 period and inserting “; and”; and

3 (C) by adding at the end the following:

4 “(E) by not later than January 1, 2001,  
5 and biannually thereafter, submit the report to  
6 Congress described in paragraph (7).”; and

7 (2) by adding at the end the following:

8 “(7) EVALUATION OF ACTUARIAL EQUIVALENCE  
9 OF MEDICARE AND PRIVATE SECTOR BENEFIT PACK-  
10 AGES.—

11 “(A) EVALUATION.—The Commission  
12 shall—

13 “(i) evaluate the benefit package of-  
14 fered under the medicare program under  
15 this title; and

16 “(ii) determine the degree to which  
17 such benefit package is actuarially equiva-  
18 lent to that offered by health benefit pro-  
19 grams available in the private sector to in-  
20 dividuals over age 65.

21 “(B) REPORT.—The Commission shall  
22 submit a report to Congress that shall  
23 contain—

24 “(i) a detailed statement of the find-  
25 ings and conclusions of the Commission re-

“(ii) the recommendations of the Commission regarding changes in the benefit package offered under the medicare program under this title that would keep the program modern and competitive in relation to health benefit programs available in the private sector; and

“(iii) the recommendations of the Commission for such legislation and administrative actions as it considers appropriate.”.

(b) **EFFECTIVE DATE.**—The amendments made by this section shall take effect on the date of enactment of this Act.

17 SEC. 502. NATIONAL INSTITUTE ON AGING STUDY AND RE-  
18 PORT.

(a) STUDIES.—The Director of the National Institute on Aging shall conduct 1 or more studies focusing on ways to—

(1) improve quality of life for the elderly;  
(2) develop better ways to prevent or delay the onset of age-related functional decline and disease and disability among the elderly; and

1           (3) develop means of assessing the long-term  
2       development of cost-effective benefits and cost-sav-  
3       ings benefits for health promotion and disease pre-  
4       vention among the elderly.

5       (b) REPORT.—Not later than January 1, 2005, the  
6       Director of the National Institute on Aging shall submit  
7       a report to the Secretary regarding each study conducted  
8       under subsection (a) and containing a detailed statement  
9       of research findings and conclusions that are scientifically  
10      valid and are demonstrated to prevent or delay the onset  
11      of chronic illness or disability among the elderly.

12      (c) TRANSMISSION TO INSTITUTE OF MEDICINE.—  
13      Upon receipt of each report described in subsection (b),  
14      the Secretary shall transmit such report to the Institute  
15      of Medicine of the National Academy of Sciences for con-  
16      sideration in its effort to conduct the comprehensive study  
17      of current literature and best practices in the field of  
18      health promotion and disease prevention among the medi-  
19      care beneficiaries described in section 503.

20      (d) AUTHORIZATION OF APPROPRIATIONS.—

21           (1) IN GENERAL.—There are authorized to be  
22      appropriated \$100,000,000 for fiscal years 2000  
23      through 2005 to carry out the purposes of this sec-  
24      tion.

1           (2) AVAILABILITY.—Any sums appropriated  
 2           under the authorization contained in this subsection  
 3           shall remain available, without fiscal year limitation,  
 4           until September 30, 2004.

5   **SEC. 503. INSTITUTE OF MEDICINE 5-YEAR MEDICARE PRE-**  
 6                           **VENTION BENEFIT STUDY AND REPORT.**

7           (a) STUDY.—

8           (1) IN GENERAL.—The Secretary shall contract  
 9           with the Institute of Medicine of the National Acad-  
 10          emy of Sciences to conduct a comprehensive study of  
 11          current literature and best practices in the field of  
 12          health promotion and disease prevention among  
 13          medicare beneficiaries including the issues described  
 14          in paragraph (2) and to submit the report described  
 15          in subsection (b).

16          (2) ISSUES STUDIED.—The study required  
 17          under paragraph (1) shall include an assessment  
 18          of—

19                       (A) whether each covered benefit is—

20                               (i) medically effective; and

21                               (ii) a cost-effective benefit or a cost-  
 22                       saving benefit;

23                       (B) utilization of covered benefits (includ-  
 24           ing any barriers to or incentives to increase uti-  
 25           lization); and

1           (C) quality of life issues associated with  
 2           both health promotion and disease prevention  
 3           benefits covered under the medicare program  
 4           and those that are not covered under such pro-  
 5           gram that would affect all medicare bene-  
 6           ficiaries.

7           (b) REPORT.—

8           (1) IN GENERAL.—Not later than 5 years after  
 9           the date of enactment of this section, and every fifth  
 10          year thereafter, the Institute of Medicine of the Na-  
 11          tional Academy of Sciences shall submit to the  
 12          President a report that contains a detailed state-  
 13          ment of the findings and conclusions of the study  
 14          conducted under subsection (a) and the rec-  
 15          ommendations for legislation described in paragraph  
 16          (2).

17          (2) RECOMMENDATIONS FOR LEGISLATION.—

18          The Institute of Medicine of the National Academy  
 19          of Sciences, in consultation with the Partnership for  
 20          Prevention, shall develop recommendations in legis-  
 21          lative form that—

22                 (A) prioritize the preventive benefits under  
 23                 the medicare program; and



1 (B) modify preventive benefits offered  
 2 under the medicare program based on the study  
 3 conducted under subsection (a).

4 (c) TRANSMISSION TO CONGRESS.—

5 (1) IN GENERAL.—On the day on which the re-  
 6 port described in subsection (b) is submitted to the  
 7 President, the President shall transmit the report  
 8 and recommendations in legislative form described in  
 9 subsection (b)(2) to Congress.

10 (2) DELIVERY.—Copies of the report and rec-  
 11 ommendations in legislative form required to be  
 12 transmitted to Congress under paragraph (1) shall  
 13 be delivered—

14 (A) to both Houses of Congress on the  
 15 same day;

16 (B) to the Clerk of the House of Rep-  
 17 resentatives if the House is not in session; and

18 (C) to the Secretary of the Senate if the  
 19 Senate is not in session.

20 **SEC. 504. FAST-TRACK CONSIDERATION OF PREVENTION**  
 21 **BENEFIT LEGISLATION.**

22 (a) RULES OF HOUSE OF REPRESENTATIVES AND  
 23 SENATE.—This section is enacted by Congress—

24 (1) as an exercise of the rulemaking power of  
 25 the House of Representatives and the Senate, re-

spectively, and is deemed a part of the rules of each House of Congress, but—

(A) is applicable only with respect to the procedure to be followed in that House of Congress in the case of an implementing bill (as defined in subsection (d)); and

(B) supersedes other rules only to the extent that such rules are inconsistent with this section; and

(2) with full recognition of the constitutional right of either House of Congress to change the rules (so far as relating to the procedure of that House of Congress) at any time, in the same manner and to the same extent as in the case of any other rule of that House of Congress.

(b) INTRODUCTION AND REFERRAL.—

(1) INTRODUCTION.—

(A) IN GENERAL.—Subject to paragraph (2), on the day on which the President transmits the report pursuant to section 503(c) to the House of Representatives and the Senate, the recommendations in legislative form transmitted by the President with respect to such report shall be introduced as a bill (by request) in the following manner:

1 (i) HOUSE OF REPRESENTATIVES.—In  
2 the House of Representatives, by the Ma-  
3 jority Leader, for himself and the Minority  
4 Leader, or by Members of the House of  
5 Representatives designated by the Majority  
6 Leader and Minority Leader.

7 (ii) SENATE.—In the Senate, by the  
8 Majority Leader, for himself and the Mi-  
9 nority Leader, or by Members of the Sen-  
10 ate designated by the Majority Leader and  
11 Minority Leader.

12 (B) SPECIAL RULE.—If either House of  
13 Congress is not in session on the day on which  
14 such recommendations in legislative form are  
15 transmitted, the recommendations in legislative  
16 form shall be introduced as a bill in that House  
17 of Congress, as provided in subparagraph (A),  
18 on the first day thereafter on which that House  
19 of Congress is in session.

20 (2) REFERRAL.—Such bills shall be referred by  
21 the presiding officers of the respective Houses to the  
22 appropriate committee, or, in the case of a bill con-  
23 taining provisions within the jurisdiction of 2 or  
24 more committees, jointly to such committees for con-

1       sideration of those provisions within their respective  
2       jurisdictions.

3       (c) CONSIDERATION.—After the recommendations in  
4       legislative form have been introduced as a bill and referred  
5       under subsection (b), such implementing bill shall be con-  
6       sidered in the same manner as an implementing bill is con-  
7       sidered under subsections (d), (e), (f), and (g) of section  
8       151 of the Trade Act of 1974 (19 U.S.C. 2191).

9       (d) IMPLEMENTING BILL DEFINED.—In this section,  
10      the term “implementing bill” means only the recommenda-  
11      tions in legislative form of the Institute of Medicine of the  
12      National Academy of Sciences described in section  
13      503(b)(2), transmitted by the President to the House of  
14      Representatives and the Senate under subsection 503(c),  
15      and introduced and referred as provided in subsection (b)  
16      as a bill of either House of Congress.

17      (e) COUNTING OF DAYS.—For purposes of this sec-  
18      tion, any period of days referred to in section 151 of the  
19      Trade Act of 1974 shall be computed by excluding—

20           (1) the days on which either House of Congress  
21      is not in session because of an adjournment of more  
22      than 3 days to a day certain or an adjournment of  
23      Congress sine die; and

- 1           (2) any Saturday and Sunday, not excluded
- 2           under paragraph (1), when either House is not in
- 3           session.

