107TH CONGRESS 1ST SESSION S. 1066

To amend title XVIII of the Social Security Act to establish procedures for determining payment amounts for new clinical diagnostic laboratory tests for which payment is made under the medicare program.

IN THE SENATE OF THE UNITED STATES

JUNE 20, 2001

Mr. HATCH (for himself and Mr. KERRY) introduced the following bill; which was read twice and referred to the Committee on Finance

A BILL

- To amend title XVIII of the Social Security Act to establish procedures for determining payment amounts for new clinical diagnostic laboratory tests for which payment is made 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 "Medicare Patient Ac-
- 5 cess to Preventive and Diagnostic Tests Act".

1SEC. 2. CODING AND PAYMENT PROCEDURES FOR NEW2CLINICAL DIAGNOSTIC LABORATORY TESTS3UNDER MEDICARE.

4 (a) DETERMINING PAYMENT BASIS FOR NEW LAB
5 TESTS.—Section 1833(h) of the Social Security Act (42
6 U.S.C. 1395*l*(h)) is amended by adding at the end the fol7 lowing new paragraph:

8 "(9)(A) The Secretary shall establish procedures for 9 determining the basis for, and amount of, payment under 10 this subsection for any clinical diagnostic laboratory test 11 with respect to which a new or substantially revised 12 HCPCS code is assigned on or after January 1, 2002 (in 13 this subsection referred to as 'new tests'). Such procedures 14 shall provide that—

- 15 "(i) the payment amount for such a test will be16 established only on—
- 17 "(I) the basis described in paragraph18 (10)(A); or
- 19 "(II) the basis described in paragraph20 (10)(B); and

"(ii) the Secretary shall determine whether the
payment amount for such a test is established on the
basis described in paragraph (10)(A) or the basis
described in paragraph (10)(B) only after the process described in subparagraph (B) has been completed with respect to such test.

"(B) Determinations under subparagraph (A)(ii)
 shall be made only after the Secretary—

3 "(i) makes available to the public (through an
4 Internet site and other appropriate mechanisms) a
5 list that includes any such test for which the estab6 lishment of a payment amount under paragraph
7 (10) is being considered for a year;

8 "(ii) on the same day such list is made avail-9 able, causes to have published in the Federal Reg-10 ister notice of a meeting to receive comments and 11 recommendations from the public on the appropriate 12 basis under paragraph (10) for establishing payment 13 amounts for the tests on such list;

"(iii) not less than 30 calendar days after publication of such notice, convenes a meeting to receive
such comments and recommendations, with such
meeting—

"(I) including representatives of each entity within the Health Care Financing Administration (in this paragraph referred to as
'HCFA') that will be involved in determining
the basis on which payment amounts will be established for such tests under paragraph (10)
and implementing such determinations;

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"(II) encouraging the participation of in-1 2 terested parties, including beneficiaries, device manufacturers, clinical laboratories, laboratory 3 4 professionals, pathologists, and prescribing phy-5 sicians, through outreach activities; and 6 "(III) affording opportunities for inter-7 active dialogue between representatives of 8 HCFA and the public; 9 "(iv) makes minutes of such meeting available 10 to the public (through an Internet site and other ap-11 propriate mechanisms) not later than 15 calendar 12 days after such meeting; "(v) taking into account the comments and rec-13 14 ommendations received at such meeting, develops 15 and makes available to the public (through an Inter-16 net site and other appropriate mechanisms) a list of 17 proposed determinations with respect to the appro-18 priate basis for establishing a payment amount 19 under paragraph (10) for each such code, together 20 with an explanation of the reasons for each such determination, and the data on which the determina-21 22 tion is based; "(vi) on the same day such list is made avail-23

able, causes to have published in the Federal Register notice of a public meeting to receive comments

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and recommendations from the public on the pro posed determinations;

"(vii) not later than August 1 of each year, but
at least 30 calendar days after publication of such
notice, convenes a meeting to receive such comments
and recommendations, with such meeting being conducted in the same manner as the meeting under
clause (iii);

9 "(viii) makes a transcript of such meeting avail-10 able to the public (through an Internet site and 11 other appropriate mechanisms) as soon as is prac-12 ticable after such meeting; and

13 "(ix) taking into account the comments and 14 recommendations received at such meeting, develops 15 and makes available to the public (through an Inter-16 net site and other appropriate mechanisms) a list of 17 final determinations of whether the payment amount 18 for such tests will be determined on the basis de-19 scribed in paragraph (10)(A) or the basis described 20 in paragraph (10)(B), together with the rationale for 21 each such determination, the data on which the de-22 termination is based, and responses to comments 23 and suggestions received from the public.

24 "(C) Under the procedures established pursuant to25 subparagraph (A), the Secretary shall—

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1	"(i) identify the rules and assumptions to be
2	applied by the Secretary in considering and making
3	determinations of whether the payment amount for
4	a new test should be established on the basis de-
5	scribed in paragraph (10)(A) or the basis described
6	in paragraph (10)(B);
7	"(ii) make available to the public the data
8	(other than proprietary data) considered in making
9	such determinations; and
10	"(iii) provide for a mechanism under which—
11	"(I) an interested party may request an
12	administrative review of an adverse determina-
13	tion;
14	$((\Pi)$ upon the request of an interested
15	party, an administrative review is conducted
16	with respect to an adverse determination; and
17	"(III) such determination is revised, as
18	necessary, to reflect the results of such review.
19	"(D) For purposes of this subsection—
20	"(i) the term 'HCPCS' refers to the Health
21	Care Financing Administration Common Procedure
22	Coding System; and
23	"(ii) a code shall be considered to be 'substan-
24	tially revised' if there is a substantive change to the
25	definition of the test or procedure to which the code

3 "(10)(A) Notwithstanding paragraphs (1), (2), and 4 (4), if a new test is clinically similar to a test for which 5 a fee schedule amount has been established under para-6 graph (5), the Secretary shall pay the same fee schedule 7 amount for the new test.

8 "(B)(i) Notwithstanding paragraphs (1), (2), (4), 9 and (5), if a new test is not clinically similar to a test 10 for which a fee schedule has been established under para-11 graph (5), payment under this subsection for such test 12 shall be made on the basis of the lesser of—

13 "(I) the actual charge for the test; or

14 "(II) an amount equal to 60 percent (or in the 15 case of a test performed by a qualified hospital (as 16 defined in paragraph (1)(D) for outpatients of such 17 hospital, 62 percent) of the prevailing charge level 18 determined pursuant to the third and fourth sen-19 tences of section 1842(b)(3) for the test for a local-20 ity or area for the year (determined without regard 21 to the year referred to in paragraph (2)(A)(i), or 22 any national limitation amount under paragraph 23 (4)(B), and adjusted annually by the percentage in-24 crease or decrease under paragraph (2)(A)(i);

until the beginning of the third full calendar year that be gins on or after the date on which an HCPCS code is
 first assigned with respect to such test, or, if later, the
 beginning of the first calendar year that begins on or after
 the date on which the Secretary determines that there are
 sufficient claims data to establish a fee schedule amount
 pursuant to clause (ii).

8 "(ii) Notwithstanding paragraphs (2), (4), and (5),
9 the fee schedule amount for a clinical diagnostic labora10 tory test described in clause (i) that is performed—

11 "(I) during the first calendar year after clause 12 (i) ceases to apply to such test, shall be an amount 13 equal to the national limitation amount that the Sec-14 retary determines (consistent with clause (iii)) would 15 have applied to such test under paragraph 16 (4)(B)(viii) during the preceding calendar year, ad-17 justed by the percentage increase or decrease deter-18 mined under paragraph (2)(A)(i) for such first cal-19 endar year; and

"(II) during a subsequent year, is the fee
schedule amount determined under this clause for
the preceding year, adjusted by the percentage increase or decrease that applies under paragraph
(5)(A) for such year.

1 "(iii) For purposes of clause (ii)(I), the national limi-2 tation amount for a test shall be set at 100 percent of 3 the median of the payment amounts determined under 4 clause (ii)(I) for all payment localities or areas for the last 5 calendar year for which payment for such test was deter-6 mined under clause (i).

7 "(iv) Nothing in clause (ii) shall be construed as pro8 hibiting the Secretary from applying (or authorizing the
9 application of) the comparability provisions of the first
10 sentence of such section 1842(b)(3) with respect to
11 amounts determined under such clause.".

12 (b) ESTABLISHMENT OF NATIONAL FEE SCHEDULE13 AMOUNTS.—

14 (1) IN GENERAL.—Section 1833(h) of the So15 cial Security Act, as amended by subsection (a), is
16 amended—

17 (A) in paragraph (2), by striking "para18 graph (4)" and inserting "paragraphs (4), (5),
19 and (10)";

20 (B) in paragraph (4)(B)(viii), by inserting
21 "and before January 1, 2002," after "Decem22 ber 31, 1997,";

23 (C) by redesignating paragraphs (5), (6),
24 and (7), as paragraphs (6), (7), and (8), re25 spectively; and

1	(D) by inserting after paragraph (4) the	e
2	following new paragraph:	

3 "(5) Notwithstanding paragraphs (2) and (4), the 4 Secretary shall set the fee schedule amount for a test 5 (other than a test to which paragraph (10)(B) applies) 6 at—

"(A) for tests performed during 2002, an
amount equal to the national limitation amount for
that test for 2001, and adjusted by the percentage
increase or decrease determined under paragraph
(2)(A)(i) for such year; and

"(B) for tests performed during a year after
2002, the amount determined under this subparagraph for the preceding year, adjusted by the percentage increase or decrease determined under paragraph (2)(A)(i) for such year.".

(2) CONFORMING AMENDMENTS.—Paragraphs
(1)(D)(i) and (2)(D)(i) of section 1833(a) of the Social Security Act (42 U.S.C. 1395l(a)) are each
amended by striking "the limitation amount for that
test determined under subsection (h)(4)(B),".

(c) MECHANISM FOR REVIEW OF ADEQUACY OF PAYMENT AMOUNTS.—Section 1833(h) of the Social Security
Act (42 U.S.C. 1395l(h)), as amended by subsection (b),
is amended by adding at the end the following:

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"(11) The Secretary shall establish a mechanism
 under which—

3 "(A) an interested party may request a timely
4 review of the adequacy of the existing payment
5 amount under this subsection for a particular test;
6 and

7 "(B) upon the receipt of such a request, a time-8 ly review is carried out.".

9 (d) USE OF INHERENT REASONABLENESS AUTHOR10 ITY.—Section 1842(b)(8) of the Social Security Act (42
11 U.S.C. 1395u(b)(8)) is amended by adding at the end the
12 following:

"(E)(i) The Secretary may not delegate the authority
to make determinations with respect to clinical diagnostic
laboratory tests under this paragraph to a regional office
of the Health Care Financing Administration or to an entity with a contract under subsection (a).

18 "(ii) In making determinations with respect to clin19 ical diagnostic laboratory tests under this paragraph, the
20 Secretary—

21 "(I) shall base such determinations on data
22 from affected payment localities and all sites of care;
23 and

24 "(II) may not use a methodology that assigns25 undue weight to the prevailing charge levels for any

1 type of entity with a contract under subsection
 2 (a).".

3 (e) PROHIBITION.—Section 1833(h) of the Social Se4 curity Act (42 U.S.C. 1395l(h)), as amended by sub5 section (c), is amended by adding at the end the following
6 new paragraph:

"(12)(1) Notwithstanding the preceding provisions of
this subsection, the Secretary may not establish a payment
level for a new test that is lower than the level for an
existing, clinically similar test solely on the basis that the
new test may be performed by a laboratory with a certificate of waiver under section 353(d)(2) of the Public
Health Service Act (42 U.S.C. 263a(d)(2)).

14 "(2) Nothing in paragraph (1) shall be construed to 15 limit the authority of the Secretary to establish a payment 16 level for a new test that is lower than the level for an 17 existing, clinically similar test if such payment level is de-18 termined on a basis other than the basis described in such 19 paragraph or on more than 1 basis.".

20 (f) Effective Dates.—

(1) ESTABLISHMENT OF PROCEDURES.—The
Secretary of Health and Human Services shall establish the procedures required to implement paragraphs (9), (10), (11), and (12) of section 1833(h)
of the Social Security Act (42 U.S.C. 1395*l*(h)), as

added by this section, by not later than January 1,
 2002.
 (2) INHERENT REASONABLENESS.—The
 amendments made by subsection (d) shall apply to

determinations made on or after the date of enact-ment of this Act.

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