

108TH CONGRESS
1ST SESSION

H. R. 1860

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 health benefits, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

APRIL 29, 2003

Mr. LEVIN (for himself and Mr. FOLEY) introduced the following bill; which was referred to the Committee on Energy and 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 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 health 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 2003”.

1 (b) TABLE OF CONTENTS.—The table of contents of
2 this Act is as follows:

Sec. 1. Short title; table of contents.
Sec. 2. Definitions.

TITLE I—HEALTHY SENIORS PROMOTION PROGRAM

- Sec. 101. Definitions.
- Sec. 102. Working Group on Disease Self-Management and Health Promotion.
- Sec. 103. Healthy seniors promotion grants.
- Sec. 104. Disease self-management demonstration projects.

TITLE II—MEDICARE COVERAGE OF PREVENTIVE HEALTH BENEFITS

- Sec. 201. Therapy and counseling for cessation of tobacco use.
- Sec. 202. Counseling for post-menopausal women.
- Sec. 203. Screening for diminished visual acuity.
- Sec. 204. Screening for type II diabetes mellitus for certain at-risk individuals.
- Sec. 205. Screening for cholesterol.
- Sec. 206. Screening for depression.
- Sec. 207. Expansion of eligibility for bone mass measurement.
- Sec. 208. Coverage of medical nutrition therapy services for beneficiaries with cardiovascular diseases.
- Sec. 209. Payment for office visit in connection with screening colonoscopy.
- Sec. 210. Program integrity.
- Sec. 211. Effective date.

TITLE III—INCREASING UTILIZATION OF MEDICARE PREVENTIVE SERVICES

- Sec. 301. Elimination of deductibles and coinsurance for existing preventive health benefits.
- Sec. 302. Coverage of initial preventive physical examination.
- Sec. 303. Promotion of preventive health benefits.

TITLE IV—NATIONAL FALLS PREVENTION EDUCATION AND AWARENESS CAMPAIGN

Sec. 401. National Falls Prevention Education and Awareness Campaign.

3 SEC. 2. DEFINITIONS.

4 In this Act:

5 (1) MEDICARE BENEFICIARY.—The term
6 “medicare beneficiary” means any individual who is
7 entitled to benefits under part A or enrolled under
8 part B of the medicare program, including any indi-

1 vidual enrolled in a Medicare+Choice plan offered
2 by a Medicare+Choice organization under part C of
3 such program.

4 (2) MEDICARE PROGRAM.—The term “medicare
5 program” means the health benefits program under
6 title XVIII of the Social Security Act (42 U.S.C.
7 1395 et seq.).

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

10 **TITLE I—HEALTHY SENIORS** 11 **PROMOTION PROGRAM**

12 **SEC. 101. DEFINITIONS.**

13 In this title:

14 (1) COST-EFFECTIVE BENEFIT.—The term
15 “cost-effective benefit” means a benefit or technique
16 that has—

17 (A) been subject to peer review;
18 (B) been described in scientific journals;

19 and

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

22 (2) COST-SAVING BENEFIT.—The term “cost-
23 saving benefit” means a benefit or technique that
24 has—

25 (A) been subject to peer review;

1 (B) been described in scientific journals;

2 and

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

10 (4) MEDICALLY EFFECTIVE.—The term “medically effective” means, with respect to a benefit or technique, that the benefit or technique has been—

13 (A) subject to peer review;

14 (B) described in scientific journals; and

15 (C) determined to achieve an intended goal

16 under normal programmatic conditions.

17 (5) MEDICALLY EFFICACIOUS.—The term
18 “medically efficacious” means, with respect to a ben-
19 efit or technique, that the benefit or technique has
20 been—

21 (A) subject to peer review;

22 (B) described in scientific journals; and

23 (C) determined to achieve an intended goal

24 under controlled conditions.

5 SEC. 102. WORKING GROUP ON DISEASE SELF-MANAGE-
6 MENT AND HEALTH PROMOTION.

7 (a) ESTABLISHMENT.—There is established within
8 the Department of Health and Human Services a Working
9 Group on Disease Self-Management and Health Pro-
10 motion.

11 (b) COMPOSITION.—

12 (1) IN GENERAL.—Subject to paragraph (2),
13 the Working Group shall be composed of 5 members
14 as follows:

15 (A) The Administrator of the Health Care
16 Financing Administration.

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

19 (C) The Director of the Agency for
20 Healthcare Research and Quality.

21 (D) The Assistant Secretary for Aging.

22 (E) The Director of the National Institutes
23 of Health.

24 (2) ALTERNATIVE MEMBERSHIP.—Any member
25 of the Working Group described in a subparagraph

1 of paragraph (1) may appoint an individual who is
2 an officer or employee of the Federal Government to
3 serve as a member of the Working Group instead of
4 the member described in such subparagraph.

5 (c) DUTIES.—The duties of the Working Group are
6 as follows:

7 (1) **HEALTHY SENIORS PROMOTION GRANTS.**—
8 The Working Group shall establish general policies
9 and criteria with respect to the functions of the Sec-
10 retary under section 103, including—

11 (A) priorities for the approval of applica-
12 tions submitted under subsection (c) of such
13 section;

14 (B) procedures for monitoring and evalu-
15 ating research efforts conducted under such
16 section; and

17 (C) such other matters relating to the
18 grant program established under such section
19 as are recommended by the Working Group and
20 approved by the Secretary.

21 (2) **DISEASE SELF-MANAGEMENT DEMONSTRA-**
22 **TION PROJECTS.**—The Working Group shall estab-
23 lish general policies and criteria with respect to the
24 functions of the Secretary under section 104, includ-
25 ing—

(A) the identification of medical conditions for which a demonstration project under such section may be implemented;

4 (B) the prioritization of the conditions
5 identified under subparagraph (A) based on the
6 potential for the self-management of such con-
7 dition to be medically effective and for such
8 self-management to be a cost-effective benefit
9 or cost-saving benefit;

10 (C) the identification of target individuals
11 (as defined in section 104(a)(2));

12 (D) the development of procedures for se-
13 lecting areas in which such a demonstration
14 project may be implemented; and

15 (E) such other matters relating to such
16 demonstration projects as are recommended by
17 the Working Group and approved by the Sec-
18 retary.

19 (d) CHAIRPERSON.—The Secretary shall designate 1
20 of the members of the Working Group to be the chair-
21 person of the Group.

22 (e) QUORUM.—A majority of the members of the
23 Working Group shall constitute a quorum, but, subject to
24 subsection (f), a lesser number of members may hold
25 meetings.

1 (f) MEETINGS.—The Working Group shall meet at
2 the call of the chairperson, except that—

3 (1) it shall meet not less than 4 times each
4 year; and

5 (2) it shall meet upon the written request of a
6 majority of the members.

7 (g) COMPENSATION OF MEMBERS.—Each member of
8 the Working Group shall serve without compensation in
9 addition to that received for their service as an officer or
10 employee of the Federal Government.

11 (h) AUTHORIZATION OF APPROPRIATIONS.—There
12 are authorized to be appropriated such sums as may be
13 necessary for the purpose of carrying out this section.

14 **SEC. 103. HEALTHY SENIORS PROMOTION GRANTS.**

15 (a) PROGRAM AUTHORIZED.—The Secretary, using
16 the general policies and criteria established by the Work-
17 ing Group under section 102(c)(1) and in accordance with
18 the provisions of this section, is authorized to make grants
19 to eligible entities (as defined in section 101(3)) to pay
20 for the costs of the activities described in subsection (b).

21 (b) USE OF FUNDS.—An eligible entity may use pay-
22 ments received under this section in any fiscal year to con-
23 duct a program to—

24 (1) study whether using different types of pro-
25 viders of care and alternative settings (including

1 community-based senior centers) for the implemen-
2 tation of a successful health promotion and disease
3 prevention strategy, including the implications re-
4 garding the payment of such providers, is medically
5 efficacious or medically effective;

6 (2) determine the most effective means of edu-
7 cating medicare beneficiaries, either directly or
8 through providers of care, regarding the importance
9 of health promotion and disease prevention among
10 such beneficiaries;

11 (3) identify incentives that would increase the
12 use of new and existing preventive health benefits
13 and healthy behaviors by medicare beneficiaries;

14 (4) promote—

15 (A) the use of preventive health benefits by
16 medicare beneficiaries, including such services
17 that are covered under the medicare program;

18 (B) the proper use by medicare bene-
19 ficiaries of prescription and over-the-counter
20 drugs in order to reduce the number of hospital
21 stays and physician visits that are a result of
22 improper use of such drugs; and

23 (C) the utilization by medicare bene-
24 ficiaries of the steps (including exercise, mainte-
25 nance of a proper diet, and the utilization of ac-

1 cident prevention techniques) that research has
2 shown to promote and safeguard individual
3 health; and

4 (5) address other topics designated by the Sec-
5 retary.

6 (c) APPLICATION.—

7 (1) IN GENERAL.—Each eligible entity that de-
8 sires to receive a grant under this section shall sub-
9 mit an application to the Secretary, at such time, in
10 such manner, and accompanied by such additional
11 information as the Secretary may reasonably re-
12 quire.

13 (2) CONTENTS.—Each application submitted
14 under paragraph (1) shall—

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

17 (B) describe how such activities will—

18 (i) reflect the medical, behavioral, and
19 social aspects of care for medicare bene-
20 ficiaries;

21 (ii) lead to the development of cost-ef-
22 fective benefits and cost-saving benefits;
23 and

24 (iii) impact the quality of life of medi-
25 care beneficiaries;

1 (C) provide assurances that such activities
2 will focus on broad medicare populations rather
3 than unique local medicare populations;

4 (D) provide evidence that the eligible entity
5 meets the general policies and criteria estab-
6 lished by the Working Group under section
7 102(c)(1);

13 (F) provide such additional assurances as
14 the Secretary determines to be essential to en-
15 sure compliance with the requirements of this
16 title.

20 (d) APPROVAL OF APPLICATION.—The Secretary
21 shall approve applications in accordance with the general
22 policies and criteria established by the Working Group
23 under section 102(c)(1).

24 (e) PAYMENTS.—Subject to amounts appropriated
25 under subsection (g), the Secretary shall pay to each eligi-

1 ble entity having an application approved under subsection
2 (d) the cost of the activities described in the application.

(f) EVALUATION AND REPORT.—

10 (B) the extent to which research assisted
11 under this section has improved or expanded
12 the general research for health promotion and
13 disease prevention among medicare beneficiaries
14 and identified practical interventions based
15 upon such research;

16 (C) a list of specific recommendations
17 based upon the activities conducted under the
18 programs for which grants were made under
19 this section which show promise as practical
20 interventions for health promotion and disease
21 prevention among medicare beneficiaries;

22 (D) whether or not, as a result of the ac-
23 tivities conducted under the programs for which
24 grants were made under this section, certain
25 health promotion and disease prevention bene-

1 fits or education efforts should be added to the
2 medicare program, including discussions of
3 quality of life, translating the applied research
4 results into a benefit under the medicare pro-
5 gram, and whether each additional benefit
6 would be a cost-effective benefit or a cost-saving
7 benefit for each proposed addition; and

8 (E) how best to increase utilization of ex-
9 isting and recommended health promotion and
10 disease prevention services, such as an edu-
11 cation and public awareness campaign, pro-
12 viding financial incentives for providers of care
13 and medicare beneficiaries, or utilizing other
14 administrative means.

15 (2) ANNUAL REPORT.—Not later than Decem-
16 ber 31, 2005, and annually thereafter through 2007,
17 the Secretary, in consultation with the Working
18 Group, shall submit a report to Congress on the
19 evaluation conducted under paragraph (1), together
20 with such recommendations for such legislation and
21 administrative actions as the Secretary considers ap-
22 propriate.

23 (g) AUTHORIZATION OF APPROPRIATIONS.—There
24 are authorized to be appropriated for the purpose of car-

1 trying out this section \$50,000,000 for each of fiscal years
2 2004, 2005, 2006, and 2007.

3 **SEC. 104. DISEASE SELF-MANAGEMENT DEMONSTRATION
4 PROJECTS.**

5 (a) DEMONSTRATION PROJECTS.—

6 (1) IN GENERAL.—The Secretary shall conduct
7 demonstration projects for the purpose of promoting
8 disease self-management for conditions identified by
9 the Working Group under section 102(c)(2) for tar-
10 get individuals (as defined in paragraph (2)).

11 (2) TARGET INDIVIDUAL DEFINED.—In this
12 section, the term “target individual” means an indi-
13 vidual who—

14 (A) is at risk for, or has, 1 or more of the
15 conditions identified by the Working Group
16 under section 102(c)(2); and

17 (B) is enrolled under the original medicare
18 fee-for-service program under parts A and B of
19 title XVIII of the Social Security Act (42
20 U.S.C. 1395c et seq.; 1395j et seq.) or is en-
21 rolled under the Medicare+Choice program
22 under part C of title XVIII of such Act (42
23 U.S.C. 1395w–21 et seq.).

24 (b) NUMBER; PROJECT AREAS; DURATION.—

12 (c) REPORT TO CONGRESS.—

20 (A) A description of the demonstration
21 projects.

22 (B) An evaluation of—

23 (i) whether each benefit provided
24 under the demonstration projects is a cost-
25 effective benefit or a cost-saving benefit;

(ii) the level of the disease self-management attained by target individuals under the demonstration projects; and

4 (iii) the satisfaction of target individuals under the demonstration projects.
5

6 (C) Recommendations of the Secretary re-
7 garding whether to conduct the demonstration
8 projects on a permanent basis.

12 (E) Any other information regarding the
13 demonstration projects that the Secretary de-
14 termines to be appropriate.

15 (d) FUNDING.—The Secretary shall provide for the
16 transfer from the Federal Hospital Insurance Trust Fund
17 under section 1817 of the Social Security Act (42 U.S.C.
18 1395i) an amount not to exceed \$30,000,000 for the costs
19 of carrying out this section.

1 **TITLE II—MEDICARE COVERAGE**
2 **OF PREVENTIVE HEALTH**
3 **BENEFITS**

4 **SEC. 201. THERAPY AND COUNSELING FOR CESSATION OF**
5 **TOBACCO USE.**

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

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

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

12 (3) by adding at the end the following new sub-
13 paragraph:

14 “(W) supplemental preventive health services
15 (as defined in subsection (ww));”.

16 (b) SERVICES DESCRIBED.—Section 1861 of the So-
17 cial Security Act (42 U.S.C. 1395x) is amended by adding
18 at the end the following new subsection:

19 “Supplemental Preventive Health Services
20 “(ww) The term ‘supplemental preventive health serv-
21 ices’ means the following:

22 “(1)(A) Therapy and counseling for cessation of
23 tobacco use for individuals who use tobacco products
24 or who are being treated for tobacco use that is fur-
25 nished—

1 “(i) by or under the supervision of a physi-
2 cian; or

3 “(ii) by any other health care professional
4 who—

5 “(I) is legally authorized to furnish
6 such services under State law (or the State
7 regulatory mechanism provided by State
8 law) of the State in which the services are
9 furnished; and

10 “(II) is authorized to receive payment
11 for other services under this title or is des-
12 ignated by the Secretary for this purpose.

13 “(B) Subject to subparagraph (C), such term is
14 limited to—

15 “(i) therapy and counseling services rec-
16 ommended in ‘Treating Tobacco Use and De-
17 pendence: A Clinical Practice Guideline’, pub-
18 lished by the Public Health Service in June
19 2000, or any subsequent modification of such
20 Guideline; and

21 “(ii) such other therapy and counseling
22 services that the Secretary recognizes to be ef-
23 fective.

1 “(C) Such term shall not include coverage for
2 drugs or biologicals that are not otherwise covered
3 under this title.”.

4 (c) PAYMENT AND ELIMINATION OF COST-SHARING
5 FOR ALL SUPPLEMENTAL PREVENTIVE HEALTH SERV-
6 ICES.—

7 (1) PAYMENT AND ELIMINATION OF COINSUR-
8 ANCE.—Section 1833(a)(1) of the Social Security
9 Act (42 U.S.C. 1395l(a)(1)) is amended—

10 (A) in subparagraph (N), by inserting
11 “other than supplemental preventive health
12 services (as defined in section 1861(ww))” after
13 “(as defined in section 1848(j)(3))”

14 (B) by striking “and” before “(U)”; and

15 (C) by inserting before the semicolon at
16 the end the following: “, and (V) with respect
17 to supplemental preventive health services (as
18 defined in section 1861(ww)), the amount paid
19 shall be 100 percent of the lesser of the actual
20 charge for the services or the amount deter-
21 mined under the payment basis determined
22 under section 1848 by the Secretary for the
23 particular supplemental preventive health serv-
24 ice involved”.

12 (4) ELIMINATION OF DEDUCTIBLE.—The first
13 sentence of section 1833(b) of the Social Security
14 Act (42 U.S.C. 1395l(b)) is amended—

15 (A) by striking “and” before “(6)”; and
16 (B) by inserting before the period the fol-
17 lowing: “, and (7) such deductible shall not
18 apply with respect to supplemental preventive
19 health services (as defined in section
20 1861(ww))”.

21 (d) APPLICATION OF LIMITS ON BILLING.—Section
22 1842(b)(18)(C) of the Social Security Act (42 U.S.C.
23 1395u(b)(18)(C)) is amended by adding at the end the
24 following new clause:

1 “(vii) Any health care professional with respect
2 to the furnishing of supplemental preventive health
3 services.”.

4 **SEC. 202. COUNSELING FOR POST-MENOPAUSAL WOMEN.**

5 Section 1861(ww) of the Social Security Act (42
6 U.S.C. 1395x(s)(2)), as added by section 201(b), is
7 amended by adding at the end the following new para-
8 graph:

9 “(2)(A) Counseling for post-menopausal
10 women.

11 “(B) For purposes of subparagraph (A), the
12 term ‘counseling for post-menopausal women’ means
13 counseling provided to a post-menopausal woman re-
14 garding—

15 “(i) the symptoms, risk factors, and condi-
16 tions associated with menopause;

17 “(ii) appropriate treatment options for
18 post-menopausal women, including hormone re-
19 placement therapy; and

20 “(iii) other interventions that can be imple-
21 mented to prevent or delay the onset of health
22 risks associated with menopause.

23 “(C) Such term does not include coverage for
24 drugs or biologicals that are not otherwise covered
25 under this title.”.

1 SEC. 203. SCREENING FOR DIMINISHED VISUAL ACUITY.

2 Section 1861(ww) of the Social Security Act (42
3 U.S.C. 1395x(s)(2)), as amended by section 202(a), is
4 amended by adding at the end the following new para-
5 graph:

6 “(3)(A) Screening for diminished visual acuity.

7 “(B) For purposes of subparagraph (A), the
8 term ‘screening for diminished visual acuity’ means
9 a screening for diminished visual acuity that is fur-
10 nished by or under the supervision of an optometrist
11 or ophthalmologist who is legally authorized to fur-
12 nish such services under State law (or the State reg-
13 ulatory mechanism provided by State law) of the
14 State in which the services are furnished.”.

**15 SEC. 204. SCREENING FOR TYPE II DIABETES MELLITUS
16 FOR CERTAIN AT-RISK INDIVIDUALS.**

17 Section 1861(ww) of the Social Security Act (42
18 U.S.C. 1395x(s)(2)), as amended by section 203(a), is
19 amended by adding at the end the following new para-
20 graph:

21 “(4) Screening for diabetes II mellitus for indi-
22 viduals with hypertension or hyperlipidemia if the in-
23 dividual involved has not had such a screening dur-
24 ing the preceding 3 years.”.

1 **SEC. 205. SCREENING FOR CHOLESTEROL.**

2 (a) IN GENERAL.—Section 1861(ww) of the Social
3 Security Act (42 U.S.C. 1395x(s)(2)), as amended by sec-
4 tion 204(a), is amended by adding at the end the following
5 new paragraph:

6 “(5)(A) Screening for cholesterol if the indi-
7 vidual involved has not had such a screening during
8 the preceding 5 years.

9 “(B) Notwithstanding subparagraph (A), pay-
10 ment may be made under this part for a screening
11 for cholesterol with respect to an individual even if
12 the individual has had such a screening during the
13 preceding 5 years if the individual exhibits major
14 risk factors for coronary heart disease or a stroke,
15 including, but not limited to, smoking, hypertension,
16 and diabetes.”.

17 (b) CONFORMING AMENDMENT APPLYING FRE-
18 QUENCY LIMITATIONS.—Section 1862(a)(1) of the Social
19 Security Act (42 U.S.C. 1395y(a)(1)) is amended—

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

22 (2) in subparagraph (I), by striking the semi-
23 colon at the end and inserting “, and”; and

24 (3) by adding at the end the following new sub-
25 paragraph:

1 “(J) in the case of supplemental preventive
2 health services, which is performed more fre-
3 quently than is covered under section
4 1861(ww);”.

5 SEC. 206. SCREENING FOR DEPRESSION.

6 Section 1861(ww) of the Social Security Act (42
7 U.S.C. 1395x(s)(2)), as amended by section 205(a), is
8 amended by adding at the end the following new para-
9 graph:

10 “(6)(A) Screenings for clinical depression to an
11 individual through qualified health professionals in
12 accordance with the requirements of this paragraph,
13 if the individual has not had such a screening per-
14 formed during the preceding 12 months.

15 “(B) In this paragraph, the term ‘qualified
16 health professional’ means an individual that—

17 “(i) is—

18 “(I) a physician (as defined in sub-
19 section (r)(1));

20 “(II) a nurse practitioner (as defined
21 in subsection (aa)(5)); or

22 “(III) a mental health care profes-
23 sional (including a clinical social worker, as
24 defined in subsection 1861(hh)) that is li-
25 censed to perform mental health services

1 by the State in which a screening for clin-
2 ical depression is furnished; and

3 “(ii) is a participating physician or sup-
4 plier and has an agreement in effect with the
5 Secretary under which the individual agrees to
6 accept the amount determined under part B as
7 full payment for such screening and to accept
8 an assignment described in section
9 1842(b)(3)(B)(ii) of the Social Security Act (42
10 U.S.C. 1395u(b)(3)(B)(ii)) with respect to pay-
11 ment for each screening furnished by the pro-
12 fessional to an eligible beneficiary.

13 “(C)(i) The term ‘screening for clinical depres-
14 sion’ means a consultation during which a self-ad-
15 ministered written screening test (or an alternative
16 format for such test pursuant to subparagraph (D))
17 is made available to an individual and a qualified
18 health professional—

19 “(I) interprets the results of such test;

20 “(II) discusses the beneficiary’s responses
21 to the questions on the test with the bene-
22 ficiary;

23 “(III) assesses the beneficiary’s risk of
24 clinical depression; and

1 “(IV) if the qualified health professional
2 determines that the beneficiary is at high risk
3 for clinical depression, refers the eligible bene-
4 ficiary for a full diagnostic evaluation and such
5 additional treatment as may be required.

6 “(ii) Nothing in clause (i)(IV) shall be con-
7 strued as prohibiting a qualified health professional
8 performing the screening for clinical depression with
9 respect to an individual from directly providing the
10 diagnostic evaluation and additional treatment de-
11 scribed in such clause to such individual if legally
12 authorized under State law to do so.

13 “(D) For purposes of this paragraph, the term
14 ‘self-administered written screening test’ means an
15 instrument on which an individual writes answers to
16 questions designed to enable a qualified health pro-
17 fessional to establish the level of risk of such eligible
18 beneficiary for clinical depression.

19 “(E)(i) The Secretary, in consultation with pro-
20 fessionals experienced in conducting large-scale de-
21 pression screening projects, shall—

22 “(I) establish or identify a self-adminis-
23 tered written screening test to be used under
24 this paragraph; and

1 “(II) not later than the date that is 3
2 months before the date on which this paragraph
3 is implemented, distribute such test to qualified
4 health professionals that provide services, to-
5 gether with guidelines for making the test avail-
6 able to individuals.

7 “(ii) The Secretary shall also establish and
8 distribute alternative formats for the self-ad-
9 ministered written screening test under clause
10 (i) which shall be available for use when cir-
11 cumstances do not permit an individual to com-
12 plete the self-administered written screening
13 test.”.

14 SEC. 207. EXPANSION OF ELIGIBILITY FOR BONE MASS

15 MEASUREMENT.

16 (a) EXPANSION.—Section 1861(rr)(2) of the Social
17 Security Act (42 U.S.C. 1395x(rr)(2)) is amended to read
18 as follows:

19 “(2) For purposes of this subsection, the term ‘quali-
20 fied individual’ means an individual who is (in accordance
21 with regulations prescribed by the Secretary)—

22 “(A) an estrogen-deficient woman (including
23 those receiving hormone replacement therapy);

1 “(B) an individual with low trauma or fragility
2 fractures (including vertebral abnormalities and hip,
3 rib, wrist, pelvic, or proximal humeral fractures);

4 “(C) an individual receiving long-term medica-
5 tions that have associations to bone loss or
6 osteoporosis (including glucocorticoid therapy and
7 androgen deprivation therapy);

8 “(D) an individual with a long-term medical
9 condition that has association to osteoporosis (in-
10 cluding primary hyperparathyroidism);

11 “(E) a man with risk factors for osteoporosis
12 such as hypogonadism; and

13 “(F) an individual being monitored to assess
14 the response to, or efficacy of, an approved
15 osteoporosis therapy.”.

16 (b) REFERENCE TO ELIMINATION OF COINSURANCE
17 AND WAIVER OF APPLICATION OF DEDUCTIBLE.—For
18 the elimination of the coinsurance for bone mass measure-
19 ment and for the waiver of the application of the part B
20 deductible for such measurement, see section 301.

1 **SEC. 208. COVERAGE OF MEDICAL NUTRITION THERAPY**2 **SERVICES FOR BENEFICIARIES WITH CAR-**
3 **DIOVASCULAR DISEASES.**4 (a) IN GENERAL.—Section 1861(s)(2)(V) of the So-
5 cial Security Act (42 U.S.C. 1395x(s)(2)(V)) is amended
6 to read as follows:7 “(V) medical nutrition therapy services (as de-
8 fined in subsection (vv)(1)) in the case of a bene-
9 ficiary—10 “(i) with a cardiovascular disease (includ-
11 ing congestive heart failure, arteriosclerosis,
12 hyperlipidemia, hypertension, and
13 hypercholesterolemia), diabetes, or a renal dis-
14 ease (or a combination of such conditions)
15 who—16 “(I) has not received diabetes out-
17 patient self-management training services
18 within a time period determined by the
19 Secretary;20 “(II) is not receiving maintenance di-
21 alysis for which payment is made under
22 section 1881; and23 “(III) meets such other criteria deter-
24 mined by the Secretary after consideration
25 of protocols established by dietitian or nu-
26 trition professional organizations; or

1 “(ii) with a combination of such conditions

2 who—

3 “(I) is not described in clause (i) be-
4 cause of the application of subclause (I) or
5 (II) of such clause;

6 “(II) receives such medical nutrition
7 therapy services in a coordinated manner
8 (as determined appropriate by the Sec-
9 retary) with any services described in such
10 subclauses that the beneficiary is receiving;
11 and

12 “(III) meets such other criteria deter-
13 mined by the Secretary after consideration
14 of protocols established by dietitian or nu-
15 trition professional organizations;”.

16 (b) ELIMINATION OF COINSURANCE.—Section
17 1833(a)(1)(T) of the Social Security Act (42 U.S.C.
18 1395l(a)(1)(T)) is amended by striking “80 percent” and
19 inserting “100 percent”.

20 (c) REFERENCE TO WAIVER OF APPLICATION OF DE-
21 DUCTIBLE.—For the waiver of the application of the part
22 B deductible for medical nutrition therapy services, see
23 section 301.

1 **SEC. 209. PAYMENT FOR OFFICE VISIT IN CONNECTION**2 **WITH SCREENING COLONOSCOPY.**

3 (a) INCLUSION OF OFFICE VISIT IN BENEFIT.—Section
4 1861(pp)(1) of the Social Security Act (42 U.S.C.
5 1395x(pp)(1)) is amended by inserting “(and includes, in
6 the case of screening colonoscopy, the office visit associ-
7 ated with the colonoscopy)” after “for the purpose of early
8 detection of colorectal cancer”.

9 (b) CONFORMING PAYMENT.—Section 1834(d)(3)(B)
10 of such Act (42 U.S.C. 1395m(d)(3)(B)) is amended by
11 adding at the end the following: “Such payment shall take
12 into account payment for the office visit associated with
13 the colonoscopy.”.

14 **SEC. 210. PROGRAM INTEGRITY.**

15 The Secretary, in consultation with the Inspector
16 General of the Department of Health and Human Serv-
17 ices, shall integrate supplemental preventive health serv-
18 ices (as defined in section 1861(ww) of the Social Security
19 Act (as added by the preceding provisions of this title))
20 with existing program integrity measures.

21 **SEC. 211. EFFECTIVE DATE.**

22 Except as otherwise provided in this title, the amend-
23 ments made by this title shall apply to services furnished
24 on or after January 1, 2004.

1 **TITLE III—INCREASING UTILIZA-**
2 **TION OF MEDICARE PREVEN-**
3 **TIVE SERVICES**

4 **SEC. 301. ELIMINATION OF DEDUCTIBLES AND COINSUR-**
5 **ANCE FOR EXISTING PREVENTIVE HEALTH**
6 **BENEFITS.**

7 (a) IN GENERAL.—Section 1833 of the Social Secu-
8 rity Act (42 U.S.C. 1395l) is amended by inserting after
9 subsection (o) the following new subsection:

10 “(p) DEDUCTIBLES AND COINSURANCE WAIVED FOR
11 PREVENTIVE HEALTH ITEMS AND SERVICES.—The Sec-
12 retary may not require the payment of any deductible or
13 coinsurance under subsection (a) or (b), respectively, of
14 any individual enrolled for coverage under this part for
15 any of the following preventive health items and services:

16 “(1) Blood-testing strips, lancets, and blood
17 glucose monitors for individuals with diabetes de-
18 scribed in section 1861(n).

19 “(2) Diabetes outpatient self-management
20 training services (as defined in section 1861(qq)(1)).

21 “(3) Pneumococcal, influenza, and hepatitis B
22 vaccines and administration described in section
23 1861(s)(10).

24 “(4) Screening mammography (as defined in
25 section 1861(jj)).

1 “(5) Screening pap smear and screening pelvic
2 exam (as defined in paragraphs (1) and (2) of sec-
3 tion 1861(nn), respectively).

4 “(6) Bone mass measurement (as defined in
5 section 1861(rr)(1)).

6 “(7) Prostate cancer screening test (as defined
7 in section 1861(oo)(1)).

8 “(8) Colorectal cancer screening test (as de-
9 fined in section 1861(pp)(1)).

10 “(9) Screening for glaucoma (as defined in sec-
11 tion 1861(uu)).

12 “(10) Medical nutrition therapy services (as de-
13 fined in section 1861(vv)(1)).”.

14 (b) WAIVER OF COINSURANCE.—

15 (1) IN GENERAL.—Section 1833(a)(1)(B) of the
16 Social Security Act (42 U.S.C. 1395l(a)(1)(B)) is
17 amended to read as follows: “(B) with respect to
18 preventive health items and services described in
19 subsection (p), the amounts paid shall be 100 per-
20 cent of the fee schedule or other basis of payment
21 under this title for the particular item or service,”.

22 (2) ELIMINATION OF COINSURANCE IN OUT-
23 PATIENT HOSPITAL SETTINGS.—The third sentence
24 of section 1866(a)(2)(A) of the Social Security Act
25 (42 U.S.C. 1395cc(a)(2)(A)), as amended by section

1 201(c)(3), is amended by inserting after “section
2 1861(ww)” the following: “and preventive health
3 items and services described in section 1833(p)”.
4

4 (c) WAIVER OF APPLICATION OF DEDUCTIBLE.—
5 Section 1833(b)(1) of the Social Security Act (42 U.S.C.
6 1395l(b)(1)) is amended to read as follows: “(1) such de-
7 ductible shall not apply with respect to preventive health
8 items and services described in subsection (p),”.

9 (d) ADDING “LANCET” TO DEFINITION OF DME.—
10 Section 1861(n) of the Social Security Act (42 U.S.C.
11 1395x(n)) is amended by striking “blood-testing strips
12 and blood glucose monitors” and inserting “blood-testing
13 strips, lancets, and blood glucose monitors”.

14 (e) CONFORMING AMENDMENTS.—

15 (1) ELIMINATION OF COINSURANCE FOR CLIN-
16 ICAL DIAGNOSTIC LABORATORY TESTS.—Paragraphs
17 (1)(D)(i) and (2)(D)(i) of section 1833(a) of the So-
18 cial Security Act (42 U.S.C. 1395l(a)) are each
19 amended by inserting “or which are described in
20 subsection (p)” after “assignment-related basis”.

21 (2) ELIMINATION OF COINSURANCE FOR CER-
22 TAIN DME.—Section 1834(a)(1)(A) of the Social Se-
23 curity Act (42 U.S.C. 1395m(a)(1)(A)) is amended
24 by inserting “(or 100 percent, in the case of such an

1 item described in section 1833(p))” after “80 per-
2 cent”.

3 (3) ELIMINATION OF DEDUCTIBLES AND COIN-
4 SURANCE FOR COLORECTAL CANCER SCREENING
5 TESTS.—Section 1834(d) of the Social Security Act
6 (42 U.S.C. 1395m(d)) is amended—

7 (A) in paragraph (2)(C)—

8 (i) by striking “(C) FACILITY PAY-
9 MENT LIMIT.—” and all that follows
10 through “Notwithstanding subsections”
11 and inserting the following:

12 “(C) FACILITY PAYMENT LIMIT.—Notwith-
13 standing subsections”;

14 (ii) by striking “(I) in accordance”
15 and inserting the following:

16 “(i) in accordance”;

17 (iii) by striking “(II) are performed”
18 and all that follows through “payment
19 under” and inserting the following:

20 “(ii) are performed in an ambulatory
21 surgical center or hospital outpatient de-
22 partment,

23 payment under”; and

24 (iv) by striking clause (ii); and

25 (B) in paragraph (3)(C)—

1 (i) by striking “(C) FACILITY PAY-
2 MENT LIMIT.—” and all that follows
3 through “Notwithstanding subsections”
4 and inserting the following:

7 (ii) by striking clause (ii).

8 (f) EFFECTIVE DATE.—The amendments made by
9 this section shall apply to services furnished on or after
10 the day that is 1 year after the date of enactment of this
11 Act.

**12 SEC. 302. COVERAGE OF INITIAL PREVENTIVE PHYSICAL
13 EXAMINATION.**

14 (a) IN GENERAL.—Section 1861(ww) of the Social
15 Security Act (42 U.S.C. 1395x(s)(2)), as amended by sec-
16 tion 206(a), is amended by adding at the end the following
17 new paragraph:

18 “(7)(A) An initial preventive physical examina-
19 tion

20 “(B) For purposes of subparagraph (A), the
21 term ‘initial preventive physical examination’ means
22 physicians’ services consisting of a physical examina-
23 tion with the goal of health promotion and disease
24 detection and includes a history and physical exam,
25 a health risk appraisal, and health risk counseling,

1 and laboratory tests or other items and services as
2 determined by the Secretary in consultation with the
3 United States Preventive Services Task Force.

4 “(C) In the case of any item or service that is
5 included as part of an initial preventive physical ex-
6 amination and that is otherwise separately covered
7 under a preceding paragraph of this subsection, the
8 item or service shall be treated for purposes of that
9 preceding paragraph as having been received at the
10 time of such examination.”.

11 (b) CONFORMING AMENDMENT APPLYING FRE-
12 QUENCY LIMITATIONS.—Section 1862(a) of such Act (42
13 U.S.C. 1395y(a)), as amended by section 205(b), is
14 amended—

15 (1) in paragraph (1)—

16 (A) by striking “and” at the end of sub-
17 paragraph (I);

18 (B) by striking the semicolon at the end of
19 subparagraph (J) and inserting “, and”; and

20 (C) by adding at the end the following new
21 subparagraph:

22 “(K) in the case of an initial preventive physical
23 examination (as defined in section 1861(ww)(7)(B)),
24 which is performed not later than 6 months after

1 the date the individual's first coverage period begins
2 under part B;"; and

3 (2) in paragraph (7), by striking "or (H)" and
4 inserting "(H), or (K)".

5 (c) APPLICATION OF PAYMENT PROVISIONS.—For
6 provisions providing payment for supplemental preventive
7 health services (including an initial preventive physical ex-
8 amination) without application of any deductible or coin-
9 surance, see the amendments made by section 201(c).

10 (d) EFFECTIVE DATE.—The amendments made by
11 this section shall apply to services furnished on or after
12 January 1, 2004, but only for individuals whose coverage
13 period begins on or after such date.

14 **SEC. 303. PROMOTION OF PREVENTIVE HEALTH BENEFITS.**

15 In order to promote the use by medicare beneficiaries
16 of preventive health benefits, including preventive health
17 services (as defined in section 1861(ww) of the Social Se-
18 curity Act (as added by the preceding provisions of this
19 title)) and preventive health items and services described
20 in section 1833(p) of such Act (as added by section 301),
21 the Secretary shall do the following:

22 (1) MEDICARE HANDBOOK AND OTHER ANNUAL
23 NOTICES.—Include in any medicare handbook and
24 any other annual notice provided to medicare bene-
25 ficiaries a detailed description of—

3 (B) the importance of using such benefits.

5 Require that fiscal intermediaries with a contract
6 under section 1816 of the Social Security Act (42
7 U.S.C. 1395h) and carriers with a contract under
8 section 1842 of such Act (42 U.S.C. 1395u) include
9 preventive health benefits messages on Medicare
10 Summary Notice Statements and Explanations of
11 Medicare Benefits distributed by such entities.

12 (3) MEDICARE+CHOICE PLANS.—Require that
13 Medicare+Choice organizations offering a
14 Medicare+Choice plan disclose under section
15 1852(c)(1)(B) of the Social Security Act (42 U.S.C.
16 1395w–22(c)(1)(B)) information regarding the pre-
17 ventive health benefits that are covered under the
18 plan.

24 (A) the preventive health benefits that are
25 covered under the medicare program;

4 **TITLE IV—NATIONAL FALLS
5 PREVENTION EDUCATION
6 AND AWARENESS CAMPAIGN**

**7 SEC. 401. NATIONAL FALLS PREVENTION EDUCATION AND
8 AWARENESS CAMPAIGN.**

9 (a) IN GENERAL.—The Director of the Centers for
10 Disease Control and Prevention, in consultation with the
11 Administrator of the Health Care Financing Administra-
12 tion, shall conduct a national falls prevention and aware-
13 ness campaign to reduce fall-related injuries among medi-
14 care beneficiaries.

15 (b) REPORT TO CONGRESS.—

21 (2) DEADLINE FOR REPORT.—The report re-
22 quired under paragraph (1) shall be submitted not
23 later than the earlier of—

24 (A) 6 months after the campaign is com-
25 pleted; or

(B) 3 years after the campaign is implemented.

6 (A) A description of the campaign.

7 (B) An evaluation of—

8 (i) whether the campaign has effectively reached its target population; and
9

10 (ii) the cost-effectiveness of the cam-
11 paign.

12 (C) An assessment of whether the cam-
13 paign has been effective, as measured by wheth-
14 er—

15 (i) the target population has adopted
16 the interventions suggested in the cam-
17 paign, and if not, the reasons why such
18 interventions have not been adopted; and

19 (ii) the fall rates among the target
20 population have decreased since the cam-
21 paign was implemented, and if not, the
22 reasons why such fall rates have not de-
23 creased.

24 (D) Any other information regarding the
25 campaign that the Director of the Centers for

1 Disease Control and Prevention determines to
2 be appropriate.

3 (c) AUTHORIZATION OF APPROPRIATIONS.—There
4 are authorized to be appropriated such sums as may be
5 necessary for the purpose of carrying out this section.

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