

108TH CONGRESS  
1ST SESSION

# H. R. 1902

To amend title XVIII of the Social Security Act to improve outpatient vision services under part B of the Medicare Program.

---

## IN THE HOUSE OF REPRESENTATIVES

MAY 1, 2003

Mr. FOLEY (for himself, Mr. CAPUANO, Mr. ENGLISH, Mr. CAMP, Mr. ISRAEL, Mr. FOSSELLA, Mr. PAYNE, Mr. GOODLATTE, Mr. WAXMAN, Mr. UPTON, Mr. HINCHEY, Mr. ABERCROMBIE, Mr. McNULTY, Mr. WATT, Mr. ENGEL, Mr. WELDON of Florida, Mr. MICHAUD, Mr. SERRANO, Mrs. CHRISTENSEN, Mr. KENNEDY of Rhode Island, Mr. HOEFFEL, Mr. TOWNS, Mr. FROST, Mr. ALLEN, Mr. LYNCH, Mr. DOYLE, Ms. CORRINE BROWN of Florida, and Mr. SIMMONS) 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 amend title XVIII of the Social Security Act to improve outpatient vision services under part B of 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 Vision Reha-  
5 bilitation Services Act of 2003”.

1 **SEC. 2. IMPROVEMENT OF OUTPATIENT VISION SERVICES**

2 **UNDER PART B.**

3 (a) COVERAGE UNDER PART B.—Section 1861(s)(2)  
4 of the Social Security Act (42 U.S.C. 1395x(s)(2)) is  
5 amended—

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

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

10 (3) by adding at the end the following new sub-  
11 paragraph:

12 “(W) vision rehabilitation services (as defined  
13 in subsection (ww)(1));”.

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

17 “Vision Rehabilitation Services: Vision Rehabilitation  
18 Professional

19 “(ww)(1)(A) The term ‘vision rehabilitation services’  
20 means rehabilitative services (as determined by the Sec-  
21 retary in regulations) furnished—

22 “(i) to an individual diagnosed with a vision im-  
23 pairment (as defined in paragraph (6)),

24 “(ii) pursuant to a plan of care established by  
25 a qualified physician (as defined in subparagraph

1 (C)), or by a qualified occupational therapist, and is  
2 periodically reviewed by the qualified physician,

3 “(iii) in an appropriate setting (including the  
4 home of the individual receiving such services if  
5 specified in the plan of care), and

6 “(iv) by any of the following individuals:

7 “(I) A qualified physician.

8 “(II) A qualified occupational therapist.

9 “(III) A vision rehabilitation professional  
10 (as defined in paragraph (2)) while under the  
11 general supervision (as defined in subparagraph  
12 (D)) of a qualified physician.

13 “(B) In the case of vision rehabilitation services fur-  
14 nished by a vision rehabilitation professional, the plan of  
15 care may only be established and reviewed by a qualified  
16 physician.

17 “(C) The term ‘qualified physician’ means—

18 “(i) a physician (as defined in subsection  
19 (r)(1)) who is an ophthalmologist; or

20 “(ii) a physician (as defined in subsection (r)(4)  
21 (relating to a doctor of optometry)).

22 “(D) The term ‘general supervision’ means, with re-  
23 spect to a vision rehabilitation professional, overall direc-  
24 tion and control of that professional by the qualified physi-  
25 cian who established the plan of care for the individual,

1 but the presence of the qualified physician is not required  
2 during the furnishing of vision rehabilitation services by  
3 that professional to the individual.

4 “(2) The term ‘vision rehabilitation professional’  
5 means any of the following individuals:

6 “(A) An orientation and mobility specialist (as  
7 defined in paragraph (3)).

8 “(B) A rehabilitation teacher (as defined in  
9 paragraph (4)).

10 “(C) A low vision therapist (as defined in para-  
11 graph (5)).

12 “(3) The term ‘orientation and mobility specialist’  
13 means an individual who—

14 “(A) if a State requires licensure or certifi-  
15 cation of orientation and mobility specialists, is li-  
16 censed or certified by that State as an orientation  
17 and mobility specialist;

18 “(B)(i) holds a baccalaureate or higher degree  
19 from an accredited college or university in the  
20 United States (or an equivalent foreign degree) with  
21 a concentration in orientation and mobility; and

22 “(ii) has successfully completed 350 hours of  
23 clinical practicum under the supervision of an ori-  
24 entation and mobility specialist and has furnished

1 not less than 9 months of supervised full-time ori-  
2 entation and mobility services;

3 “(C) has successfully completed the national ex-  
4 amination in orientation and mobility administered  
5 by the Academy for Certification of Vision Rehabili-  
6 tation and Education Professionals; and

7 “(D) meets such other criteria as the Secretary  
8 establishes.

9 “(4) The term ‘rehabilitation teacher’ means an indi-  
10 vidual who—

11 “(A) if a State requires licensure or certifi-  
12 cation of rehabilitation teachers, is licensed or cer-  
13 tified by the State as a rehabilitation teacher;

14 “(B)(i) holds a baccalaureate or higher degree  
15 from an accredited college or university in the  
16 United States (or an equivalent foreign degree) with  
17 a concentration in rehabilitation teaching, or holds  
18 such a degree in a health field; and

19 “(ii) has successfully completed 350 hours of  
20 clinical practicum under the supervision of a reha-  
21 bilitation teacher and has furnished not less than 9  
22 months of supervised full-time rehabilitation teach-  
23 ing services;

24 “(C) has successfully completed the national ex-  
25 amination in rehabilitation teaching administered by

1 the Academy for Certification of Vision Rehabilita-  
2 tion and Education Professionals; and

3 “(D) meets such other criteria as the Secretary  
4 establishes.

5 “(5) The term ‘low vision therapist’ means an indi-  
6 vidual who—

7 “(A) if a State requires licensure or certifi-  
8 cation of low vision therapists, is licensed or certified  
9 by the State as a low vision therapist;

10 “(B)(i) holds a baccalaureate or higher degree  
11 from an accredited college or university in the  
12 United States (or an equivalent foreign degree) with  
13 a concentration in low vision therapy, or holds such  
14 a degree in a health field; and

15 “(ii) has successfully completed 350 hours of  
16 clinical practicum under the supervision of a physi-  
17 cian, and has furnished not less than 9 months of  
18 supervised full-time low vision therapy services;

19 “(C) has successfully completed the national ex-  
20 amination in low vision therapy administered by the  
21 Academy for Certification of Vision Rehabilitation  
22 and Education Professionals; and

23 “(D) meets such other criteria as the Secretary  
24 establishes.

1       “(6) The term ‘vision impairment’ means vision loss  
2 that constitutes a significant limitation of visual capability  
3 resulting from disease, trauma, or a congenital or degen-  
4 erative condition that cannot be corrected by conventional  
5 means, including refractive correction, medication, or sur-  
6 gery, and that is manifested by one or more of the fol-  
7 lowing:

8               “(A) Best corrected visual acuity of less than  
9       20/60, or significant central field defect.

10              “(B) Significant peripheral field defect includ-  
11       ing homonymous or heteronymous bilateral visual  
12       field defect or generalized contraction or constriction  
13       of field.

14              “(C) Reduced peak contrast sensitivity in con-  
15       junction with a condition described in subparagraph  
16       (A) or (B).

17              “(D) Such other diagnoses, indications, or other  
18       manifestations as the Secretary may determine to be  
19       appropriate.”.

20       (c) PAYMENT UNDER PART B.—

21              (1) PHYSICIAN FEE SCHEDULE.—Section  
22       1848(j)(3) of the Social Security Act (42 U.S.C.  
23       1395w-4(j)(3)) is amended by inserting “(2)(W),”  
24       after “(2)(S),”.

1           (2) CARVE OUT FROM HOSPITAL OUTPATIENT  
2 DEPARTMENT PROSPECTIVE PAYMENT SYSTEM.—  
3 Section 1833(t)(1)(B)(iv) of such Act (42 U.S.C.  
4 1395l(t)(1)(B)(iv)), as redesignated by section  
5 201(e)(1)(B) of the Medicare, Medicaid, and SCHIP  
6 Balanced Budget Refinement Act of 1999 (as en-  
7 acted into law by section 1000(a)(6) of Public Law  
8 106–113), is amended by inserting “vision rehabili-  
9 tation services (as defined in section 1861(ww)(1)),  
10 or” after “does not include”.

11           (3) CLARIFICATION OF BILLING REQUIRE-  
12 MENTS.—The first sentence of section 1842(b)(6) of  
13 such Act (42 U.S.C. 1395u(b)(6)) is amended—

14                   (A) by striking “and” before “(G)”; and

15                   (B) by inserting before the period the fol-  
16 lowing: “, and (H) in the case of vision rehabili-  
17 tation services (as defined in section  
18 1861(ww)(1)) furnished by a vision rehabilita-  
19 tion professional (as defined in section  
20 1861(ww)(2)) while under the general super-  
21 vision (as defined in section 1861(ww)(1)(D))  
22 of a qualified physician (as defined in section  
23 1861(ww)(1)(C)), payment shall be made to (i)  
24 the qualified physician or (ii) the facility (such  
25 as a rehabilitation agency, a clinic, or other fa-

1           cility) through which such services are fur-  
2           nished under the plan of care if there is a con-  
3           tractual arrangement between the vision reha-  
4           bilitation professional and the facility under  
5           which the facility submits the bill for such serv-  
6           ices”.

7           (d) PLAN OF CARE.—Section 1835(a)(2) of the So-  
8           cial Security Act (42 U.S.C. 1395n(a)(2)) is amended—

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

11                   (2) in subparagraph (F), by striking the period  
12           and inserting “; and”; and

13                   (3) by inserting after subparagraph (F) the fol-  
14           lowing new subparagraph:

15                   “(G) in the case of vision rehabilitation  
16           services, that (i) such services are or were re-  
17           quired because the individual needed vision re-  
18           habilitation services, (ii) an individualized, writ-  
19           ten plan for furnishing such services has been  
20           established (I) by a qualified physician (as de-  
21           fined in section 1861(ww)(1)(C)), (II) by a  
22           qualified occupational therapist, or (III) in the  
23           case of such services furnished by a vision reha-  
24           bilitation professional, by a qualified physician,  
25           (iii) the plan is periodically reviewed by the

1 qualified physician, and (iv) such services are or  
2 were furnished while the individual is or was  
3 under the care of the qualified physician.”.

4 (e) RELATIONSHIP TO REHABILITATION ACT OF  
5 1973.—The provision of vision rehabilitation services  
6 under the medicare program under title XVIII of the So-  
7 cial Security Act (42 U.S.C. 1395 et seq.) shall not be  
8 taken into account for any purpose under the Rehabilita-  
9 tion Act of 1973 (29 U.S.C. 701 et seq.).

10 (f) EFFECTIVE DATE.—

11 (1) INTERIM, FINAL REGULATIONS.—The Sec-  
12 retary shall publish a rule under this section in the  
13 Federal Register by not later than 180 days after  
14 the date of the enactment of this section to carry  
15 out the provisions of this section. Such rule shall be  
16 effective and final immediately on an interim basis,  
17 but is subject to change and revision after public no-  
18 tice and opportunity for a period (of not less than  
19 60 days) for public comment.

20 (2) CONSULTATION.—The Secretary shall con-  
21 sult with the National Vision Rehabilitation Cooper-  
22 ative, the Association for Education and Rehabilita-  
23 tion of the Blind and Visually Impaired, the Acad-  
24 emy for Certification of Vision Rehabilitation and  
25 Education Professionals, the American Academy of

1 Ophthalmology, the American Occupational Therapy  
2 Association, the American Optometric Association,  
3 and such other qualified professional and consumer  
4 organizations as the Secretary determines appro-  
5 priate in promulgating regulations to carry out this  
6 Act.

○