

108TH CONGRESS
1ST SESSION

H. R. 817

To amend title XVIII of the Social Security Act to provide for enhanced reimbursement under the Medicare Program for screening and diagnostic mammography services, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 13, 2003

Mr. KING of New York (for himself, Mr. HOBSON, Ms. SLAUGHTER, Mr. FOSSELLA, Ms. ROS-LEHTINEN, Mr. COSTELLO, Mr. TOWNS, Mr. HONDA, Mr. SOUDER, Mr. WALSH, Mr. TIBERI, Mr. BOEHLERT, Mr. LATOURETTE, Mr. NEAL of Massachusetts, Mr. GORDON, Mr. OBERSTAR, Mr. REYES, Ms. WOOLSEY, Mr. HINCHEY, Mr. STRICKLAND, Mr. MCHUGH, Mr. FROST, Mr. SWEENEY, Ms. CORRINE BROWN of Florida, Ms. NORTON, Mr. FORBES, Ms. BORDALLO, Mr. MCINTYRE, Mr. RODRIGUEZ, Mrs. CAPPS, Mr. FORD, Mr. McNULTY, Mr. KILDEE, Mr. MEEHAN, Mr. DEUTSCH, Ms. MILLENDER-McDONALD, Mr. BISHOP of New York, Mrs. MCCARTHY of New York, Mrs. CHRISTENSEN, Mr. TERRY, Mr. PASCRELL, Mr. SIMMONS, Mr. ABERCROMBIE, Mr. TAYLOR of Mississippi, Mr. GUTIERREZ, Mr. LoBIONDO, Mr. PAYNE, Mr. RANGEL, Mr. DAVIS of Illinois, Mr. DELAHUNT, Mr. SERRANO, Mrs. JO ANN DAVIS of Virginia, Mr. ACKERMAN, Mrs. KELLY, Ms. LINDA T. SÁNCHEZ of California, Mr. NADLER, Mr. OWENS, Mr. ETHERIDGE, Mr. FARR, and Mr. GONZALEZ) 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 provide for enhanced reimbursement under the Medicare Pro-

gram for screening and diagnostic mammography services, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
 2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Assure Access to Mam-

5 mography Act of 2003”.

6 **SEC. 2. ENHANCED REIMBURSEMENT UNDER THE MEDI-**
 7 **CARE PROGRAM FOR SCREENING AND DIAG-**
 8 **NOSTIC MAMMOGRAPHY SERVICES FUR-**
 9 **NISHED IN 2003.**

10 (a) PAYMENTS TO FACILITIES FOR SCREENING AND
 11 DIAGNOSTIC MAMMOGRAPHY.—

12 (1) IN GENERAL.—Notwithstanding any other
 13 provision of law, with respect to payment for a
 14 screening or diagnostic mammography furnished to
 15 a medicare beneficiary, the amount of payment made
 16 to a hospital-based facility (defined in paragraph
 17 (4)) in which such screening or diagnostic mammog-
 18 raphy is performed during the applicable period de-
 19 scribed in paragraph (3) is equal to 200 percent of
 20 the amount of payment that would otherwise apply
 21 under the fee schedule established under section
 22 1848 of the Social Security Act (42 U.S.C. 1395w–
 23 4) with respect to the technical component of such
 24 screening or diagnostic mammography.

1 (2) TEMPORARY PAYMENT RULE.—With respect
2 to payments to a hospital-based facility for screening
3 or diagnostic mammography described in paragraph
4 (1) during the applicable period, payment shall be
5 made to the facility for such mammography pursu-
6 ant to this subsection and shall not be made under
7 section 1833(t) of such Act (42 U.S.C. 1395l(t)).

8 (3) APPLICABLE PERIOD.—The applicable pe-
9 riod referred to in paragraph (1) is the period begin-
10 ning on the date of the enactment of this Act and
11 ending on the date the Secretary establishes and im-
12 plements an appropriate facility payment rate under
13 the prospective payment system for covered out-
14 patient services under such section 1833(t) for a
15 screening or diagnostic mammography furnished to
16 a medicare beneficiary, but in no case less than the
17 amount payment provided for in paragraph (1).

18 (4) HOSPITAL-BASED FACILITY DEFINED.—In
19 this subsection, the term “hospital-based facility”
20 means a facility for which payment is made for a di-
21 agnostic or screening mammography under such sec-
22 tion 1833(t) but for this subsection.

23 (b) NOT COUNTING CERTAIN RADIOLOGY RESI-
24 DENTS AGAINST GRADUATE MEDICAL EDUCATION LIM-
25 TATIONS.—

1 (1) IN GENERAL.—For cost reporting periods
2 beginning on or after October 1, 2003, and before
3 October 1, 2008, in applying the limitations regard-
4 ing the total number of full-time equivalent residents
5 in the field of allopathic or osteopathic medicine
6 under subsections (d)(5)(B)(v) and (h)(4)(F) of sec-
7 tion 1886 of the Social Security Act (42 U.S.C.
8 1395ww) for a hospital, the Secretary of Health and
9 Human Services shall not take into account 1 addi-
10 tional resident in the field of radiology per post-
11 graduate year during each such cost reporting period
12 to the extent the hospital increases the number of
13 radiology residents above the number of such resi-
14 dents for the hospital’s most recent cost reporting
15 period ending before October 1, 2003.

16 (2) TREATMENT FOR ENTIRE PERIOD OF
17 TRAINING PROGRAM.—The provisions of paragraph
18 (1) shall apply for each year of the full-time equiva-
19 lent resident’s approved medical residency training
20 program in the field of radiology not taken into ac-
21 count by reason of paragraph (1).

22 (c) CONSTRUCTION.—Nothing in this section shall be
23 construed as affecting the provisions of section 104(d) of
24 the Medicare, Medicaid, and SCHIP Benefits Improve-
25 ment and Protection Act of 2000 (as enacted into law by

1 section 1(a)(6) of Public Law 106–554) (relating to pay-
2 ment for new technologies).

3 **SEC. 3. IOM STUDY AND REPORT ON MEDICARE REIM-**
4 **BURSEMENT FOR GENDER-SPECIFIC SERV-**
5 **ICES.**

6 (a) STUDY.—The Secretary of Health and Human
7 Services shall enter into an arrangement with the Institute
8 of Medicine of the National Academy of Sciences to con-
9 duct a study of—

10 (1) the relative value units established by the
11 Secretary under the medicare physician fee schedule
12 under section 1848 of the Social Security Act (42
13 U.S.C. 1395w–4) for physicians’ services that are
14 gender-specific; and

15 (2) adjustments to payment amounts under the
16 prospective payment systems for inpatient hospital
17 services (under section 1886(d) of such Act (42
18 U.S.C. 1395ww(d))) and for covered skilled nursing
19 facility services (under section 1888(e) of such Act
20 (42 U.S.C. 1395yy(e))) that are gender specific.

21 (b) REPORT.—

22 (1) IN GENERAL.—Such arrangement shall pro-
23 vide that the Institute shall submit to the Secretary
24 a report on the study conducted under subsection
25 (a) by not later than December 31, 2004.

1 (2) RECOMMENDATIONS.—The report shall in-
2 clude such recommendations regarding the appro-
3 priateness of adjusting the relative value units for
4 physicians' services or the prospective payment
5 amounts for inpatient hospital services or covered
6 skilled nursing facility services that are gender-spe-
7 cific, as the Institute determines appropriate.

8 (3) TRANSMISSION TO CONGRESS.—The Sec-
9 retary shall promptly transmit a copy of such report
10 to Congress.

11 **SEC. 4. MEDPAC STUDY AND REPORT ON MEDICARE REIM-**
12 **BURSEMENT FOR SCREENING SERVICES.**

13 (a) STUDY.—The Medicare Payment Advisory Com-
14 mission shall conduct a study of the relative value units
15 established by the Secretary of Health and Human Serv-
16 ices under the medicare physician fee schedule under sec-
17 tion 1848 of the Social Security Act (42 U.S.C. 1395w-
18 4) for screening services that are reimbursed under such
19 fee schedule.

20 (b) REPORT.—Not later than March 1, 2004, the
21 Commission shall submit to Congress a report on the
22 study conducted under subsection (a), together with such
23 recommendations regarding the appropriateness of adjust-
24 ing the relative value units for screening services that are

- 1 reimbursed under the physician fee schedule as the Com-
- 2 mission determines appropriate.

