

109TH CONGRESS
2D SESSION

H. R. 5246

To amend title XVIII of the Social Security Act to restore financial stability to Medicare anesthesiology teaching programs for resident physicians.

IN THE HOUSE OF REPRESENTATIVES

APRIL 27, 2006

Mr. SHAW (for himself and Mr. SESSIONS) 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 restore financial stability to Medicare anesthesiology teaching programs for resident physicians.

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 Teaching An-

5 esthesiology Funding Restoration Act of 2006”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

1 (1) The current Medicare payment policy for
2 Medicare beneficiary services furnished by academic
3 anesthesiology programs administered by the Cen-
4 ters for Medicare & Medicaid Services (CMS) is un-
5 fair and underpays such programs by 50 percent. In
6 its 1991 rule change, CMS singled out academic an-
7 esthesiology programs alone for a reduction in pay-
8 ment when teaching anesthesiologists supervise resi-
9 dents in two concurrent cases. This policy change
10 was unique to anesthesiology and does not affect
11 other medical specialties or non-physician providers.

12 (2) The current Medicare payment policy ad-
13 ministered by CMS for academic anesthesiology pro-
14 grams is causing significant harm to academic anes-
15 thesiology programs nationwide by contributing to
16 an overall decline in the number of such programs.
17 Before the current policy went into effect in 1994,
18 there were 162 academic anesthesiology programs
19 nationwide. Today, 130 academic anesthesiology pro-
20 grams exist. As such programs close, medical stu-
21 dents will face diminished opportunities to enter the
22 specialty of anesthesiology and patients in the
23 United States will see increased shortages in anes-
24 thesiology medical care in the operating room and
25 pain clinics and through critical care medicine.

1 (3) The current Medicare payment policy ad-
2 ministered by CMS for academic anesthesiology pro-
3 grams is shortchanging academic anesthesiology pro-
4 grams an average of \$400,000 annually, with some
5 programs losing in excess of \$1 million. As such
6 Medicare payment decreases continue, academic an-
7 esthesiology programs are experiencing increasing
8 difficulty filling faculty appointments and sustaining
9 research and development of new advances in anes-
10 esthesiology medical care that have previously contrib-
11 uted to its outstanding patient safety record.

12 **SEC. 3. PURPOSE.**

13 The purpose of this Act is to restore the Medicare
14 payment policy for academic anesthesiology programs to
15 the policy administered by the Centers of Medicare & Med-
16 icaid Services before 1994 in order to—

17 (1) ensure the financial stability of academic
18 anesthesiology programs in order to provide suffi-
19 cient opportunities for physician residents to pursue
20 the specialty of anesthesiology, so that patients con-
21 tinue to have access to quality medical care in the
22 operating room and pain clinics and through critical
23 care medicine; and

1 (2) enable the specialty of anesthesiology to
2 continue making advances in patient safety through
3 research based in academic programs.

4 **SEC. 4. SPECIAL PAYMENT RULE FOR TEACHING ANESTHE-**
5 **SIOLOGISTS.**

6 Section 1848(a) of the Social Security Act (42 U.S.C.
7 1395w-4(a)) is amended—

8 (1) in paragraph (4)(A), by inserting “except as
9 provided in paragraph (5),” after “anesthesia
10 cases,”; and

11 (2) by adding at the end the following new
12 paragraph:

13 “(5) SPECIAL RULE FOR TEACHING ANES-
14 THESIOLOGISTS.—With respect to physicians’
15 services furnished on or after January 1, 2007,
16 in the case of teaching anesthesiologists in-
17 volved in the training of physician residents in
18 a single anesthesia case or two concurrent anes-
19 thesia cases, the fee schedule amount to be ap-
20 plied shall be 100 percent of the fee schedule
21 amount otherwise applicable under this section
22 if the anesthesia services were personally per-
23 formed by the teaching anesthesiologist alone
24 and paragraph (4) shall not apply if—

1 “(A) the teaching anesthesiologist is
2 present during all critical or key portions
3 of the anesthesia service or procedure in-
4 volved; and

5 “(B) the teaching anesthesiologist (or
6 another anesthesiologist with whom the
7 teaching anesthesiologist has entered into
8 an arrangement) is immediately available
9 to furnish anesthesia services during the
10 entire procedure.”.

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