

109TH CONGRESS
1ST SESSION

S. 1010

To amend title XVIII of the Social Security Act to improve patient access to, and utilization of, the colorectal cancer screening benefit under the Medicare Program.

IN THE SENATE OF THE UNITED STATES

MAY 12, 2005

Mr. SANTORUM (for himself, Mr. LIEBERMAN, Ms. COLLINS, Mr. BINGAMAN, Mr. NELSON of Nebraska, Ms. SNOWE, Mr. GRAHAM, Mr. JEFFORDS, Ms. LANDRIEU, and Mr. DORGAN) 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 improve patient access to, and utilization of, the colorectal cancer screening benefit 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 “Colon Cancer Screen
5 for Life Act of 2005”.

6 **SEC. 2. SENSE OF CONGRESS.**

7 It is the sense of Congress that—

1 (1) colorectal cancer screening tests (as defined
2 in section 1861(pp)(1) of the Social Security Act (42
3 U.S.C. 1395x(pp)(1)) covered under the medicare
4 program have been severely underutilized, with the
5 Comptroller General of the United States reporting
6 in 2000 that since coverage of such tests was imple-
7 mented, the percentage of beneficiaries under the
8 medicare program receiving either a screening or a
9 diagnostic colonoscopy has increased by only 1 per-
10 cent;

11 (2) in recognition of the need to improve rates
12 of colorectal cancer screening in the medicare pro-
13 gram, Congress enacted provisions in the Medicare
14 Prescription Drug, Improvement, and Modernization
15 Act of 2003 to require physicians to provide a refer-
16 ral for colorectal cancer screening as part of the new
17 initial preventive physical examination, beginning
18 January 1, 2005;

19 (3) the Centers for Medicare & Medicaid Serv-
20 ices should encourage health care providers to use
21 more effective screening and diagnostic health care
22 technologies in the area of colorectal cancer screen-
23 ing;

24 (4) in recent years, the Centers for Medicare &
25 Medicaid Services has subjected colorectal cancer

1 screening tests to some of the largest reimbursement
 2 reductions under the medicare program;

3 (5) unlike other preventive screening tests cov-
 4 ered under the medicare program, health care pro-
 5 viders must consult with beneficiaries prior to fur-
 6 nishing a screening colonoscopy in order to—

7 (A) ascertain the medical and family his-
 8 tory of the beneficiary; and

9 (B) inform the beneficiary of preparatory
 10 steps that must be taken prior to the procedure;
 11 and

12 (6) reimbursement under the medicare program
 13 is not currently available for the consultations de-
 14 scribed in paragraph (5) despite the fact that reim-
 15 bursement is provided under such program for simi-
 16 lar consultations prior to a diagnostic colonoscopy.

17 **SEC. 3. INCREASE IN PART B REIMBURSEMENT FOR**
 18 **COLORECTAL CANCER SCREENING AND DI-**
 19 **AGNOSTIC TESTS.**

20 (a) IN GENERAL.—Section 1834(d) of the Social Se-
 21 curity Act (42 U.S.C. 1395m(d)) is amended by adding
 22 at the end the following new paragraph:

23 “(4) ENHANCED PART B PAYMENT FOR
 24 COLORECTAL CANCER SCREENING AND DIAGNOSTIC
 25 TESTS.—

1 “(A) NONFACILITY RATES.—Notwith-
2 standing paragraphs (2)(A) and (3)(A), the
3 Secretary shall establish national minimum pay-
4 ment amounts for CPT codes 45378, 45380,
5 and 45385, and HCPCS codes G0105 and
6 G0121 for items and services furnished on or
7 after January 1, 2006, which reflect a 10-per-
8 cent increase above the relative value units in
9 effect as the nonfacility rates for such codes on
10 December 31, 2005, with such revised payment
11 level to apply to items and services performed
12 in a nonfacility setting.

13 “(B) FACILITY RATES.—Notwithstanding
14 paragraphs (2)(A) and (3)(A), the Secretary
15 shall establish national minimum payment
16 amounts for CPT codes 45378, 45380, and
17 45385, and HCPCS codes G0105 and G0121
18 for items and services furnished on or after
19 January 1, 2006, which reflect a 30-percent in-
20 crease above the relative value units in effect as
21 the facility rates for such codes on December
22 31, 2005, with such revised payment level to
23 apply to items and services performed in a facil-
24 ity setting.

1 “(C) ANNUAL ADJUSTMENTS.—In the case
 2 of items and services furnished on or after Jan-
 3 uary 1, 2006, the payment rates described in
 4 subparagraphs (A) and (B) shall, subject to the
 5 minimum payment amounts established in such
 6 subparagraphs, be adjusted annually as pro-
 7 vided in section 1848.”.

8 (b) NO EFFECT ON HOPD PAYMENTS.—The Sec-
 9 retary of Health and Human Services shall not take into
 10 account the provisions of section 1834(d)(4) of the Social
 11 Security Act, as added by subsection (a), in determining
 12 the amount of payment for any covered OPD service under
 13 the prospective payment system for hospitals outpatient
 14 department services under section 1833(t) of such Act (42
 15 U.S.C. 1395l(t)).

16 **SEC. 4. MEDICARE COVERAGE OF OFFICE VISIT OR CON-**
 17 **SULTATION PRIOR TO A SCREENING**
 18 **COLONOSCOPY OR IN CONJUNCTION WITH A**
 19 **BENEFICIARY’S DECISION TO OBTAIN SUCH A**
 20 **SCREENING.**

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

23 (1) in subparagraph (Y), by striking “and” at
 24 the end;

1 (2) in subparagraph (Z), by inserting “and” at
 2 the end; and

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

5 “(AA) an outpatient office visit or con-
 6 sultation for the purpose of beneficiary edu-
 7 cation, assuring selection of the proper screen-
 8 ing test, and securing information relating to
 9 the procedure and sedation of the beneficiary,
 10 prior to a colorectal cancer screening test con-
 11 sisting of a screening colonoscopy or in conjunc-
 12 tion with the beneficiary’s decision to obtain
 13 such a screening, regardless of whether such
 14 screening is medically indicated with respect to
 15 the beneficiary;”.

16 (b) PAYMENT.—

17 (1) IN GENERAL.—Section 1833(a)(1) of the
 18 Social Security Act (42 U.S.C. 1395l(a)(1)) is
 19 amended—

20 (A) by striking “and” before “(V)”; and

21 (B) by inserting before the semicolon at
 22 the end the following: “, and (W) with respect
 23 to an outpatient office visit or consultation
 24 under section 1861(s)(2)(AA), the amounts
 25 paid shall be 80 percent of the lesser of the ac-

1 tual charge or the amount established under
2 section 1848”.

3 (2) PAYMENT UNDER PHYSICIAN FEE SCHED-
4 ULE.—Section 1848(j)(3) of the Social Security Act
5 (42 U.S.C. 1395w-4(j)(3)) is amended by inserting
6 “(2)(AA),” after “(2)(W),”.

7 (3) REQUIREMENT FOR ESTABLISHMENT OF
8 PAYMENT AMOUNT UNDER PHYSICIAN FEE SCHED-
9 ULE.—Section 1834(d) of the Social Security Act
10 (42 U.S.C. 1395m(d)), as amended by section 3, is
11 amended by adding at the end the following new
12 paragraph:

13 “(5) PAYMENT FOR OUTPATIENT OFFICE VISIT
14 OR CONSULTATION PRIOR TO SCREENING
15 COLONOSCOPY.—With respect to an outpatient office
16 visit or consultation under section 1861(s)(2)(AA),
17 payment under section 1848 shall be consistent with
18 the payment amounts for CPT codes 99203 and
19 99243.”.

20 (c) EFFECTIVE DATE.—The amendments made by
21 this section shall apply to items and services provided on
22 or after January 1, 2006.

1 **SEC. 5. WAIVER OF DEDUCTIBLE FOR COLORECTAL CAN-**
 2 **CER SCREENING TESTS.**

3 (a) IN GENERAL.—The first sentence of section
 4 1833(b) of the Social Security Act (42 U.S.C. 1395l(b))
 5 is amended—

6 (1) by striking “and” before “(6)”; and

7 (2) by inserting before the period at the end the
 8 following: “, and (7) such deductible shall not apply
 9 with respect to colorectal cancer screening tests (as
 10 described in section 1861(pp)(1))”.

11 (b) CONFORMING AMENDMENTS.—Paragraphs
 12 (2)(C)(ii) and (3)(C)(ii) of section 1834(d) of the Social
 13 Security Act (42 U.S.C. 1395m(d)) are each amended—

14 (1) by striking “DEDUCTIBLE AND” in the
 15 heading; and

16 (2) in subclause (I), by striking “deductible or”
 17 each place it appears.

18 (c) EFFECTIVE DATE.—The amendments made by
 19 this section shall apply to items and services furnished on
 20 or after January 1, 2006.

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