

109TH CONGRESS
2D SESSION

S. 2990

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

IN THE SENATE OF THE UNITED STATES

MAY 23, 2006

Mr. VITTER (for himself, Mr. DEWINE, Mr. MARTINEZ, Mr. COBURN, Mr. DOMENICI, Mr. TALENT, Mr. BURR, Ms. SNOWE, Mrs. DOLE, and Mr. KYL) 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 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:

8 (1) The current Medicare payment policy for

9 Medicare beneficiary services furnished by academic

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

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

24 (3) The current Medicare payment policy ad-
25 ministered by CMS for academic anesthesiology pro-

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

10 **SEC. 3. PURPOSE.**

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

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

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

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

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

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

8 (2) by adding at the end the following new
 9 paragraph:

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

22 “(A) the teaching anesthesiologist is
 23 present during all critical or key portions
 24 of the anesthesia service or procedure in-
 25 volved; and

1 “(B) the teaching anesthesiologist (or
2 another anesthesiologist with whom the
3 teaching anesthesiologist has entered into
4 an arrangement) is immediately available
5 to furnish anesthesia services during the
6 entire procedure.”.

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