

113TH CONGRESS
1ST SESSION

H. R. 1320

To amend title XVIII of the Social Security Act to improve coverage for colorectal screening tests under Medicare, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MARCH 21, 2013

Mr. NEAL 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 coverage for colorectal screening tests under Medicare, 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; TABLE OF CONTENTS.**

4 (a) **SHORT TITLE.**—This Act may be cited as the
5 “Supporting Colorectal Examination and Education Now
6 Act of 2013” or the “**SCREEN** Act of 2013”.

7 (b) **TABLE OF CONTENTS.**—The table of contents of
8 this Act is as follows:

- Sec. 1. Short title; table of contents.
- Sec. 2. Findings.
- Sec. 3. Temporary increase in payment rate for certain cancer screening tests.
- Sec. 4. Waiving Medicare cost-sharing for colorectal cancer screening with therapeutic effect.
- Sec. 5. Medicare coverage for an office visit or consultation prior to a qualifying screening colonoscopy.
- Sec. 6. Budget neutrality.

1 **SEC. 2. FINDINGS.**

2 Congress finds the following:

3 (1) Colon cancer is the third most common
 4 cause of cancer-related deaths and the second most
 5 common cancer for both men and women.

6 (2) According to the American Cancer Society,
 7 over 50,000 people will die this year from colon can-
 8 cer.

9 (3) Colorectal cancer is highly treatable with
 10 appropriate screening. According to the American
 11 Cancer Society (2010 Facts & Figures), the 5-year
 12 survival rate is 90 percent for those individuals who
 13 are diagnosed at an early stage of the cancer. How-
 14 ever, less than 40 percent of colon cancer cases are
 15 diagnosed at an early stage.

16 (4) The Centers for Disease Control and Pre-
 17 vention recently estimated that approximately 2,000
 18 deaths could be avoided if colonoscopy screening
 19 rates rose by just 10 percent.

20 (5) Colonoscopies allow for simultaneous
 21 colorectal cancer screenings and detection and the

1 removal of precancerous polyps, thus preventing can-
2 cer from developing.

3 (6) The U.S. Preventive Services Task Force
4 provides an “A” rating for colorectal cancer
5 screenings.

6 (7) The Centers for Disease Control and Pre-
7 vention’s colorectal cancer control program has set a
8 target of screening 80 percent of eligible adults in
9 certain States by 2014. The American Cancer Soci-
10 ety and other patient advocacy groups have a target
11 rate of 75 percent.

12 (8) Only between 52 and 58 percent of Medi-
13 care beneficiaries have had any colorectal cancer
14 screening test, despite Medicare coverage for such
15 tests.

16 (9) Only 49.3 percent of Medicare beneficiaries
17 who are 50 to 80 years old receive colorectal cancer
18 screenings within recommended intervals.

19 (10) The Centers for Medicare & Medicaid
20 Services notes that there is “clearly an opportunity
21 to improve colorectal cancer screening rates in the
22 Medicare population”.

23 (11) A January 2011 study by the Colon Can-
24 cer Alliance concludes that most Americans over the
25 age of 50—

1 (A) wish a health care provider was able to
2 sit down with them to discuss a colonoscopy be-
3 fore undergoing the test; and

4 (B) forgo a colonoscopy due to fear of the
5 procedure.

6 (12) In February 2010, the National Institutes
7 of Health hosted a conference on colorectal cancer
8 screening and cited patient awareness and fears as
9 barriers to increasing colorectal cancer screening
10 rates.

11 (13) According to the Medicare Payment Advi-
12 sory Commission, colonoscopy is one of the most
13 common procedures performed in the ambulatory
14 surgical centers (ASCs) and “the decline in payment
15 rate for the highest volume procedures is especially
16 a strong concern for ASCs that focus on gastro-
17 enterology”.

18 (14) An Institute of Medicine study on
19 colorectal cancer screening cited the inadequate re-
20 imbursement for preventive care services as one of
21 the constraints limiting colorectal cancer screening
22 rates.

23 (15) Colorectal cancer screening by colonoscopy
24 has been demonstrated to reduce Medicare costs
25 over the long-term.

1 **SEC. 3. TEMPORARY INCREASE IN PAYMENT RATE FOR**
2 **CERTAIN CANCER SCREENING TESTS.**

3 (a) IN GENERAL.—With respect to a qualifying can-
4 cer screening test furnished during the 5-year period be-
5 ginning on January 1, 2014, by a qualifying provider, the
6 amount otherwise payable under section 1833 or section
7 1848 of the Social Security Act (42 U.S.C. 1395l, 1395w–
8 4) to such provider for such test shall be increased by 10
9 percent.

10 (b) QUALIFYING CANCER SCREENING TEST.—

11 (1) IN GENERAL.—For purposes of this section,
12 subject to paragraph (2), the term “qualifying can-
13 cer screening test” means, with respect to a Medi-
14 care beneficiary, a cancer screening test that has in
15 effect with respect to such beneficiary a rating of ‘A’
16 in the current recommendations of the United States
17 Preventive Services Task Force.

18 (2) TERMINATION WHEN HIGH UTILIZATION
19 RATE REACHED.—If the Secretary of Health and
20 Human Services determines that a cancer screening
21 test described in paragraph (1) has a utilization rate
22 of at least 75 percent of the Medicare beneficiaries
23 for whom such screening has such a recommenda-
24 tion, effective as of the first day of the year after
25 the year in which such determination is made, the

1 cancer screening test shall not be a qualifying cancer
 2 screening test.

3 (c) QUALIFYING PROVIDER DEFINED.—For purposes
 4 of this section, the term “qualifying provider” means, with
 5 respect to a qualifying cancer screening test, an individual
 6 or entity—

7 (1) that is eligible for payment for such test
 8 under section 1833 or section 1848 of the Social Se-
 9 curity Act (42 U.S.C. 1395l, 1395w-4); and

10 (2) that—

11 (A) participates in a nationally recognized
 12 quality improvement registry with respect to
 13 such test; and

14 (B) demonstrates, to the satisfaction of the
 15 Secretary, based on the information in such
 16 registry, that the tests were provided by such
 17 individual or entity in accordance with accepted
 18 outcomes-based quality measures.

19 **SEC. 4. WAIVING MEDICARE COST-SHARING FOR**
 20 **COLORECTAL CANCER SCREENING WITH**
 21 **THERAPEUTIC EFFECT.**

22 (a) IN GENERAL.—Section 1833(a)(1)(Y) of the So-
 23 cial Security Act (42 U.S.C. 1395l(a)(1)(Y)) is amended
 24 by inserting “, including tests and procedures described

1 in the last sentence of subsection (b),” after “section
2 1861(ddd)(3)”.

3 (b) EFFECTIVE DATE.—The amendment made by
4 this section shall apply to tests and procedures performed
5 on or after January 1, 2014.

6 **SEC. 5. MEDICARE COVERAGE FOR AN OFFICE VISIT OR**
7 **CONSULTATION PRIOR TO A QUALIFYING**
8 **SCREENING COLONOSCOPY.**

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

11 (1) in subparagraph (EE), by striking “and” at
12 the end;

13 (2) in subparagraph (FF), by inserting “and”
14 at the end; and

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

17 “(GG) prior to a colorectal cancer screening
18 test consisting of a screening colonoscopy or in con-
19 junction with an individual’s decision regarding the
20 performance of such a test on the individual, an out-
21 patient office visit or consultation for the purpose of
22 beneficiary education, assuring selection of the prop-
23 er screening test, and securing information relating
24 to the procedure and the sedation of the indi-
25 vidual;”.

1 (b) PAYMENT.—

2 (1) IN GENERAL.—Section 1833(a)(1) of the
3 Social Security Act (42 U.S.C. 1395l(a)(1)) is
4 amended—

5 (A) by striking “and” before “(Z)”; and

6 (B) by inserting before the semicolon at
7 the end the following: “, and (AA) with respect
8 to an outpatient office visit or consultation
9 under section 1861(s)(2)(GG), the amounts
10 paid shall be 80 percent of the lesser of the ac-
11 tual charge or the amount established under
12 section 1848”.

13 (2) PAYMENT UNDER PHYSICIAN FEE SCHED-
14 ULE.—Section 1848(j)(3) of the Social Security Act
15 (42 U.S.C. 1395w-4(j)(3)) is amended by inserting
16 “(2)(GG),” after “(2)(FF) (including administration
17 of the health risk assessment),”.

18 (3) REQUIREMENT FOR ESTABLISHMENT OF
19 PAYMENT AMOUNT UNDER PHYSICIAN FEE SCHED-
20 ULE.—Section 1834(d) of the Social Security Act
21 (42 U.S.C. 1395m(d)) is amended by adding at the
22 end the following new paragraph:

23 “(4) PAYMENT FOR OUTPATIENT OFFICE VISIT
24 OR CONSULTATION PRIOR TO SCREENING
25 COLONOSCOPY.—With respect to an outpatient office

1 visit or consultation under section 1861(s)(2)(GG),
2 payment under section 1848 shall be consistent with
3 the payment amounts for CPT codes 99201, 99202,
4 99203, 99204, 99211, 99212, 99213, 99214, and
5 99215 (as in effect as of the date of the enactment
6 of this paragraph or any successors to such codes).”.

7 (c) EFFECTIVE DATE.—The amendments made by
8 this section shall apply to items and services furnished on
9 or after January 1, 2014.

10 **SEC. 6. BUDGET NEUTRALITY.**

11 (a) ADJUSTMENT OF PHYSICIAN FEE SCHEDULE
12 CONVERSION FACTOR.—The Secretary of Health and
13 Human Services (in this section referred to as the “Sec-
14 retary”) shall reduce the conversion factor established
15 under subsection (d) of section 1848 of the Social Security
16 Act (42 U.S.C. 1395w–4) for each year (beginning with
17 2014) to the extent necessary to reduce expenditures
18 under such section for items and services furnished during
19 the year in the aggregate by the net offset amount deter-
20 mined under subsection (c)(5) attributable to such section
21 for the year.

22 (b) ADJUSTMENT OF HOPD CONVERSION FAC-
23 TOR.—The Secretary shall reduce the conversion factor es-
24 tablished under paragraph (3)(C) of section 1833(t) of the
25 Social Security Act (42 U.S.C. 1395l(t)) for each year (be-

1 ginning with 2014) to the extent necessary to reduce ex-
2 penditures under such section for items and services fur-
3 nished during the year in the aggregate by the net offset
4 amount determined under subsection (c)(5) attributable to
5 such section for the year.

6 (c) DETERMINATIONS RELATING TO EXPENDI-
7 TURES.—For purposes of this section, before the begin-
8 ning of each year (beginning with 2014) at the time con-
9 version factors described in subsection (a) and (b) are es-
10 tablished for the year, the Secretary shall determine—

11 (1) the amount of the gross additional expendi-
12 tures under title XVIII of the Social Security Act
13 (42 U.S.C. 1395 et seq.) estimated to result from
14 the implementation of sections 3, 4, and 5 for items
15 and services furnished during the year;

16 (2) the amount of any offsetting reductions in
17 expenditures under such title (such as reductions in
18 payments for inpatient hospital services) for such
19 year attributable to the implementation of such sec-
20 tions;

21 (3) the amount (if any) by which the amount
22 of the gross additional expenditures determined
23 under paragraph (1) for the year exceeds the
24 amount of offsetting reductions determined under
25 paragraph (2) for the year;

1 (4) of the gross additional expenditures deter-
2 mined under paragraph (1) for the year that are at-
3 tributable to expenditures under sections 1848 and
4 1833(t) of such Act (42 U.S.C. 1395w-4, 1395l(t)),
5 the ratio of such expenditures that are attributable
6 to each respective section; and

7 (5) with respect to section 1848 and section
8 1833(t) of such Act (42 U.S.C. 1395w-4, 1395l(t)),
9 a net offset amount for the year equal to the prod-
10 uct of—

11 (A) the amount of the net additional ex-
12 penditures for the year determined under para-
13 graph (3); and

14 (B) the ratio determined under paragraph
15 (4) attributable to the respective section.

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