

114TH CONGRESS
2D SESSION

H. R. 4642

To amend title XVIII of the Social Security Act to establish a Medicare diabetic eye disease prevention and early treatment demonstration project.

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 26, 2016

Mr. COLLINS of New York (for himself and Mr. MCNERNEY) 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 establish a Medicare diabetic eye disease prevention and early treatment demonstration project.

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 “Diabetic Eye Disease
5 Prevention Act of 2016”.

1 **SEC. 2. MEDICARE DIABETIC EYE DISEASE PREVENTION**
2 **AND EARLY TREATMENT DEMONSTRATION**
3 **PROJECT.**

4 Title XVIII of the Social Security Act is amended by
5 inserting after section 1866E (42 U.S.C. 1395cc–5) the
6 following new section:

7 “DIABETIC EYE DISEASE PREVENTION AND EARLY
8 TREATMENT DEMONSTRATION PROJECT

9 “SEC. 1866F. (a) ESTABLISHMENT.—The Secretary
10 shall conduct, during a 5-year period beginning no later
11 than January 1, 2017, a diabetic eye disease prevention
12 and early treatment demonstration project (in this section
13 referred to as the ‘demonstration project’) to provide in-
14 centives to primary care practices to refer to local eye doc-
15 tors for comprehensive dilated eye exams—

16 “(1) diabetic Medicare beneficiaries at the time
17 of their diagnosis of diabetes; and

18 “(2) diabetic Medicare beneficiaries who have
19 been diagnosed with diabetes mellitus and have not
20 received a comprehensive dilated eye examination in
21 the previous 5 years.

22 “(b) REQUIREMENT.—The demonstration project
23 shall test the extent to which such incentives result in—

24 “(1) improving early detection and treatment of
25 diabetes-related vision problems and the reduction of
26 significant eye and vision loss and blindness associ-

1 ated with delayed diagnosis and treatment of diabe-
2 tes-related eye and vision conditions;

3 “(2) reducing the cost of health care services
4 covered under this title; and

5 “(3) achieving beneficiary satisfaction.

6 “(c) CONDUCT OF PROJECT.—The demonstration
7 project shall be conducted consistent with the following:

8 “(1) IDENTIFICATION OF PRIMARY CARE PRAC-
9 TICES.—The demonstration project shall identify at
10 least 100 primary care practices, in each of at least
11 10 States which have high per capita costs of diabe-
12 tes care for diabetic Medicare beneficiaries, for par-
13 ticipation in the demonstration project.

14 “(2) LISTING OF PARTICIPATING EYE DOC-
15 TORS.—Each practice so identified shall be provided
16 with a list of eye doctors who are located in the area
17 of such practice and who have agreed to participate
18 in the demonstration project.

19 “(3) REQUIREMENTS FOR PARTICIPATING EYE
20 DOCTORS.—As part of the participation agreement
21 of an eye doctor under the demonstration project,
22 the eye doctor agrees—

23 “(A) to offer to furnish to each diabetic
24 Medicare beneficiary referred to the doctor by a
25 primary care practice so identified a com-

1 prehensile dilated eye examination and needed
2 diabetes-related eye care covered under this
3 title; and

4 “(B) to report back to such practice on the
5 results of such an examination or care within
6 72 hours after the time of conducting such ex-
7 amination or furnishing such care.

8 “(d) INCENTIVE PAYMENT METHODOLOGY.—

9 “(1) IN GENERAL.—Under the demonstration
10 project, subject to paragraph (2), the Secretary shall
11 pay an incentive on an annual basis to each primary
12 care practice participating in the demonstration
13 project for each beneficiary the practice refers in the
14 year for an eye examination under the demonstra-
15 tion project. Such amount shall be set at a level so
16 as to encourage primary care practices to participate
17 in the demonstration project.

18 “(2) BUDGET NEUTRALITY.—The Secretary
19 shall ensure that the aggregate payments made
20 under this title, including incentive payments made
21 under this section, with respect to individuals par-
22 ticipating in the demonstration project do not exceed
23 the aggregate amounts that the Secretary estimates
24 would have been paid under title with respect to
25 such individuals if the demonstration project had not

1 been implemented. In order to carry out the previous
2 sentence, the Secretary is authorized to reduce pay-
3 ment rates under part B for eye care services for di-
4 abetic Medicare beneficiaries (other than those de-
5 scribed in subsection (a)) to take into account the
6 costs of comprehensive dilated eye examinations fur-
7 nished to individuals otherwise eligible to participate
8 in the demonstration project.

9 “(3) FUNDING.—The costs, including incentive
10 payments, of carrying out the demonstration project
11 shall be paid from the Federal Supplementary Med-
12 ical Insurance Trust Fund established under section
13 1841.

14 “(e) WAIVER.—The Secretary may waive such provi-
15 sions of this title and title XI as the Secretary determines
16 necessary in order to implement the demonstration
17 project.

18 “(f) EVALUATION AND REPORTS.—

19 “(1) EVALUATION.—The Secretary shall con-
20 duct an independent evaluation of the demonstration
21 project to assess whether the project has the results
22 described in subsection (b).

23 “(2) REPORTS.—

24 “(A) PRELIMINARY REPORT.—Not later
25 than 60 days after the completion of the first

1 year of the demonstration project, the Secretary
2 shall submit to Congress a preliminary report
3 on the results of the project.

4 “(B) FINAL REPORT.—No later than 6
5 months after the date of the completion of the
6 demonstration project, the Secretary shall sub-
7 mit to Congress a final report on the results of
8 the project and shall include in such report the
9 findings of the evaluation conducted under
10 paragraph (1).

11 “(g) DEFINITIONS.—In this section:

12 “(1) DIABETIC MEDICARE BENEFICIARY.—The
13 term ‘diabetic Medicare beneficiary’ means, with re-
14 spect to a primary care practice, an individual
15 who—

16 “(A) is entitled to benefits under part A
17 and enrolled for benefits under part B;

18 “(B) is not enrolled in a Medicare Advan-
19 tage plan under part C or a PACE program
20 under section 1894;

21 “(C) has been determined to have diabetes
22 mellitus; and

23 “(D) is receiving primary care services
24 through one or more physicians or nurse practi-
25 tioners in such practice.

1 “(2) EYE DOCTOR.—The term ‘eye doctor’
2 means a participating physician who is a State-li-
3 censed optometrist or ophthalmologist.

4 “(3) PRIMARY CARE PRACTICE.—The term ‘pri-
5 mary care practice’—

6 “(A) means a physician (as described in
7 section 1861(r)(1)) who has a primary specialty
8 designation of family medicine, internal medi-
9 cine, or geriatric medicine; and

10 “(B) includes a group practice the physi-
11 cians within which are primarily physicians with
12 such a specialty designation and may also in-
13 clude physician assistants and nurse practi-
14 tioners.”.

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