

Ken Santorum

PENDING

AMENDMENT NO. _____ Calendar No. _____

Purpose: To amend title XVIII of the Social Security Act make a technical correction regarding purchase agreements for power-driven wheelchairs under the Medicare program, to provide for coverage of ultrasound screening for abdominal aortic aneurysms under part B. of such program, to improve patient access to, and utilization of, the colorectal cancer screening benefit under such program, and to to provide for the coverage of marriage and family therapist services and mental health counselor services under part B of such title.

IN THE SENATE OF THE UNITED STATES—109th Cong., 1st Sess.

S. 1932

To **AMENDMENT No. 2419** (a) of
1 year

By *Santorum - others*

To: *S. 1932*

Refe *18*
Page(s)

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Ordered to lie on the table and to be printed

AMENDMENT intended to be proposed by Mr. ~~_____~~ *SANTORUM, BUNNING*

Viz: *Thomas, Voinovich, Luberman, Dodd,*

1 On page 368, between lines 5 and 6, insert the fol- *Rockefeller*
2 lowing:

1 **SEC. 6116. TECHNICAL CORRECTION REGARDING PUR-**
2 **CHASE AGREEMENTS FOR POWER-DRIVEN**
3 **WHEELCHAIRS.**

4 (a) IN GENERAL.—Section 1834(a)(7)(A) (42 U.S.C.
5 1395m(a)(7)(A)), as amended by section 6109 of this Act,
6 is amended—

7 (1) in clause (i)(I), by striking “Payment” and
8 inserting “Except as provided in clause (iii), pay-
9 ment”; and

10 (2) by adding at the end the following new
11 clause:

12 “(iii) PURCHASE AGREEMENT OPTION
13 FOR POWER-DRIVEN WHEELCHAIRS.—

14 “(I) IN GENERAL.—In the case
15 of a power-driven wheelchair, at the
16 time the supplier furnishes the item,
17 the supplier shall offer the individual
18 the option to purchase the item, and
19 payment for such item shall be made
20 on a lump-sum basis if the individual
21 exercises such option.

22 “(II) MAINTENANCE AND SERV-
23 ICING.—In the case of a power-driven
24 wheelchair for which a purchase
25 agreement has been entered into
26 under subclause (I), maintenance and

1 servicing payments shall, if the Sec-
2 retary determines such payments are
3 reasonable and necessary, be made
4 (for parts and labor not covered by
5 the supplier's or manufacturer's war-
6 ranty, as determined by the Secretary
7 to be appropriate), and such payments
8 shall be in an amount determined to
9 be appropriate by the Secretary.”.

10 (b) EFFECTIVE DATE.—The amendments made by
11 subsection (a) shall apply to items furnished on or after
12 October 1, 2006.

13 **SEC. 6117. MEDICARE COVERAGE OF ULTRASOUND**
14 **SCREENING FOR ABDOMINAL AORTIC ANEU-**
15 **RYSMS; NATIONAL EDUCATIONAL AND IN-**
16 **FORMATION CAMPAIGN.**

17 (a) IN GENERAL.—Section 1861 (42 U.S.C. 1395x)
18 is amended—

19 (1) in subsection (s)(2)—

20 (A) by striking “and” at the end of sub-
21 paragraph (Y);

22 (B) by adding “and” at the end of sub-
23 paragraph (Z); and

24 (C) by adding at the end the following new
25 subparagraph:

1 “(AA) ultrasound screening for abdominal aor-
2 tic aneurysm (as defined in subsection (bbb)) for an
3 individual—

4 “(i) who receives a referral for such an
5 ultrasound screening as a result of an initial
6 preventive physical examination (as defined in
7 section 1861(ww)(1));

8 “(ii) who has not been previously furnished
9 such an ultrasound screening under this title;
10 and

11 “(iii) who—

12 “(I) has a family history of abdominal
13 aortic aneurysm; or

14 “(II) manifests risk factors included
15 in a beneficiary category (not including
16 categories related to age) recommended for
17 screening by the United States Preventive
18 Services Task Force regarding abdominal
19 aortic aneurysms;” and

20 (2) by adding at the end the following new sub-
21 section:

22 “Ultrasound Screening for Abdominal Aortic Aneurysm

23 “(bbb) The term ‘ultrasound screening for abdominal
24 aortic aneurysm’ means—

1 “(1) a procedure using sound waves (or such
2 other procedures using alternative technologies, of
3 commensurate accuracy and cost, that the Secretary
4 may specify) provided for the early detection of ab-
5 dominal aortic aneurysm; and

6 “(2) includes a physician’s interpretation of the
7 results of the procedure.”.

8 (b) INCLUSION OF ULTRASOUND SCREENING FOR
9 ABDOMINAL AORTIC ANEURYSM IN SCREENING SERVICES
10 FOR WHICH EDUCATION, COUNSELING, AND REFERRAL
11 IS PROVIDED FOR UNDER BENEFITS FOR INITIAL PRE-
12 VENTIVE PHYSICAL EXAMINATION.—Section 1861(ww)(2)
13 (42 U.S.C. 1395x(ww)(2)) is amended by adding at the
14 end the following new subparagraph:

15 “(L) Ultrasound screening for abdominal aortic
16 aneurysm as defined in section 1861(bbb).”.

17 (c) PAYMENT FOR ULTRASOUND SCREENING FOR
18 ABDOMINAL AORTIC ANEURYSM.—Section 1848(j)(3) (42
19 U.S.C. 1395w-4(j)(3)) is amended by inserting
20 “(2)(AA),” after “(2)(W),”.

21 (d) FREQUENCY AND QUALITY STANDARDS.—Sec-
22 tion 1862(a)(1) (42 U.S.C. 1395y(a)(1)) is amended—

23 (1) by striking “and” at the end of subpara-
24 graph (L);

1 (2) by striking the semicolon at the end of sub-
2 paragraph (M) and inserting “, and”; and

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

5 “(N) in the case of ultrasound screening for ab-
6 dominal aortic aneurysm—

7 “(i) which is performed more frequently
8 than is provided for under section
9 1861(s)(2)(AA); or

10 “(ii) which is performed by an individual
11 or diagnostic laboratory that does not meet
12 quality assurance standards that the Secretary,
13 in consultation with national medical, vascular
14 technologist and sonographer societies, shall es-
15 tablish, including with respect to individuals
16 performing ultrasound screening for abdominal
17 aortic aneurysm (other than physicians) and di-
18 agnostic laboratories, that the individual or lab-
19 oratory is certified by the appropriate State li-
20 censing or certification agency or, in the case of
21 a service performed in a State that does not li-
22 cense or certify such individuals or laboratories,
23 by a national certification or accreditation orga-
24 nization recognized by the Secretary;”.

1 (e) NON-APPLICATION OF PART B DEDUCTIBLE.—
2 Section 1833(b) (42 U.S.C. 13951(b)) is amended in the
3 first sentence—

4 (1) by striking “and (6)” and inserting “(6)”;
5 and

6 (2) by inserting “, and (7) such deductible shall
7 not apply with respect to ultrasound screening for
8 abdominal aortic aneurysm (as defined in section
9 1861(bbb))” before the period at the end.

10 (f) NATIONAL EDUCATIONAL AND INFORMATION
11 CAMPAIGN.—

12 (1) IN GENERAL.—After consultation with na-
13 tional medical, vascular technologist, and
14 sonographer societies, the Secretary of Health and
15 Human Services shall carry out a national education
16 and information campaign to promote awareness
17 among health care practitioners and the general
18 public with respect to the importance of early detec-
19 tion and treatment of abdominal aortic aneurysms.

20 (2) USE OF FUNDS.—The Secretary may use
21 amounts appropriated pursuant to this subsection to
22 make grants to national medical, vascular tech-
23 nologist, and sonographer societies (in accordance
24 with procedures and criteria specified by the Sec-

1 retary) to enable them to educate practitioners and
2 providers about matters relating to such aneurysms.

3 (3) AUTHORIZATION OF APPROPRIATIONS.—

4 There is authorized to be appropriated for fiscal
5 year 2006 and each fiscal year thereafter such sums
6 as may be necessary to carry out this subsection.

7 (g) EFFECTIVE DATE.—The amendments made by
8 this section shall apply to ultrasound screenings for ab-
9 dominal aortic aneurysm performed on or after January
10 1, 2007.

11 **SEC. 6118. IMPROVING PATIENT ACCESS TO, AND UTILIZA-**
12 **TION OF, COLORECTAL CANCER SCREENING**
13 **UNDER MEDICARE.**

14 (a) INCREASE IN PART B REIMBURSEMENT FOR
15 COLORECTAL CANCER SCREENING AND DIAGNOSTIC
16 TESTS.—

17 (1) IN GENERAL.—Section 1834(d) (42 U.S.C.
18 1395m(d)) is amended by adding at the end the fol-
19 lowing new paragraph:

20 “(4) ENHANCED PART B PAYMENT FOR
21 COLORECTAL CANCER SCREENING AND DIAGNOSTIC
22 TESTS.—

23 “(A) NONFACILITY RATES.—Notwith-
24 standing paragraphs (2)(A) and (3)(A), the
25 Secretary shall establish national minimum pay-

1 ment amounts for CPT codes 45378, 45380,
2 and 45385, and HCPCS codes G0105 and
3 GO121 for items and services furnished on or
4 after January 1, 2007, which reflect a 5-per-
5 cent increase above the relative value units in
6 effect as the nonfacility rates for such codes on
7 December 31, 2006, with such revised payment
8 level to apply to items and services performed
9 in a nonfacility setting.

10 “(B) FACILITY RATES.—Notwithstanding
11 paragraphs (2)(A) and (3)(A), the Secretary
12 shall establish national minimum payment
13 amounts for CPT codes 45378, 45380, and
14 45385, and HCPCS codes G0105 and GO121
15 for items and services furnished on or after
16 January 1, 2007, which reflect a 5-percent in-
17 crease above the relative value units in effect as
18 the facility rates for such codes on December
19 31, 2006, with such revised payment level to
20 apply to items and services performed in a facil-
21 ity setting.

22 “(C) ANNUAL ADJUSTMENTS.—In the case
23 of items and services furnished on or after Jan-
24 uary 1, 2007, the payment rates described in
25 subparagraphs (A) and (B) shall, subject to the

1 minimum payment amounts established in such
2 subparagraphs, be adjusted annually as pro-
3 vided in section 1848.”

4 (2) NO EFFECT ON HOPD PAYMENTS.—The
5 Secretary shall not take into account the provisions
6 of section 1834(d)(4) of the Social Security Act, as
7 added by subsection (a), in determining the amount
8 of payment for any covered OPD service under the
9 prospective payment system for hospitals outpatient
10 department services under section 1833(t) of such
11 Act (42 U.S.C. 1395l(t)).

12 (b) MEDICARE COVERAGE OF OFFICE VISIT OR CON-
13 SULTATION PRIOR TO A SCREENING COLONOSCOPY OR IN
14 CONJUNCTION WITH A BENEFICIARY’S DECISION TO OB-
15 TAIN SUCH A SCREENING.—

16 (1) COVERAGE.—Section 1861(s)(2) (42 U.S.C.
17 1395x(s)(2)), as amended by section 6117, is
18 amended—

19 (A) in subparagraph (Z), by striking
20 “and” at the end;

21 (B) in subparagraph (AA), by inserting
22 “and” at the end; and

23 (C) by adding at the end the following new
24 subparagraph:

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

12 (2) PAYMENT.—

13 (A) IN GENERAL.—Section 1833(a)(1) (42
14 U.S.C. 1395l(a)(1)) is amended—

15 (i) by striking “and” before “(V)”;

16 and

17 (ii) by inserting before the semicolon
18 at the end the following: “, and (W) with
19 respect to an outpatient office visit or con-
20 sultation under section 1861(s)(2)(BB),
21 the amounts paid shall be 80 percent of
22 the lesser of the actual charge or the
23 amount established under section 1848”.

24 (B) PAYMENT UNDER PHYSICIAN FEE
25 SCHEDULE.—Section 1848(j)(3) (42 U.S.C.

1 1395w-4(j)(3)), as amended by section 6117, is
2 amended by inserting “(2)(BB),” after
3 “(2)(AA),”.

4 (C) REQUIREMENT FOR ESTABLISHMENT
5 OF PAYMENT AMOUNT UNDER PHYSICIAN FEE
6 SCHEDULE.—Section 1834(d) (42 U.S.C.
7 1395m(d)), as amended by subsection (a), is
8 amended by adding at the end the following
9 new paragraph:

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

17 (3) EFFECTIVE DATE.—The amendments made
18 by this subsection shall apply to items and services
19 provided on or after January 1, 2007.

20 (c) WAIVER OF DEDUCTIBLE FOR COLORECTAL CAN-
21 CER SCREENING TESTS.—

22 (1) IN GENERAL.—Section 1833(b) (42 U.S.C.
23 1395l(b)), as amended by section 6117, is amended
24 in the first sentence—

25 (A) by striking “and” before “(7)”; and

1 (B) by inserting before the period at the
 2 end the following: “, and (8) such deductible
 3 shall not apply with respect to colorectal cancer
 4 screening tests (as described in section
 5 1861(pp)(1))”.

6 (2) CONFORMING AMENDMENTS.—Paragraphs
 7 (2)(C)(ii) and (3)(C)(ii) of section 1834(d) (42
 8 U.S.C. 1395m(d)) are each amended—

9 (A) by striking “DEDUCTIBLE AND” in the
 10 heading; and

11 (B) in subclause (I), by striking “deduct-
 12 ible or” each place it appears.

13 (3) EFFECTIVE DATE.—The amendments made
 14 by this subsection shall apply to items and services
 15 furnished on or after January 1, 2007.

16 **SEC. 6119. COVERAGE OF MARRIAGE AND FAMILY THERA-**
 17 **PIST SERVICES AND MENTAL HEALTH COUN-**
 18 **SELOR SERVICES UNDER PART B OF THE**
 19 **MEDICARE PROGRAM.**

20 (a) COVERAGE OF SERVICES.—

21 (1) IN GENERAL.—Section 1861(s)(2) (42
 22 U.S.C. 1395x(s)(2)), as amended by section
 23 6118(b), is amended—

24 (A) in subparagraph (AA), by striking
 25 “and” after the semicolon at the end;

1 (B) in subparagraph (BB), by inserting
2 “and” after the semicolon at the end; and

3 (C) by adding at the end the following new
4 subparagraph:

5 “(CC) marriage and family therapist services
6 (as defined in subsection (ccc)(1)) and mental health
7 counselor services (as defined in subsection
8 (ccc)(3));”.

9 (2) DEFINITIONS.—Section 1861 (42 U.S.C.
10 1395x), as amended by section 6117, is amended by
11 adding at the end the following new subsection:

12 “Marriage and Family Therapist Services; Marriage and
13 Family Therapist; Mental Health Counselor Serv-
14 ices; Mental Health Counselor

15 “(ccc)(1) The term ‘marriage and family therapist
16 services’ means services performed by a marriage and
17 family therapist (as defined in paragraph (2)) for the diag-
18 nosis and treatment of mental illnesses, which the mar-
19 riage and family therapist is legally authorized to perform
20 under State law (or the State regulatory mechanism pro-
21 vided by State law) of the State in which such services
22 are performed, as would otherwise be covered if furnished
23 by a physician or as an incident to a physician’s profes-
24 sional service, but only if no facility or other provider

1 charges or is paid any amounts with respect to the fur-
2 nishing of such services.

3 “(2) The term ‘marriage and family therapist’ means
4 an individual who—

5 “(A) possesses a master’s or doctoral degree
6 which qualifies for licensure or certification as a
7 marriage and family therapist pursuant to State
8 law;

9 “(B) after obtaining such degree has performed
10 at least 2 years of clinical supervised experience in
11 marriage and family therapy; and

12 “(C) in the case of an individual performing
13 services in a State that provides for licensure or cer-
14 tification of marriage and family therapists, is li-
15 censed or certified as a marriage and family thera-
16 pist in such State.

17 “(3) The term ‘mental health counselor services’
18 means services performed by a mental health counselor (as
19 defined in paragraph (4)) for the diagnosis and treatment
20 of mental illnesses which the mental health counselor is
21 legally authorized to perform under State law (or the
22 State regulatory mechanism provided by the State law) of
23 the State in which such services are performed, as would
24 otherwise be covered if furnished by a physician or as inci-
25 dent to a physician’s professional service, but only if no

1 facility or other provider charges or is paid any amounts
2 with respect to the furnishing of such services.

3 “(4) The term ‘mental health counselor’ means an
4 individual who—

5 “(A) possesses a master’s or doctor’s degree in
6 mental health counseling or a related field;

7 “(B) after obtaining such a degree has per-
8 formed at least 2 years of supervised mental health
9 counselor practice; and

10 “(C) in the case of an individual performing
11 services in a State that provides for licensure or cer-
12 tification of mental health counselors or professional
13 counselors, is licensed or certified as a mental health
14 counselor or professional counselor in such State.”.

15 (3) PROVISION FOR PAYMENT UNDER PART
16 B.—Section 1832(a)(2)(B) (42 U.S.C.
17 1395k(a)(2)(B)) is amended by adding at the end
18 the following new clause:

19 “(v) marriage and family therapist
20 services and mental health counselor serv-
21 ices;”.

22 (4) AMOUNT OF PAYMENT.—Section 1833(a)(1)
23 (42 U.S.C. 1395l(a)(1)), as amended by section
24 6118, is amended—

1 (A) by striking “and (W)” and inserting
2 “(W)”; and

3 (B) by inserting before the semicolon at
4 the end the following: “, and (X) with respect
5 to marriage and family therapist services and
6 mental health counselor services under section
7 1861(s)(2)(CC), the amounts paid shall be 80
8 percent of the lesser of the actual charge for
9 the services or 75 percent of the amount deter-
10 mined for payment of a psychologist under sub-
11 paragraph (L)”.

12 (5) EXCLUSION OF MARRIAGE AND FAMILY
13 THERAPIST SERVICES AND MENTAL HEALTH COUN-
14 SELOR SERVICES FROM SKILLED NURSING FACILITY
15 PROSPECTIVE PAYMENT SYSTEM.—Section
16 1888(e)(2)(A)(ii) (42 U.S.C. 1395yy(e)(2)(A)(ii)) is
17 amended by inserting “marriage and family thera-
18 pist services (as defined in section 1861(ccc)(1)),
19 mental health counselor services (as defined in sec-
20 tion 1861(ccc)(3)),” after “qualified psychologist
21 services,”.

22 (6) INCLUSION OF MARRIAGE AND FAMILY
23 THERAPISTS AND MENTAL HEALTH COUNSELORS AS
24 PRACTITIONERS FOR ASSIGNMENT OF CLAIMS.—Sec-
25 tion 1842(b)(18)(C) (42 U.S.C. 1395u(b)(18)(C)) is

1 amended by adding at the end the following new
2 clauses:

3 “(vii) A marriage and family therapist (as de-
4 fined in section 1861(ccc)(2)).

5 “(viii) A mental health counselor (as defined in
6 section 1861(ccc)(4)).”.

7 (b) COVERAGE OF CERTAIN MENTAL HEALTH SERV-
8 ICES PROVIDED IN CERTAIN SETTINGS.—

9 (1) RURAL HEALTH CLINICS AND FEDERALLY
10 QUALIFIED HEALTH CENTERS.—Section
11 1861(aa)(1)(B) (42 U.S.C. 1395x(aa)(1)(B)) is
12 amended by striking “or by a clinical social worker
13 (as defined in subsection (hh)(1)),” and inserting “,
14 by a clinical social worker (as defined in subsection
15 (hh)(1)), by a marriage and family therapist (as de-
16 fined in subsection (ccc)(2)), or by a mental health
17 counselor (as defined in subsection (ccc)(4)),”.

18 (2) HOSPICE PROGRAMS.—Section
19 1861(dd)(2)(B)(i)(III) (42 U.S.C.
20 1395x(dd)(2)(B)(i)(III)) is amended by inserting “or
21 one marriage and family therapist (as defined in
22 subsection (bbb)(2))” after “social worker”.

23 (c) EFFECTIVE DATE.—The amendments made by
24 this section shall apply with respect to services furnished
25 on or after January 1, 2007.