

HR 4986

To amend part B of title XVIII of the Social Security Act to improve payments for physicians' services and other outpatient services furnished under the Medicare Program, and for other purposes.

Congress: 107 (2001–2003, Ended)

Chamber: House

Policy Area: Health

Introduced: Jun 21, 2002

Current Status: Committee on Ways and Means discharged.

Latest Action: Committee on Ways and Means discharged. (Jun 28, 2002)

Official Text: <https://www.congress.gov/bill/107th-congress/house-bill/4986>

Sponsor

Name: Rep. Tauzin, W. J. (Billy) [R-LA-3]

Party: Republican • **State:** LA • **Chamber:** House

Cosponsors

No cosponsors are listed for this bill.

Committee Activity

Committee	Chamber	Activity	Date
Energy and Commerce Committee	House	Reported By	Jun 27, 2002
Ways and Means Committee	House	Discharged From	Jun 28, 2002

Subjects & Policy Tags

Policy Area:

Health

Related Bills

No related bills are listed.

Title V: Provisions Relating to Part B - Subtitle A: Physicians' Services (sic) - Amends title XVIII (Medicare) of the Social Security Act (SSA) to revise updates for physicians' services for 2003 through 2005, making the update to the single conversion factor for 2003 two percent and providing for special rules for determining the update adjustment factors for 2004 and 2005, while providing for the use of a 10 year rolling average gross domestic product in setting updates, among other changes.

(Sec. 502) Directs the Comptroller General to conduct a study for a report to Congress: (1) examining the adequacy of current reimbursements for inhalation therapy under the Medicare program; and (2) concerning the access of Medicare beneficiaries to physicians' services under the Medicare program.

(Sec. 503) Mandates that the Medicare Payment Advisory Commission (MEDPAC) submit to Congress a described report on the effect of refinements to the practice expense component of payments for physicians' services, after the transition to a full resource-based payment system in 2002.

(Sec. 504) Provides that, for purposes of payment under the physician fee schedule, for physicians' services furnished during 2004, in no case may the work geographic index otherwise calculated be less than 0.985.

Requires the Comptroller General to conduct a study and report to Congress on the physician payment rate, including adjustment of the work component.

Subtitle B: Other Services (sic) - Amends SSA title XVIII to replace provisions under Medicare part B (Supplementary Medical Insurance) for a limited number of demonstration projects for competitive acquisition of items and services with provisions for a permanent program for the establishment of programs for competitive acquisition of described items and services, including provisions for a demonstration project for application of competitive acquisition to clinical diagnostic laboratory tests.

(Sec. 512) Substitutes a new phase-in methodology for the ambulance fee schedule amount portion of the phase-in and lengthens the phase-in schedule, including in such methodology adjustment in payment for certain long trips.

(Sec. 513) Extends the moratorium on application of the therapy caps for an additional two years, through FY 2004.

Directs the Secretary to: (1) submit to Congress overdue reports required under the Balanced Budget Act of 1997 relating to alternatives to a single annual dollar cap on outpatient therapy and under the Medicare, Medicaid, and SCHIP Balanced Budget Refinement Act of 1999 relating to utilization patterns for outpatient therapy; and (2) request the Institute of Medicine of the National Academy of Sciences to identify conditions or diseases that should justify conducting an assessment of the need to waive therapy caps.

Requires the Comptroller General to conduct a study for a report to Congress on access to physical therapist services in States authorizing such services without a physician referral and in States that require such a physician referral.

(Sec. 514) Modifies the limitation on copayment amount for hospital outpatient department (OPD) services, requiring the Secretary to reduce the national unadjusted copayment amount for a covered OPD service (or group of such services) furnished in a year in a manner so that the effective copayment rate (determined on a national unadjusted basis) for that service in the year does not exceed the following percentage: (1) for procedures performed in 2004, 45 percent; (2) for procedures performed in 2005, 40 percent; (3) for procedures performed in 2006, 2007, 2008 and 2009, 35 percent; (4) for procedures performed in 2010, 30 percent; (5) for procedures performed in 2011, 25 percent; and (5) for procedures

performed in 2012 and thereafter, 20 percent.

(Sec. 515) Provides for coverage of an initial preventive physical examination.

(Sec. 516) Directs the Comptroller General to submit to Congress a report containing: (1) an analysis of the differences in costs of providing renal dialysis services under the Medicare program in home settings and in facility settings; (2) an assessment of the percentage of overhead costs in home settings and in facility settings; and (3) an evaluation of whether the charges for home dialysis supplies and equipment are reasonable and necessary.

Amends BIPA (sic) to specify that the prohibition on exceptions to the composite rate shall not apply to pediatric facilities that, as of October 1, 2002, do not have an exception rate as of such date. Defines "pediatric facility" as a renal facility at least 50 percent of whose patients are individuals under 18 years of age.

Increases the composite rate 1.2 percent for renal dialysis services furnished in 2004.

(Sec. 517) Amends SSA title XVIII to exclude payment for screening mammography and unilateral and bilateral diagnostic mammography under the system for hospital outpatient services.

Provides that for diagnostic mammography performed on or after January 1, 2004, for which payment is made under the physician fee schedule, the Secretary, based on the most recent cost data available, shall provide for an appropriate adjustment in the payment amount for the technical component of the diagnostic mammography.

Actions Timeline

- **Jun 28, 2002:** Committee on Ways and Means discharged.
- **Jun 28, 2002:** Placed on the Union Calendar, Calendar No. 332.
- **Jun 28, 2002:** Committee on Ways and Means discharged.
- **Jun 26, 2002:** Reported by the Committee on Energy and Commerce. H. Rept. 107-549, Part I.
- **Jun 26, 2002:** Reported by the Committee on Energy and Commerce. H. Rept. 107-549, Part I.
- **Jun 26, 2002:** House Committee on Ways and Means Granted an extension for further consideration ending not later than June 28, 2002.
- **Jun 21, 2002:** Introduced in House
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- **Jun 21, 2002:** 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.
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