

116TH CONGRESS  
2D SESSION

# H. R. 8615

To amend titles XVIII and XIX of the Social Security Act to provide for coverage of peripheral artery disease screening tests furnished to at-risk beneficiaries under the Medicare and Medicaid programs without the imposition of cost-sharing requirements, to amend title XXVII of the Public Health Service Act to require group health plans and health insurance issuers offering group or individual health insurance coverage to provide coverage for such screening tests furnished to at-risk enrollees of group health plans and group or individual health insurance coverage without the imposition of cost-sharing requirements, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

OCTOBER 16, 2020

Mr. PAYNE (for himself, Mr. RUSH, Mr. GALLEG0, Mr. THOMPSON of Mississippi, Ms. JOHNSON of Texas, and Ms. BLUNT ROCHESTER) 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

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## A BILL

To amend titles XVIII and XIX of the Social Security Act to provide for coverage of peripheral artery disease screening tests furnished to at-risk beneficiaries under the Medicare and Medicaid programs without the imposition of cost-sharing requirements, to amend title XXVII of the Public Health Service Act to require group health plans and health insurance issuers offering group or

individual health insurance coverage to provide coverage for such screening tests furnished to at-risk enrollees of group health plans and group or individual health insurance coverage without the imposition of cost-sharing requirements, 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; FINDINGS.**

4       (a) **SHORT TITLE.**—This Act may be cited as the  
5 “Amputation Reduction and Compassion Act of 2020” or  
6 the “ARC Act of 2020”.

7       (b) **FINDINGS.**—Congress makes the following find-  
8 ings:

9           (1) Atherosclerosis occurs when blood flow is  
10 reduced because arteries become narrowed or  
11 blocked with fatty deposits.

12           (2) Atherosclerosis is responsible for more  
13 deaths in the United States than any other condi-  
14 tion, and heart attacks, resulting from clogged coro-  
15 nary arteries, are the leading cause of death in  
16 America.

17           (3) Atherosclerosis also occurs in the legs and  
18 is known as peripheral artery disease (in this sub-  
19 section referred to as “PAD”) and having PAD sig-  
20 nificantly increases the risk for heart attack, stroke,  
21 amputation, and death.

1           (4) While most Americans are aware of athero-  
2           sclerosis in the heart, many Americans have never  
3           heard of PAD and Americans with PAD are often  
4           unaware of the serious risks of the disease.

5           (5) An estimated 21 million Americans have  
6           PAD, and about 200,000 of them—disproportion-  
7           ately minorities—suffer avoidable amputations every  
8           year as a result of such disease.

9           (6) According to the Dartmouth Atlas, amputa-  
10          tion risks for African Americans living with diabetes  
11          are as much as four times higher than the national  
12          average.

13          (7) Data analyses have similarly found that Na-  
14          tive Americans are more than twice as likely to be  
15          subjected to amputation and Hispanics are up to 75  
16          percent more likely to have an amputation.

17          (8) Fifty-two percent of patients with an above-  
18          the-knee amputation and 33 percent of patients with  
19          a below-the-knee amputation will die within two  
20          years of their amputation.

21          (9) Screening and arterial testing for PAD is  
22          cost-effective and should be part of routine medical  
23          care.

1           (10) Once PAD is detected, amputations and  
2           deaths can be reduced through the use of national,  
3           evidence-based PAD care guidelines.

4 **SEC. 2. PERIPHERAL ARTERY DISEASE EDUCATION PRO-**  
5 **GRAM.**

6           Part P of title III of the Public Health Service Act  
7           (42 U.S.C. 280g et seq.) is amended by adding at the end  
8           the following new section:

9 **“SEC. 399V-7. PERIPHERAL ARTERY DISEASE EDUCATION**  
10 **PROGRAM.**

11           “(a) ESTABLISHMENT.—The Secretary, acting  
12 through the Director of the Centers for Disease Control  
13 and Prevention, in collaboration with the Administrator  
14 of the Centers for Medicare & Medicaid Services and the  
15 Administrator of the Health Resources and Services Ad-  
16 ministration, shall establish and coordinate a peripheral  
17 artery disease education program to support, develop, and  
18 implement educational initiatives and outreach strategies  
19 that inform health care professionals and the public about  
20 the existence of peripheral artery disease and methods to  
21 reduce amputations related to such disease, particularly  
22 with respect to at-risk populations.

23           “(b) AUTHORIZATION OF APPROPRIATIONS.—There  
24 is authorized to be appropriated to carry out this section

1 such sums as may be necessary for each of fiscal years  
2 2022 through 2026.”.

3 **SEC. 3. MEDICARE COVERAGE OF PERIPHERAL ARTERY**  
4 **DISEASE SCREENING TESTS FURNISHED TO**  
5 **AT-RISK BENEFICIARIES WITHOUT IMPOSI-**  
6 **TION OF COST SHARING REQUIREMENTS.**

7 (a) IN GENERAL.—Section 1861 of the Social Secu-  
8 rity Act (42 U.S.C. 1395x) is amended—

9 (1) in subsection (s)(2)—

10 (A) in subparagraph (GG), by striking  
11 “and” at the end;

12 (B) in subparagraph (HH), by striking the  
13 period at the end and inserting “; and”; and

14 (C) by adding at the end the following new  
15 subparagraph:

16 “(II) peripheral artery disease screening  
17 tests furnished to at-risk beneficiaries (as such  
18 terms are defined in subsection (kkk)).”; and

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

21 “(kkk) PERIPHERAL ARTERY DISEASE SCREENING  
22 TEST; AT-RISK BENEFICIARY.—(1) The term ‘peripheral  
23 artery disease screening test’ means—

1           “(A) noninvasive physiologic studies of extrem-  
2           ity arteries (commonly referred to as ankle-brachial  
3           index testing);

4           “(B) arterial duplex scans of lower extremity  
5           arteries vascular; and

6           “(C) such other items and services as the Sec-  
7           retary determines, in consultation with relevant  
8           stakeholders, to be appropriate for screening for pe-  
9           ripheral artery disease for at-risk beneficiaries.

10          “(2) The term ‘at-risk beneficiary’ means an indi-  
11          vidual entitled to, or enrolled for, benefits under part A  
12          and enrolled for benefits under part B—

13                 “(A) who is 65 years of age or older;

14                 “(B) who is at least 50 years of age but not  
15                 older than 64 years of age with risk factors for ath-  
16                 erosclerosis (such as diabetes mellitus, a history of  
17                 smoking, hyperlipidemia, and hypertension) or a  
18                 family history of peripheral artery disease;

19                 “(C) who is younger than 50 years of age with  
20                 diabetes mellitus and one additional risk factor for  
21                 atherosclerosis; or

22                 “(D) with a known atherosclerotic disease in  
23                 another vascular bed such as coronary, carotid, sub-  
24                 clavian, renal, or mesenteric artery stenosis, or ab-  
25                 dominal aortic aneurysm.

1       “(3) The Secretary shall, in consultation with appro-  
2       priate organizations, establish standards regarding the  
3       frequency for peripheral artery disease screening tests de-  
4       scribed in subsection (s)(2)(II) for purposes of coverage  
5       under this title.”.

6       (b) INCLUSION OF PERIPHERAL ARTERY DISEASE  
7       SCREENING TESTS IN INITIAL PREVENTIVE PHYSICAL  
8       EXAMINATION.—Section 1861(ww)(2) of the Social Secu-  
9       rity Act (42 U.S.C. 1395x(ww)(2)) is amended—

10           (1) in subparagraph (N), by moving the mar-  
11           gins of such subparagraph 2 ems to the left;

12           (2) by redesignating subparagraph (O) as sub-  
13           paragraph (P); and

14           (3) by inserting after subparagraph (N) the fol-  
15           lowing new subparagraph:

16                   “(O) Peripheral artery disease screening  
17                   tests furnished to at-risk beneficiaries (as such  
18                   terms are defined in subsection (kkk)).”.

19       (c) PAYMENT.—

20           (1) IN GENERAL.—Section 1833(a) of the So-  
21       cial Security Act (42 U.S.C. 1395l(a)) is amended—

22                   (A) in paragraph (1)—

23                           (i) in subparagraph (N), by inserting  
24                           “and other than peripheral artery disease  
25                           screening tests furnished to at-risk bene-

1            beneficiaries (as such terms are defined in sec-  
2            tion 1861(kkk))” after “other than person-  
3            alized prevention plan services (as defined  
4            in section 1861(hhh)(1))”;

5            (ii) by striking “and” before “(DD)”;

6            and

7            (iii) by striking “such service,;” at the  
8            end and inserting the following: “, and  
9            (EE) with respect to peripheral artery dis-  
10           ease screening tests furnished to at-risk  
11           beneficiaries (as such terms are defined in  
12           section 1861(kkk)), the amount paid shall  
13           be 100 percent of the lesser of the actual  
14           charge for the services or the amount de-  
15           termined under the payment basis deter-  
16           mined under section 1848”; and

17           (B) in paragraph (2)—

18           (i) in subparagraph (G), by striking  
19           “and” at the end;

20           (ii) in subparagraph (H), by striking  
21           the comma at the end and inserting “;  
22           and”; and

23           (iii) by inserting after subparagraph  
24           (H) the following new subparagraph:



1           “(I) with respect to peripheral artery disease  
2 screening tests (as defined in paragraph (1) of sec-  
3 tion 1861(kkk)) furnished by an outpatient depart-  
4 ment of a hospital to at-risk beneficiaries (as defined  
5 in paragraph (2) of such section), the amount deter-  
6 mined under paragraph (1)(EE),”.

7           (2) NO DEDUCTIBLE.—Section 1833(b) of the  
8 Social Security Act (42 U.S.C. 1395l(b)) is amend-  
9 ed, in the first sentence—

10           (A) by striking “and” before “(12)”; and

11           (B) by inserting “, and (13) such deduct-  
12 ible shall not apply with respect to peripheral  
13 artery disease screening tests furnished to at-  
14 risk beneficiaries (as such terms are defined in  
15 section 1861(kkk))” before the period at the  
16 end.

17           (3) EXCLUSION FROM PROSPECTIVE PAYMENT  
18 SYSTEM FOR HOSPITAL OUTPATIENT DEPARTMENT  
19 SERVICES.—Section 1833(t)(1)(B)(iv) of the Social  
20 Security Act (42 U.S.C. 1395l(t)(1)(B)(iv)) is  
21 amended—

22           (A) by striking “, or personalized” and in-  
23 serting “, personalized”; and

24           (B) by inserting “, or peripheral artery  
25 disease screening tests furnished to at-risk

1 beneficiaries (as such terms are defined in sec-  
2 tion 1861(kkk))” after “personalized prevention  
3 plan services (as defined in section  
4 1861(hhh)(1))”.

5 (4) CONFORMING AMENDMENT.—Section  
6 1848(j)(3) of the Social Security Act (42 U.S.C.  
7 1395w-4(j)(3)) is amended by striking “(2)(FF)  
8 (including administration of the health risk assess-  
9 ment) ,” and inserting “(2)(FF) (including adminis-  
10 tration of the health risk assessment), (2)(II)”.

11 (d) EXCLUSION FROM COVERAGE AND MEDICARE AS  
12 SECONDARY PAYER FOR TESTS PERFORMED MORE FRE-  
13 QUENTLY THAN ALLOWED.—Section 1862(a)(1) of the  
14 Social Security Act (42 U.S.C. 1395y(a)(1)) is amended—

15 (1) in subparagraph (O), by striking “and” at  
16 the end;

17 (2) in subparagraph (P), by striking the semi-  
18 colon at the end and inserting “, and”; and

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

21 “(Q) in the case of peripheral artery dis-  
22 ease screening tests furnished to at-risk bene-  
23 ficiaries (as such terms are defined in section  
24 1861(kkk)), which are performed more fre-  
25 quently than is covered under such section;”.

1 (e) AUTHORITY TO MODIFY OR ELIMINATE COV-  
2 ERAGE OF CERTAIN PREVENTIVE SERVICES.—Section  
3 1834(n) of the Social Security Act (42 U.S.C. 1395m(n))  
4 is amended—

5 (1) by redesignating subparagraphs (A) and  
6 (B) of paragraph (1) as clauses (i) and (ii), respec-  
7 tively, and moving the margins of such clauses, as  
8 so redesignated, 2 ems to the right;

9 (2) by redesignating paragraphs (1) and (2) as  
10 subparagraphs (A) and (B), respectively, and mov-  
11 ing the margins of such subparagraphs, as so redesi-  
12 gnated, 2 ems to the right;

13 (3) by striking “CERTAIN PREVENTIVE SERV-  
14 ICES” and all that follows through “any other provi-  
15 sion of this title” and inserting: “CERTAIN PREVEN-  
16 TIVE SERVICES.—

17 “(1) IN GENERAL.—Notwithstanding any other  
18 provision of this title”; and

19 (4) by adding at the end the following new  
20 paragraph:

21 “(2) INAPPLICABILITY.—The Secretarial au-  
22 thority described in paragraph (1) shall not apply  
23 with respect to preventive services described in sec-  
24 tion 1861(ww)(2)(O).”.

1 (f) EFFECTIVE DATE.—The amendments made by  
2 this section shall apply with respect to items and services  
3 furnished on or after January 1, 2022.

4 **SEC. 4. MEDICAID COVERAGE OF PERIPHERAL ARTERY**  
5 **DISEASE SCREENING TESTS FURNISHED TO**  
6 **AT-RISK BENEFICIARIES WITHOUT IMPOSI-**  
7 **TION OF COST SHARING REQUIREMENTS.**

8 (a) IN GENERAL.—Section 1905 of the Social Secu-  
9 rity Act (42 U.S.C. 1396d) is amended—

10 (1) in subsection (a)—

11 (A) in paragraph (29), by striking “and”  
12 at the end;

13 (B) by redesignating paragraph (30) as  
14 paragraph (31); and

15 (C) by inserting after paragraph (29) the  
16 following new paragraph:

17 “(30) peripheral artery disease screening tests  
18 furnished to at-risk beneficiaries (as such terms are  
19 defined in subsection (gg)); and”;

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

22 “(gg) PERIPHERAL ARTERY DISEASE SCREENING  
23 TEST; AT-RISK BENEFICIARY.—

1           “(1) PERIPHERAL ARTERY DISEASE SCREENING  
2 TEST.—The term ‘peripheral artery disease screen-  
3 ing test’ means—

4                   “(A) noninvasive physiologic studies of ex-  
5 tremity arteries (commonly referred to as ankle-  
6 brachial index testing);

7                   “(B) arterial duplex scans of lower extrem-  
8 ity arteries vascular; and

9                   “(C) such other items and services as the  
10 Secretary determines, in consultation with rel-  
11 evant stakeholders, to be appropriate for  
12 screening for peripheral artery disease for at-  
13 risk beneficiaries.

14           “(2) AT-RISK BENEFICIARY.—The term ‘at-risk  
15 beneficiary’ means an individual enrolled under a  
16 State plan (or a waiver of such plan)—

17                   “(A) who is 65 years of age or older;

18                   “(B) who is at least 50 years of age but  
19 not older than 64 years of age with risk factors  
20 for atherosclerosis (such as diabetes mellitus, a  
21 history of smoking, hyperlipidemia, and hyper-  
22 tension) or a family history of peripheral artery  
23 disease;

1           “(C) who is younger than 50 years of age  
2           with diabetes mellitus and one additional risk  
3           factor for atherosclerosis; or

4           “(D) with a known atherosclerotic disease  
5           in another vascular bed such as coronary, ca-  
6           rotid, subclavian, renal, or mesenteric artery  
7           stenosis, or abdominal aortic aneurysm.

8           “(3) FREQUENCY.—The Secretary shall, in con-  
9           sultation with appropriate organizations, establish  
10          standards regarding the frequency for peripheral ar-  
11          tery disease screening tests described in subsection  
12          (a)(30) for purposes of coverage under a State plan  
13          under this title.”.

14          (b) NO COST SHARING.—

15                 (1) IN GENERAL.—Subsections (a)(2) and  
16                 (b)(2) of section 1916 of the Social Security Act (42  
17                 U.S.C. 1396o) are each amended—

18                         (A) in subparagraph (F), by striking “or”  
19                         at the end;

20                         (B) in subparagraph (G), by striking “;  
21                         and” and inserting “, or”; and

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

1           “(H) peripheral artery disease screening  
2           tests furnished to at-risk beneficiaries (as such  
3           terms are defined in section 1905(gg)); and”.

4           (2) APPLICATION TO ALTERNATIVE COST SHAR-  
5           ING.—Section 1916A(b)(3)(B) of the Social Security  
6           Act (42 U.S.C. 1396o–1(b)(3)(B)) is amended by  
7           adding at the end the following new clause:

8                       “(xii) Peripheral artery disease  
9                       screening tests furnished to at-risk bene-  
10                      ficiaries (as such terms are defined in sec-  
11                      tion 1905(gg)).”.

12           (c)           MANDATORY            COVERAGE.—Section  
13           1902(a)(10)(A) of the Social Security Act (42 U.S.C.  
14           1396a(a)(10)(A)) is amended by striking “and (29)” and  
15           inserting “(29), and (30)”.

16           (d) CONFORMING AMENDMENTS.—

17                       (1) Section 1902(nn)(3) of the Social Security  
18                       Act (42 U.S.C. 1396a(nn)(3)) is amended by strik-  
19                       ing “following paragraph (30)” and inserting “fol-  
20                       lowing paragraph (31)”.

21                       (2) Section 1905(a) of the Social Security Act  
22                       (42 U.S.C. 1396d(a)) is amended by striking “fol-  
23                       lowing paragraph (30)” and inserting “following  
24                       paragraph (31)”.

1 **SEC. 5. REQUIREMENT FOR GROUP HEALTH PLANS AND**  
2 **HEALTH INSURANCE ISSUERS OFFERING**  
3 **GROUP OR INDIVIDUAL HEALTH INSURANCE**  
4 **COVERAGE TO PROVIDE COVERAGE FOR PE-**  
5 **RIPHERAL ARTERY DISEASE SCREENING**  
6 **TESTS FURNISHED TO AT-RISK ENROLLEES**  
7 **WITHOUT IMPOSITION OF COST SHARING RE-**  
8 **QUIREMENTS.**

9 (a) IN GENERAL.—Subsection (a) of section 2713 of  
10 the Public Health Service Act (42 U.S.C. 300gg–13) is  
11 amended to read as follows:

12 “(a) COVERAGE OF PREVENTIVE HEALTH SERV-  
13 ICES.—

14 “(1) IN GENERAL.—A group health plan and a  
15 health insurance issuer offering group or individual  
16 health insurance coverage shall, at a minimum, pro-  
17 vide coverage for and shall not impose any cost shar-  
18 ing requirements for—

19 “(A) evidence-based items or services that  
20 have in effect a rating of ‘A’ or ‘B’ in the cur-  
21 rent recommendations of the United States Pre-  
22 ventive Services Task Force;

23 “(B) immunizations that have in effect a  
24 recommendation from the Advisory Committee  
25 on Immunization Practices of the Centers for



1 Disease Control and Prevention with respect to  
2 the individual involved;

3 “(C) with respect to infants, children, and  
4 adolescents, evidence-informed preventive care  
5 and screenings provided for in the comprehen-  
6 sive guidelines supported by the Health Re-  
7 sources and Services Administration;

8 “(D) with respect to women, such addi-  
9 tional preventive care and screenings not de-  
10 scribed in subparagraph (A) as provided for in  
11 comprehensive guidelines supported by the  
12 Health Resources and Services Administration  
13 for purposes of this subparagraph; and

14 “(E) with respect to at-risk enrollees, pe-  
15 ripheral artery disease screening tests.

16 “(2) PERIPHERAL ARTERY DISEASE SCREENING  
17 TEST; AT-RISK ENROLLEE.—For purposes of para-  
18 graph (1)(E):

19 “(A) PERIPHERAL ARTERY DISEASE  
20 SCREENING TEST.—The term ‘peripheral artery  
21 disease screening test’ means—

22 “(i) noninvasive physiologic studies of  
23 extremity arteries (commonly referred to  
24 as ankle-brachial index testing);

1           “(ii) arterial duplex scans of lower ex-  
2           tremity arteries vascular; and

3           “(iii) such other items and services as  
4           the Secretary determines, in consultation  
5           with relevant stakeholders, to be appro-  
6           priate for screening for peripheral artery  
7           disease for at-risk enrollees.

8           “(B) AT-RISK ENROLLEE.—The term ‘at-  
9           risk enrollee’ means an individual enrolled in a  
10          group health plan or group or individual health  
11          insurance coverage—

12           “(i) who is 65 years of age or older;

13           “(ii) who is at least 50 years of age  
14           but not older than 64 years of age with  
15           risk factors for atherosclerosis (such as di-  
16           abetes mellitus, a history of smoking,  
17           hyperlipidemia, and hypertension) or a  
18           family history of peripheral artery disease;

19           “(iii) who is younger than 50 years of  
20           age with diabetes mellitus and one addi-  
21           tional risk factor for atherosclerosis; or

22           “(iv) with a known atherosclerotic dis-  
23           ease in another vascular bed such as coro-  
24           nary, carotid, subclavian, renal, or mesen-

1           teric artery stenosis, or abdominal aortic  
2           aneurysm.

3           “(C) FREQUENCY.—The Secretary shall,  
4           in consultation with appropriate organizations,  
5           establish standards regarding the frequency for  
6           peripheral artery disease screening tests de-  
7           scribed in paragraph (1)(E) for purposes of  
8           coverage under this section.

9           “(3) CLARIFICATION REGARDING BREAST CAN-  
10          CER SCREENING, MAMMOGRAPHY, AND PREVENTION  
11          RECOMMENDATIONS.—For the purposes of this Act,  
12          and for the purposes of any other provision of law,  
13          the current recommendations of the United States  
14          Preventive Service Task Force regarding breast can-  
15          cer screening, mammography, and prevention shall  
16          be considered the most current other than those  
17          issued in or around November 2009.

18          “(4) RULE OF CONSTRUCTION.—Nothing in  
19          this subsection shall be construed to prohibit a plan  
20          or issuer from providing coverage for services in ad-  
21          dition to those recommended by the United States  
22          Preventive Services Task Force or to deny coverage  
23          for services that are not recommended by such Task  
24          Force.”.

1 (b) EFFECTIVE DATE.—The amendment made by  
2 subsection (a) shall apply with respect to plan years begin-  
3 ning on or after January 1, 2022.

4 **SEC. 6. DISALLOWANCE OF PAYMENT FOR NONTRAUMATIC**  
5 **AMPUTATION SERVICES FURNISHED WITH-**  
6 **OUT ANATOMICAL TESTING SERVICES.**

7 Section 1834 of the Social Security Act (42 U.S.C.  
8 1395m) is amended by adding at the end the following  
9 new subsection:

10 “(x) DISALLOWANCE OF PAYMENT FOR NONTRAU-  
11 MATIC AMPUTATION SERVICES FURNISHED WITHOUT  
12 ANATOMICAL TESTING SERVICES.—

13 “(1) IN GENERAL.—In the case of nontrau-  
14 matic amputation services furnished by a supplier on  
15 or after January 1, 2022, to an individual entitled  
16 to, or enrolled for, benefits under part A and en-  
17 rolled for benefits under this part, for which pay-  
18 ment is made under this part, payment may only be  
19 made under this part if such supplier furnishes ana-  
20 tomical testing services to such individual during the  
21 3-month period preceding the date on which such  
22 nontraumatic amputation services is furnished.

23 “(2) DEFINITIONS.—In this subsection:

24 “(A) ANATOMICAL TESTING SERVICES.—

25 The term ‘anatomical testing services’ means

1           arterial duplex scanning, computed tomography  
2           angiography, and magnetic resonance  
3           angiography.

4           “(B) NONTRAUMATIC AMPUTATION SERV-  
5           ICES.—The term ‘nontraumatic amputation  
6           services’ means amputations as a result of ath-  
7           erosclerotic vascular disease or a related  
8           comorbidity of such disease (including diabe-  
9           tes).”.

10 **SEC. 7. DEVELOPMENT AND IMPLEMENTATION OF QUALITY**  
11 **MEASURES.**

12           (a) DEVELOPMENT.—The Secretary of Health and  
13 Human Services (referred to in this section as the “Sec-  
14 retary”) shall, in consultation with relevant stakeholders,  
15 develop quality measures for nontraumatic, lower-limb,  
16 major amputation that utilize appropriate diagnostic  
17 screening (including peripheral artery disease screening)  
18 in order to encourage alternative treatments (including  
19 revascularization) in lieu of such an amputation.

20           (b) IMPLEMENTATION.—After appropriate testing  
21 and validation of the measures developed under subsection  
22 (a), the Secretary shall incorporate such measures in qual-  
23 ity reporting programs for appropriate providers of serv-  
24 ices and suppliers under the Medicare program under title

1 XVIII of the Social Security Act (42 U.S.C. 1395 et seq.),  
2 including for purposes of—

3 (1) the merit-based incentive payment system  
4 under section 1848(q) of such Act (42 U.S.C.  
5 1395w-4(q));

6 (2) incentive payments for participation in eligi-  
7 ble alternative payment models under section  
8 1833(z) of such Act (42 U.S.C. 1395l(z));

9 (3) the shared savings program under section  
10 1899 of such Act (42 U.S.C. 1395jjj);

11 (4) models under section 1115A of such Act  
12 (42 U.S.C. 1315a); and

13 (5) such other payment systems or models as  
14 the Secretary may specify.

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