

115TH CONGRESS  
2D SESSION

# S. 3465

To amend title XVIII of the Social Security Act to cover screening computed tomography colonography as a colorectal cancer screening test under the Medicare program.

---

## IN THE SENATE OF THE UNITED STATES

SEPTEMBER 18, 2018

Mr. INHOFE (for himself and Mr. SANDERS) introduced the following bill;  
which was read twice and referred to the Committee on Finance

---

## A BILL

To amend title XVIII of the Social Security Act to cover screening computed tomography colonography as a colorectal cancer screening test under the Medicare program.

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 “CT Colonography  
5 Screening for Colorectal Cancer Act of 2018”.

1 **SEC. 2. COVERAGE OF COMPUTED TOMOGRAPHY**  
 2 **COLONOGRAPHY SCREENING AS A**  
 3 **COLORECTAL CANCER SCREENING TEST**  
 4 **UNDER MEDICARE.**

5 (a) IN GENERAL.—Section 1861(pp)(1) of the Social  
 6 Security Act (42 U.S.C. 1395x(pp)(1)) is amended—

7 (1) by redesignating subparagraph (D) as sub-  
 8 paragraph (E); and

9 (2) by inserting after subparagraph (C) the fol-  
 10 lowing new subparagraph:

11 “(D) Screening computed tomography  
 12 colonography.”.

13 (b) FREQUENCY LIMITS AND PAYMENT.—Section  
 14 1834(d) of such Act (42 U.S.C. 1395m(d)) is amended  
 15 by adding at the end the following new paragraph:

16 “(4) SCREENING COMPUTED TOMOGRAPHY  
 17 COLONOGRAPHY.—

18 “(A) FEE SCHEDULE.—With respect to a  
 19 colorectal cancer screening test consisting of  
 20 screening computed tomography colonography,  
 21 subject to subparagraph (B), payment under  
 22 section 1848 shall be consistent with payment  
 23 under such section for similar or related serv-  
 24 ices.

25 “(B) PAYMENT LIMIT.—In the case of  
 26 screening computed tomography colonography,

1 payment under this part shall not exceed such  
2 amount as the Secretary specifies, based upon  
3 rates recognized for diagnostic computed to-  
4 mography colonography.

5 “(C) FACILITY PAYMENT LIMIT.—Notwith-  
6 standing any other provision of this title, in the  
7 case of an individual who receives screening  
8 computed tomography colonography—

9 “(i) in computing the amount of any  
10 applicable coinsurance, the computation of  
11 such coinsurance shall be based upon the  
12 fee schedule under which payment is made  
13 for the services; and

14 “(ii) the amount of such coinsurance  
15 shall not exceed 25 percent of the payment  
16 amount under the fee schedule described in  
17 subparagraph (A).

18 “(D) FREQUENCY LIMIT.—No payment  
19 may be made under this part for a colorectal  
20 cancer screening test consisting of a screening  
21 computed tomography colonography—

22 “(i) if the individual is under 50 years  
23 of age; or

24 “(ii)(I) in the case of individuals at  
25 high risk for colorectal cancer, if the proce-

1           dure is performed within the 23 months  
 2           after a previous screening computed to-  
 3           mography colonography or a previous  
 4           screening colonoscopy; or

5                   “(II) in the case of an individual who  
 6           is not at high risk for colorectal cancer, if  
 7           the procedure is performed within the 119  
 8           months after a previous screening colonos-  
 9           copy or within the 59 months after a pre-  
 10          vious screening flexible sigmoidoscopy or a  
 11          previous screening computed tomography  
 12          colonography.”.

13          (c) CONFORMING FREQUENCY LIMITS FOR OTHER  
 14          COLORECTAL CANCER SCREENING TESTS.—

15               (1) SCREENING FLEXIBLE SIGMOIDOSCOPY.—

16          Paragraph (2)(E)(ii) of section 1834(d) of the Social  
 17          Security Act (42 U.S.C. 1395m(d)) is amended by  
 18          inserting “or screening computed tomography  
 19          colonography” after “previous screening flexible  
 20          sigmoidoscopy”.

21               (2) SCREENING COLONOSCOPY.—Paragraph

22          (3)(E) of such section is amended—

23                   (A) by inserting “or screening computed  
 24          tomography colonography” after “23 months  
 25          after a previous screening colonoscopy”; and

1 (B) by inserting “or screening computed  
2 tomography colonography” after “screening  
3 flexible sigmoidoscopy”.

4 (d) EFFECTIVE DATE.—The amendments made by  
5 this section shall apply to items and services furnished on  
6 or after January 1, 2019.

7 **SEC. 3. EXEMPTION OF SCREENING COMPUTED TOMOG-**  
8 **RAPHY COLONOGRAPHY FROM SPECIAL**  
9 **RULE ON PAYMENT FOR IMAGING SERVICES.**

10 (a) IN GENERAL.—Section 1848(b)(4)(B) of the So-  
11 cial Security Act (42 U.S.C. 1395w-4(b)(4)(B)) is amend-  
12 ed by inserting “and screening computed tomography  
13 colonography” after “diagnostic and screening mammog-  
14 raphy”.

15 (b) EFFECTIVE DATE.—The amendment made by  
16 subsection (a) shall apply to items and services furnished  
17 on or after January 1, 2019.

18 **SEC. 4. REPORTS ON THE STATUS OF COVERING COM-**  
19 **PUTED TOMOGRAPHY COLONOGRAPHY AS A**  
20 **COLORECTAL CANCER SCREENING TEST**  
21 **UNDER MEDICARE.**

22 (a) PRELIMINARY REPORT.—Not later than 90 days  
23 after the date of the enactment of this Act, the Secretary  
24 of Health and Human Services shall submit a preliminary  
25 report to Congress on the status of coverage of computed

1 tomography colonography as a colorectal cancer screening  
2 test under the Medicare program under title XVIII of the  
3 Social Security Act, including the extent to which such  
4 coverage as required by the amendments made by sections  
5 2 and 3 has been implemented.

6 (b) ANNUAL REPORT.—Not later than September 30  
7 of each fiscal year during the 5-year period beginning with  
8 fiscal year 2020, the Secretary shall submit to the Con-  
9 gress, a status report on the following:

10 (1) The impact of screening computed tomog-  
11 raphy colonography on the change in colorectal can-  
12 cer screening compliance of Medicare beneficiaries.

13 (2) The various utilization rates with respect to  
14 Medicare beneficiaries for each available colorectal  
15 cancer screening option before and after the avail-  
16 ability of and coverage of screening computed to-  
17 mography colonography under the Medicare program  
18 pursuant to the enactment of this Act, including—

19 (A) by initial CRC screening performed  
20 with respect to a Medicare beneficiary per year,  
21 including the age of the beneficiary when the  
22 initial screening was performed; and

23 (B) by follow-on screening performed,  
24 whereby the analysis demonstrates to what ex-  
25 tent screening computed tomography colonogra-

1           phy was used as a substitute for a previous  
2           screening procedure.

3           (3) Access to screening computed tomography  
4           colonography by Medicare beneficiaries, especially in  
5           rural areas or underserved populations, before and  
6           after the date of implementation of coverage of such  
7           screening benefit under the Medicare program pur-  
8           suant to the enactment of this Act.

9           (4) Recommendations for such legislation and  
10          administrative action as the Secretary determines  
11          appropriate to implement this Act.

○