

113TH CONGRESS
1ST SESSION

S. 608

To amend title XVIII of the Social Security Act and title XXVII of the Public Health Service Act to improve coverage for colorectal screening tests under Medicare and private health insurance coverage, and for other purposes.

IN THE SENATE OF THE UNITED STATES

MARCH 19, 2013

Mr. CARDIN 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 and title XXVII of the Public Health Service Act to improve coverage for colorectal screening tests under Medicare and private health insurance coverage, 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; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “Supporting Colorectal Examination and Education Now
6 Act of 2013” or the “SCREEN Act of 2013”.

1 (b) TABLE OF CONTENTS.—The table of contents of
2 this Act is as follows:

- Sec. 1. Short title; table of contents.
- Sec. 2. Findings.
- Sec. 3. Temporary increase in payment rate for certain cancer screening tests.
- Sec. 4. Waiving Medicare cost-sharing for colorectal cancer screening with therapeutic effect.
- Sec. 5. Medicare coverage for an office visit or consultation prior to a qualifying screening colonoscopy.
- Sec. 6. Budget neutrality.
- Sec. 7. Expansion of coverage of activities related to recommended preventive health services under private health insurance.

3 **SEC. 2. FINDINGS.**

4 Congress finds the following:

5 (1) Colon cancer is the third most common
6 cause of cancer-related deaths and the second most
7 common cancer for both men and women.

8 (2) According to the American Cancer Society,
9 over 50,000 people will die this year from colon can-
10 cer.

11 (3) Colorectal cancer is highly treatable with
12 appropriate screening. According to the American
13 Cancer Society (2010 Facts & Figures), the 5-year
14 survival rate is 90 percent for those individuals who
15 are diagnosed at an early stage of the cancer. How-
16 ever, less than 40 percent of colon cancer cases are
17 diagnosed at an early stage.

18 (4) The Centers for Disease Control and Pre-
19 vention recently estimated that approximately 2,000

1 deaths could be avoided if colonoscopy screening
2 rates rose by just 10 percent.

3 (5) Colonoscopies allow for simultaneous
4 colorectal cancer screenings and detection and the
5 removal of precancerous polyps, thus preventing can-
6 cer from developing.

7 (6) The U.S. Preventive Services Task Force
8 provides an “A” rating for colorectal cancer
9 screenings.

10 (7) The Centers for Disease Control and Pre-
11 vention’s colorectal cancer control program has set a
12 target of screening 80 percent of eligible adults in
13 certain States by 2014. The American Cancer Soci-
14 ety and other patient advocacy groups have a target
15 rate of 75 percent.

16 (8) Only between 52 and 58 percent of Medi-
17 care beneficiaries have had any colorectal cancer
18 screening test, despite Medicare coverage for such
19 tests.

20 (9) Only 49.3 percent of Medicare beneficiaries
21 who are 50 to 80 years old receive colorectal cancer
22 screenings within recommended intervals.

23 (10) The Centers for Medicare & Medicaid
24 Services notes that there is “clearly an opportunity

1 to improve colorectal cancer screening rates in the
2 Medicare population”.

3 (11) A January 2011 study by the Colon Can-
4 cer Alliance concludes that most Americans over the
5 age of 50—

6 (A) wish a health care provider was able to
7 sit down with them to discuss a colonoscopy be-
8 fore undergoing the test; and

9 (B) forgo a colonoscopy due to fear of the
10 procedure.

11 (12) In February 2010, the National Institutes
12 of Health hosted a conference on colorectal cancer
13 screening and cited patient awareness and fears as
14 barriers to increasing colorectal cancer screening
15 rates.

16 (13) According to the Medicare Payment Advi-
17 sory Commission, colonoscopy is one of the most
18 common procedures performed in the ambulatory
19 surgical centers (ASCs) and “the decline in payment
20 rate for the highest volume procedures is especially
21 a strong concern for ASCs that focus on gastro-
22 enterology”.

23 (14) An Institute of Medicine study on
24 colorectal cancer screening cited the inadequate re-
25 imbursement for preventive care services as one of

1 the constraints limiting colorectal cancer screening
2 rates.

3 (15) Colorectal cancer screening by colonoscopy
4 has been demonstrated to reduce Medicare costs
5 over the long term.

6 **SEC. 3. TEMPORARY INCREASE IN PAYMENT RATE FOR**
7 **CERTAIN CANCER SCREENING TESTS.**

8 (a) IN GENERAL.—With respect to a qualifying can-
9 cer screening test furnished during the 5-year period be-
10 ginning on January 1, 2014, by a qualifying provider, the
11 amount otherwise payable under section 1833 or section
12 1848 of the Social Security Act (42 U.S.C. 1395l, 1395w-
13 4) to such provider for such test shall be increased by 10
14 percent.

15 (b) QUALIFYING CANCER SCREENING TEST.—

16 (1) IN GENERAL.—For purposes of this section,
17 subject to paragraph (2), the term “qualifying can-
18 cer screening test” means, with respect to a Medi-
19 care beneficiary, a cancer screening test that has in
20 effect with respect to such beneficiary a rating of ‘A’
21 in the current recommendations of the United States
22 Preventive Services Task Force.

23 (2) TERMINATION WHEN HIGH UTILIZATION
24 RATE REACHED.—If the Secretary determines that a
25 cancer screening test described in paragraph (1) has

1 a utilization rate of at least 75 percent of the Medi-
2 care beneficiaries for whom such screening has such
3 a recommendation, effective as of the first day of the
4 year after the year in which such determination is
5 made, the cancer screening test shall not be a quali-
6 fying cancer screening test.

7 (c) QUALIFYING PROVIDER DEFINED.—For purposes
8 of this section, the term “qualifying provider” means, with
9 respect to a qualifying cancer screening test, an individual
10 or entity—

11 (1) that is eligible for payment for such test
12 under section 1833 or section 1848 of the Social Se-
13 curity Act; and

14 (2) that—

15 (A) participates in a nationally recognized
16 quality improvement registry with respect to
17 such test; and

18 (B) demonstrates, to the satisfaction of the
19 Secretary, based on the information in such
20 registry, that the tests were provided by such
21 individual or entity in accordance with accepted
22 outcomes-based quality measures.

1 **SEC. 4. WAIVING MEDICARE COST-SHARING FOR**
 2 **COLORECTAL CANCER SCREENING WITH**
 3 **THERAPEUTIC EFFECT.**

4 (a) **IN GENERAL.**—Section 1833(a)(1)(Y) of the So-
 5 cial Security Act (42 U.S.C. 1395l(a)(1)(Y)) is amended
 6 by inserting “, including tests and procedures described
 7 in the last sentence of subsection (b),” after “section
 8 1861(ddd)(3)”.

9 (b) **EFFECTIVE DATE.**—The amendments made by
 10 this section shall apply to tests and procedures performed
 11 on or after January 1, 2014.

12 **SEC. 5. MEDICARE COVERAGE FOR AN OFFICE VISIT OR**
 13 **CONSULTATION PRIOR TO A QUALIFYING**
 14 **SCREENING COLONOSCOPY.**

15 (a) **COVERAGE.**—Section 1861(s)(2) of the Social Se-
 16 curity Act (42 U.S.C. 1395x(s)(2)) is amended—

17 (1) in subparagraph (EE), by striking “and” at
 18 the end;

19 (2) in subparagraph (FF), by inserting “and”
 20 at the end; and

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

23 “(GG) prior to a colorectal cancer screening
 24 test consisting of a screening colonoscopy or in con-
 25 junction with an individual’s decision regarding the
 26 performance of such a test on the individual, an out-

1 patient office visit or consultation for the purpose of
2 beneficiary education, assuring selection of the prop-
3 er screening test, and securing information relating
4 to the procedure and the sedation of the indi-
5 vidual;”.

6 (b) PAYMENT.—

7 (1) IN GENERAL.—Section 1833(a)(1) of the
8 Social Security Act (42 U.S.C. 1395l(a)(1)) is
9 amended—

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

11 (B) by inserting before the semicolon at
12 the end the following: “, and (AA) with respect
13 to an outpatient office visit or consultation
14 under section 1861(s)(2)(GG), the amounts
15 paid shall be 80 percent of the lesser of the ac-
16 tual charge or the amount established under
17 section 1848”.

18 (2) PAYMENT UNDER PHYSICIAN FEE SCHED-
19 ULE.—Section 1848(j)(3) of the Social Security Act
20 (42 U.S.C. 1395w-4(j)(3)) is amended by inserting
21 “(2)(GG),” after “(2)(FF) (including administration
22 of the health risk assessment),”.

23 (3) REQUIREMENT FOR ESTABLISHMENT OF
24 PAYMENT AMOUNT UNDER PHYSICIAN FEE SCHED-
25 ULE.—Section 1834(d) of the Social Security Act

1 (42 U.S.C. 1395m(d)) is amended by adding at the
2 end the following new paragraph:

3 “(4) PAYMENT FOR OUTPATIENT OFFICE VISIT
4 OR CONSULTATION PRIOR TO SCREENING
5 COLONOSCOPY.—With respect to an outpatient office
6 visit or consultation under section 1861(s)(2)(GG),
7 payment under section 1848 shall be consistent with
8 the payment amounts for CPT codes 99201, 99202,
9 99203, 99204, 99211, 99212, 99213, 99214, and
10 99215 (as in effect as of the date of the enactment
11 of this paragraph or any successors to such codes).”.

12 (c) EFFECTIVE DATE.—The amendments made by
13 this section shall apply to items and services furnished on
14 or after January 1, 2014.

15 **SEC. 6. BUDGET NEUTRALITY.**

16 (a) ADJUSTMENT OF PHYSICIAN FEE SCHEDULE
17 CONVERSION FACTOR.—The Secretary of Health and
18 Human Services (in this section referred to as the “Sec-
19 retary”) shall reduce the conversion factor established
20 under subsection (d) of section 1848 of the Social Security
21 Act (42 U.S.C. 1395w–4) for each year (beginning with
22 2014) to the extent necessary to reduce expenditures
23 under such section for items and services furnished during
24 the year in the aggregate by the net offset amount deter-

1 mined under subsection (c)(5) attributable to such section
2 for the year.

3 (b) ADJUSTMENT OF HOPD CONVERSION FAC-
4 TOR.—The Secretary shall reduce the conversion factor es-
5 tablished under paragraph (3)(C) of section 1833(t) of the
6 Social Security Act (42 U.S.C. 1395l(t)) for each year (be-
7 ginning with 2014) to the extent necessary to reduce ex-
8 penditures under such section for items and services fur-
9 nished during the year in the aggregate by the net offset
10 amount determined under subsection (c)(5) attributable to
11 such section for the year.

12 (c) DETERMINATIONS RELATING TO EXPENDI-
13 TURES.—For purposes of this section, before the begin-
14 ning of each year (beginning with 2014) at the time con-
15 version factors described in subsections (a) and (b) are
16 established for the year, the Secretary shall determine—

17 (1) the amount of the gross additional expendi-
18 tures under title XVIII of the Social Security Act
19 (42 U.S.C. 1395 et seq.) estimated to result from
20 the implementation of sections 3, 4, and 5 for items
21 and services furnished during the year;

22 (2) the amount of any offsetting reductions in
23 expenditures under such title (such as reductions in
24 payments for inpatient hospital services) for such

1 year attributable to the implementation of such sec-
2 tions;

3 (3) the amount (if any) by which the amount
4 of the gross additional expenditures determined
5 under paragraph (1) for the year exceeds the
6 amount of offsetting reductions determined under
7 paragraph (2) for the year;

8 (4) of the gross additional expenditures deter-
9 mined under paragraph (1) for the year that are at-
10 tributable to expenditures under sections 1848 and
11 1833(t) of such Act, the ratio of such expenditures
12 that are attributable to each respective section; and

13 (5) with respect to section 1848 and section
14 1833(t) of such Act, a net offset amount for the
15 year equal to the product of—

16 (A) the amount of the net additional ex-
17 penditures for the year determined under para-
18 graph (3); and

19 (B) the ratio determined under paragraph
20 (4) attributable to the respective section.

1 **SEC. 7. EXPANSION OF COVERAGE OF ACTIVITIES RELATED**
2 **TO RECOMMENDED PREVENTIVE HEALTH**
3 **SERVICES UNDER PRIVATE HEALTH INSUR-**
4 **ANCE.**

5 (a) **IN GENERAL.**—Section 2713(a)(1) of the Public
6 Health Service Act (42 U.S.C. 300gg–13(a)(1)) is amend-
7 ed by inserting “(including related activities occurring as
8 part of the same clinical encounter, such as conducting
9 a biopsy or by removing a lesion or growth)” after “Task
10 Force”.

11 (b) **EFFECTIVE DATE.**—The amendment made by
12 subsection (a) shall apply to plan years beginning on or
13 after January 1, 2014.

○