

109TH CONGRESS
1ST SESSION

S. 1152

To amend title XVIII of the Social Security Act to eliminate discriminatory copayment rates for outpatient psychiatric services under the Medicare Program.

IN THE SENATE OF THE UNITED STATES

MAY 26, 2005

Ms. SNOWE (for herself, Mr. KERRY, Mr. SMITH, and Ms. COLLINS) 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 eliminate discriminatory copayment rates for outpatient psychiatric services 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 “Medicare Mental
5 Health Copayment Equity Act of 2005”.

1 **SEC. 2. ELIMINATION OF DISCRIMINATORY COPAYMENT**
2 **RATES FOR MEDICARE OUTPATIENT PSY-**
3 **CHIATRIC SERVICES.**

4 Section 1833(c) of the Social Security Act (42 U.S.C.
5 1395l(c)) is amended to read as follows:

6 “(c)(1) Notwithstanding any other provision of this
7 part, with respect to expenses incurred in a calendar year
8 in connection with the treatment of mental, psycho-
9 neurotic, and personality disorders of an individual who
10 is not an inpatient of a hospital at the time such expenses
11 are incurred, there shall be considered as incurred ex-
12 penses for purposes of subsections (a) and (b)—

13 “(A) for expenses incurred in any year before
14 2006, only 62½ percent of such expenses;

15 “(B) for expenses incurred in 2006, only 68¾
16 percent of such expenses;

17 “(C) for expenses incurred in 2007, only 75
18 percent of such expenses;

19 “(D) for expenses incurred in 2008, only 81¼
20 percent of such expenses;

21 “(E) for expenses incurred in 2009, only 87½
22 percent of such expenses;

23 “(F) for expenses incurred in 2010, only 93¾
24 percent of such expenses; and

25 “(G) for expenses incurred in 2011, or any sub-
26 sequent year, 100 percent of such expenses.

1 “(2) For purposes of subparagraphs (A) through (F)
2 of paragraph (1), the term ‘treatment’ does not include
3 brief office visits (as defined by the Secretary) for the sole
4 purpose of monitoring or changing drug prescriptions used
5 in the treatment of such disorders or partial hospitaliza-
6 tion services that are not directly provided by a physi-
7 cian.”.

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