

110TH CONGRESS  
1ST SESSION

# H. R. 1926

To amend title XVIII of the Social Security Act to improve patient access to, and utilization of, the colorectal cancer screening benefit under the Medicare Program.

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## IN THE HOUSE OF REPRESENTATIVES

APRIL 18, 2007

Mr. NEAL of Massachusetts (for himself, Mr. ENGLISH of Pennsylvania, Mr. TOWNS, Mr. LATHAM, and Mrs. MCCARTHY of New York) 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 title XVIII of the Social Security Act to improve patient access to, and utilization of, the colorectal cancer screening benefit 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 “Colon Cancer Screen  
5 for Life Act of 2007”.

6 **SEC. 2. SENSE OF CONGRESS.**

7 It is the sense of Congress that—

1           (1) colorectal cancer screening tests (as defined  
2           in section 1861(pp)(1) of the Social Security Act (42  
3           U.S.C. 1395x(pp)(1)) covered under the Medicare  
4           Program have been severely underutilized, with the  
5           Comptroller General of the United States reporting  
6           in 2000 that since coverage of such tests was imple-  
7           mented, the percentage of beneficiaries under the  
8           Medicare Program receiving either a screening or a  
9           diagnostic colonoscopy has increased by only 1 per-  
10          cent;

11          (2) in recognition of the need to improve rates  
12          of colorectal cancer screening in the Medicare Pro-  
13          gram, Congress enacted provisions in the Medicare  
14          Prescription Drug, Improvement, and Modernization  
15          Act of 2003 to require physicians to provide a refer-  
16          ral for colorectal cancer screening as part of the new  
17          initial preventive physical examination, beginning  
18          January 1, 2005;

19          (3) the Centers for Medicare & Medicaid Serv-  
20          ices should encourage health care providers to use  
21          more effective screening and diagnostic health care  
22          technologies in the area of colorectal cancer screen-  
23          ing;

24          (4) in recent years, the Centers for Medicare &  
25          Medicaid Services has subjected colorectal cancer

1 screening tests to some of the largest reimbursement  
2 reductions under the Medicare Program;

3 (5) unlike other preventive screening tests cov-  
4 ered under the Medicare Program, health care pro-  
5 viders must consult with beneficiaries prior to fur-  
6 nishing a screening colonoscopy in order to—

7 (A) ascertain the medical and family his-  
8 tory of the beneficiary; and

9 (B) inform the beneficiary of preparatory  
10 steps that must be taken prior to the procedure;  
11 and

12 (6) reimbursement under the Medicare Pro-  
13 gram is not currently available for the consultations  
14 described in paragraph (5) despite the fact that re-  
15 imbursement is provided under such program for  
16 similar consultations prior to a diagnostic  
17 colonoscopy.

18 **SEC. 3. INCREASE IN PART B REIMBURSEMENT FOR**  
19 **COLORECTAL CANCER SCREENING AND DI-**  
20 **AGNOSTIC TESTS.**

21 (a) IN GENERAL.—Section 1834(d) of the Social Se-  
22 curity Act (42 U.S.C. 1395m(d)) is amended by adding  
23 at the end the following new paragraph:

1           “(4) ENHANCED PART B PAYMENT FOR  
2           COLORECTAL CANCER SCREENING AND DIAGNOSTIC  
3           TESTS.—

4           “(A) NONFACILITY RATES.—Notwith-  
5           standing paragraphs (2)(A) and (3)(A), the  
6           Secretary shall establish national minimum pay-  
7           ment amounts for CPT codes 45378, 45380,  
8           and 45385, and HCPCS codes G0105 and  
9           GO121 for items and services furnished on or  
10          after January 1, 2008, which reflect a 10-per-  
11          cent increase above the relative value units in  
12          effect as the nonfacility rates for such codes on  
13          December 31, 2007, with such revised payment  
14          level to apply to items and services performed  
15          in a nonfacility setting.

16          “(B) FACILITY RATES.—Notwithstanding  
17          paragraphs (2)(A) and (3)(A), the Secretary  
18          shall establish national minimum payment  
19          amounts for CPT codes 45378, 45380, and  
20          45385, and HCPCS codes G0105 and GO121  
21          for items and services furnished on or after  
22          January 1, 2008, which reflect a 30-percent in-  
23          crease above the relative value units in effect as  
24          the facility rates for such codes on December  
25          31, 2007, with such revised payment level to

1 apply to items and services performed in a facil-  
2 ity setting.

3 “(C) ANNUAL ADJUSTMENTS.—In the case  
4 of items and services furnished on or after Jan-  
5 uary 1, 2008, the payment rates described in  
6 subparagraphs (A) and (B) shall, subject to the  
7 minimum payment amounts established in such  
8 subparagraphs, be adjusted annually as pro-  
9 vided in section 1848.”.

10 (b) NO EFFECT ON HOPD PAYMENTS.—The Sec-  
11 retary of Health and Human Services shall not take into  
12 account the provisions of section 1834(d)(4) of the Social  
13 Security Act, as added by subsection (a), in determining  
14 the amount of payment for any covered OPD service under  
15 the prospective payment system for hospital outpatient de-  
16 partment services under section 1833(t) of such Act (42  
17 U.S.C. 1395l(t)).

18 **SEC. 4. MEDICARE COVERAGE OF OFFICE VISIT OR CON-**  
19 **SULTATION PRIOR TO A SCREENING**  
20 **COLONOSCOPY OR IN CONJUNCTION WITH A**  
21 **BENEFICIARY’S DECISION TO OBTAIN SUCH A**  
22 **SCREENING.**

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

1           (1) in subparagraph (Z), by striking “and” at  
2 the end;

3           (2) in subparagraph (AA), by inserting “and”  
4 at the end; and

5           (3) by adding at the end the following new sub-  
6 paragraph:

7                   “(BB) an outpatient office visit or con-  
8 sultation for the purpose of beneficiary edu-  
9 cation, assuring selection of the proper screen-  
10 ing test, and securing information relating to  
11 the procedure and sedation of the beneficiary,  
12 prior to a colorectal cancer screening test con-  
13 sisting of a screening colonoscopy or in conjunc-  
14 tion with the beneficiary’s decision to obtain  
15 such a screening, regardless of whether such  
16 screening is medically indicated with respect to  
17 the beneficiary;”.

18           (b) PAYMENT.—

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

22                           (A) by striking “and” before “(V)”; and

23                           (B) by inserting before the semicolon at  
24 the end the following: “, and (W) with respect  
25 to an outpatient office visit or consultation

1 under section 1861(s)(2)(BB), the amounts  
2 paid shall be 80 percent of the lesser of the ac-  
3 tual charge or the amount established under  
4 section 1848”.

5 (2) PAYMENT UNDER PHYSICIAN FEE SCHED-  
6 ULE.—Section 1848(j)(3) of the Social Security Act  
7 (42 U.S.C. 1395w-4(j)(3)) is amended by inserting  
8 “(2)(BB),” after “(2)(AA),”.

9 (3) REQUIREMENT FOR ESTABLISHMENT OF  
10 PAYMENT AMOUNT UNDER PHYSICIAN FEE SCHED-  
11 ULE.—Section 1834(d) of the Social Security Act  
12 (42 U.S.C. 1395m(d)), as amended by section 3, is  
13 amended by adding at the end the following new  
14 paragraph:

15 “(5) PAYMENT FOR OUTPATIENT OFFICE VISIT  
16 OR CONSULTATION PRIOR TO SCREENING  
17 COLONOSCOPY.—With respect to an outpatient office  
18 visit or consultation under section 1861(s)(2)(BB),  
19 payment under section 1848 shall be consistent with  
20 the payment amounts for CPT codes 99203 and  
21 99243.”.

22 (c) EFFECTIVE DATE.—The amendments made by  
23 this section shall apply to items and services provided on  
24 or after January 1, 2008.

1 **SEC. 5. TECHNICAL AMENDMENT TO WAIVER OF DEDUCT-**  
2 **IBLE FOR COLORECTAL CANCER SCREENING**  
3 **TESTS.**

4 (a) **IN GENERAL.**—Section 1833(b)(8) of the Social  
5 Security Act (42 U.S.C. 1395l(b)(8)), as inserted by sec-  
6 tion 5113(a) of the Deficit Reduction Act of 2005 (Public  
7 Law 109-171), is amended by inserting “, regardless of  
8 the code applied, a particular diagnosis, or whether a con-  
9 nected procedure is performed” after “1861(pp)(1)”.

10 (b) **EFFECTIVE DATE.**—The amendment made by  
11 this section shall apply to items and services furnished on  
12 or after January 1, 2008.

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