

114TH CONGRESS
1ST SESSION

S. _____

To amend titles XI and 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

Mr. CARDIN introduced the following bill; which was read twice and referred to the Committee on _____

A BILL

To amend titles XI and 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 2015” or the “SCREEN Act of 2015”.

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. Maintaining calendar year 2015 Medicare reimbursement rates for colonoscopy procedures for providers participating in colorectal cancer screening quality improvement registry.

Sec. 4. Eliminating Medicare beneficiary cost-sharing for certain colorectal cancer screenings, colorectal cancer screenings with therapeutic effect, and follow-up diagnostic colorectal cancer screenings covered under Medicare.

Sec. 5. Medicare demonstration project to evaluate the effectiveness of a pre-operative visit prior to screening colonoscopy and hepatitis C screening.

Sec. 6. Budget neutrality.

3 **SEC. 2. FINDINGS.**

4 Congress finds the following:

5 (1) Colorectal cancer is the second leading
6 cause of cancer death among men and women com-
7 bined in the United States.

8 (2) In 2015, more than 130,000 Americans will
9 be diagnosed with colorectal cancer, and nearly
10 50,000 Americans are expected to die from it.

11 (3) Approximately 60 percent of colorectal can-
12 cer cases and 70 percent of colorectal cancer deaths
13 occur in those aged 65 and older.

14 (4) Colorectal cancer screening colonoscopies
15 allow for the detection and removal of polyps before
16 they progress to colorectal cancer, as well as early
17 detection of colorectal cancer when treatment can be
18 most effective.

1 (5) According to a 2012 study published in the
2 New England Journal of Medicine, removing
3 precancerous polyps through colonoscopy could re-
4 duce the number of colorectal cancer deaths by 53
5 percent.

6 (6) Although colorectal cancer is highly prevent-
7 able with appropriate screening, one in three adults
8 between the ages of 50 and 75 years are not up to
9 date with recommended colorectal cancer screening.

10 (7) Over 200 organizations have committed to
11 eliminating colorectal cancer as a major health prob-
12 lem in the United States and are working toward a
13 shared goal of screening 80 percent of eligible Amer-
14 icans by 2018.

15 (8) Hepatitis C is a liver disease that causes in-
16 flammation of the liver and results from infection
17 with the Hepatitis C virus. Chronic Hepatitis C in-
18 fection can lead to serious health problems, including
19 liver damage, cirrhosis, and liver cancer. It is the
20 leading cause of liver transplants in the United
21 States.

22 (9) According to the Centers for Disease Con-
23 trol and Prevention (CDC), more than 75 percent of
24 adults infected with the Hepatitis C virus in the
25 United States were born between 1945 and 1965.

1 (10) The CDC estimates that up to 75 percent
2 of individuals with Hepatitis C do not know that
3 they are infected.

4 (11) The CDC and the United States Preven-
5 tive Services Task Force (USPSTF) recommend a
6 one-time screening for Hepatitis C for all individuals
7 born between 1945 and 1965.

8 (12) A recent study suggests that offering Hep-
9 atitis C screening to patients in connection with
10 screening colonoscopies may be an effective means of
11 increasing Hepatitis C screening rates among indi-
12 viduals born between 1945 and 1965.

13 **SEC. 3. MAINTAINING CALENDAR YEAR 2015 MEDICARE RE-**
14 **IMBURSEMENT RATES FOR COLONOSCOPY**
15 **PROCEDURES FOR PROVIDERS PARTICI-**
16 **PATING IN COLORECTAL CANCER SCREEN-**
17 **ING QUALITY IMPROVEMENT REGISTRY.**

18 Section 1834(d)(3) of the Social Security Act (42
19 U.S.C. 1395m(d)(3)) is amended by adding at the end the
20 following new subparagraph:

21 “(F) MAINTAINING CALENDAR YEAR 2015
22 REIMBURSEMENT RATES FOR QUALIFYING CAN-
23 CER SCREENING TESTS FURNISHED BY QUALI-
24 FYING PROVIDERS.—

1 provement registry with respect
2 to such test; and

3 “(bb) demonstrates, to the
4 satisfaction of the Secretary,
5 based on the information in such
6 registry, that the tests were pro-
7 vided by such individual or entity
8 in accordance with accepted out-
9 comes-based quality measures.”.

10 **SEC. 4. ELIMINATING MEDICARE BENEFICIARY COST-SHAR-**
11 **ING FOR CERTAIN COLORECTAL CANCER**
12 **SCREENINGS, COLORECTAL CANCER**
13 **SCREENINGS WITH THERAPEUTIC EFFECT,**
14 **AND FOLLOW-UP DIAGNOSTIC COLORECTAL**
15 **CANCER SCREENINGS COVERED UNDER**
16 **MEDICARE.**

17 (a) **WAIVER OF COST-SHARING.**—Section
18 1833(a)(1)(Y) of the Social Security Act (42 U.S.C.
19 1395l(a)(1)(Y)) is amended by inserting “, including
20 colorectal cancer screening tests covered under this part
21 described in section 1861(pp)(1)(C) (regardless of the
22 code that is billed for the establishment of a diagnosis as
23 a result of the screening test, for the removal of tissue
24 or other matter during the screening test, or for a follow-
25 up procedure that is furnished in connection with, or as

1 a result of, the initial screening test)” after “or popu-
2 lation”.

3 (b) WAIVER OF APPLICATION OF DEDUCTIBLE.—
4 Section 1833(b) of the Social Security Act (42 U.S.C.
5 1395l(b)) is amended—

6 (1) in paragraph (1) of the first sentence, by
7 striking “individual.” and inserting “individual, in-
8 cluding colorectal cancer screening tests covered
9 under this part described in section
10 1861(pp)(1)(C)”;

11 (2) by striking the last sentence and inserting
12 the following: “Subsection (a)(1)(Y) and paragraph
13 (1) of the first sentence of this subsection shall
14 apply with respect to a colorectal cancer screening
15 test covered under this part described in section
16 1861(pp)(1)(C), regardless of the code that is billed
17 for the establishment of a diagnosis as a result of
18 the screening test, for the removal of tissue or other
19 matter during the screening test, or for a follow-up
20 procedure that is furnished in connection with, or as
21 a result of, the initial screening test.”

22 (c) EFFECTIVE DATE.—The amendments made by
23 this section shall apply to tests and procedures performed
24 on or after January 1, 2016.

1 **SEC. 5. MEDICARE DEMONSTRATION PROJECT TO EVALU-**
2 **ATE THE EFFECTIVENESS OF A PRE-OPERA-**
3 **TIVE VISIT PRIOR TO SCREENING**
4 **COLONOSCOPY AND HEPATITIS C SCREEN-**
5 **ING.**

6 Section 1115A(b)(2) of the Social Security Act (42
7 U.S.C. 1315a(b)(2)) is amended—

8 (1) in the last sentence of subparagraph (A), by
9 inserting “, and shall include the model described in
10 subparagraph (D)” before the period at the end; and

11 (2) by adding at the end the following new sub-
12 paragraph:

13 “(D) MEDICARE DEMONSTRATION
14 PROJECT TO EVALUATE THE EFFECTIVENESS
15 OF A PRE-OPERATIVE VISIT PRIOR TO SCREEN-
16 ING COLONOSCOPY AND HEPATITIS C SCREEN-
17 ING.—

18 “(i) IN GENERAL.—The model de-
19 scribed in this subparagraph is a dem-
20 onstration project under title XVIII to
21 evaluate the effectiveness of a pre-operative
22 visit with the provider performing the pro-
23 cedure prior to screening colonoscopy to—

24 “(I) ease any patient concern or
25 fears with respect to the procedure

1 and answer any questions relating to
2 the screening;

3 “(II) ensure quality examinations
4 and avoid unnecessary repeat exami-
5 nations by educating individuals on
6 the importance of following pre-proce-
7 dure instructions, such as bowel prep-
8 aration, and addressing the individ-
9 ual’s family history of or predisposi-
10 tion to colorectal cancer; and

11 “(III) increase Hepatitis C Virus
12 (HCV) screening rates among Medi-
13 care beneficiaries by educating indi-
14 viduals about the importance of such
15 screening during the pre-operative
16 visit and having the pre-operative visit
17 fulfill the referral requirement for
18 such screening under title XVIII, al-
19 lowing patients to be screened for
20 colorectal cancer and HCV at the
21 same time.

22 “(ii) CONSULTATION.—The Secretary
23 shall consult with stakeholders who would
24 be providing the pre-operative visit under
25 the model described in this subparagraph

1 on the implementation of such model, in-
2 cluding payment for services furnished
3 under the model.”.

4 **SEC. 6. BUDGET NEUTRALITY.**

5 (a) ADJUSTMENT OF PHYSICIAN FEE SCHEDULE
6 CONVERSION FACTOR.—The Secretary of Health and
7 Human Services (in this section referred to as the “Sec-
8 retary”) shall reduce the conversion factor established
9 under subsection (d) of section 1848 of the Social Security
10 Act (42 U.S.C. 1395w–4) for each year (beginning with
11 2016) to the extent necessary to reduce expenditures
12 under such section for items and services furnished during
13 the year in the aggregate by the net offset amount deter-
14 mined under subsection (c)(5) attributable to such section
15 for the year.

16 (b) ADJUSTMENT OF HOPD CONVERSION FAC-
17 TOR.—The Secretary shall reduce the conversion factor es-
18 tablished under paragraph (3)(C) of section 1833(t) of the
19 Social Security Act (42 U.S.C. 1395l(t)) for each year (be-
20 ginning with 2016) to the extent necessary to reduce ex-
21 penditures under such section for items and services fur-
22 nished during the year in the aggregate by the net offset
23 amount determined under subsection (c)(5) attributable to
24 such section for the year.

1 (c) DETERMINATIONS RELATING TO EXPENDI-
2 TURES.—For purposes of this section, before the begin-
3 ning of each year (beginning with 2016) at the time con-
4 version factors described in subsections (a) and (b) are
5 established for the year, the Secretary shall determine—

6 (1) the amount of the gross additional expendi-
7 tures under title XVIII of the Social Security Act
8 (42 U.S.C. 1395 et seq.) estimated to result from
9 the implementation of sections 3 and 4 for items
10 and services furnished during the year;

11 (2) the amount of any offsetting reductions in
12 expenditures under such title (such as reductions in
13 payments for inpatient hospital services) for such
14 year attributable to the implementation of such sec-
15 tions;

16 (3) the amount (if any) by which the amount
17 of the gross additional expenditures determined
18 under paragraph (1) for the year exceeds the
19 amount of offsetting reductions determined under
20 paragraph (2) for the year;

21 (4) of the gross additional expenditures deter-
22 mined under paragraph (1) for the year that are at-
23 tributable to expenditures under sections 1848 and
24 1833(t) of such Act, the ratio of such expenditures
25 that are attributable to each respective section; and

1 (5) with respect to section 1848 and section
2 1833(t) of such Act, a net offset amount for the
3 year equal to the product of—

4 (A) the amount of the net additional ex-
5 penditures for the year determined under para-
6 graph (3); and

7 (B) the ratio determined under paragraph
8 (4) attributable to the respective section.