

**SUSPEND THE RULES AND PASS THE BILL H.R.
6331, WITH AN AMENDMENT**

Strike all after the enacting clause and insert the following:

1 SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

2 (a) SHORT TITLE.—This Act may be cited as the
3 “Medicare Improvements for Patients and Providers Act
4 of 2008”.

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

Sec. 1. Short title; table of contents.

TITLE I—MEDICARE

Subtitle A—Beneficiary Improvements

PART I—PREVENTION, MENTAL HEALTH, AND MARKETING

- Sec. 101. Improvements to coverage of preventive services.
- Sec. 102. Elimination of discriminatory copayment rates for Medicare out-patient psychiatric services.
- Sec. 103. Prohibitions and limitations on certain sales and marketing activities under Medicare Advantage plans and prescription drug plans.
- Sec. 104. Improvements to the Medigap program.

PART II—LOW-INCOME PROGRAMS

- Sec. 111. Extension of qualifying individual (QI) program.
- Sec. 112. Application of full LIS subsidy assets test under Medicare Savings Program.
- Sec. 113. Eliminating barriers to enrollment.
- Sec. 114. Elimination of Medicare part D late enrollment penalties paid by subsidy eligible individuals.
- Sec. 115. Eliminating application of estate recovery.
- Sec. 116. Exemptions from income and resources for determination of eligibility for low-income subsidy.

- Sec. 117. Judicial review of decisions of the Commissioner of Social Security under the Medicare part D low-income subsidy program.
- Sec. 118. Translation of model form.
- Sec. 119. Medicare enrollment assistance.

Subtitle B—Provisions Relating to Part A

- Sec. 121. Expansion and extension of the Medicare Rural Hospital Flexibility Program.
- Sec. 122. Rebasing for sole community hospitals.
- Sec. 123. Demonstration project on community health integration models in certain rural counties.
- Sec. 124. Extension of the reclassification of certain hospitals.
- Sec. 125. Revocation of unique deeming authority of the Joint Commission.

Subtitle C—Provisions Relating to Part B

PART I—PHYSICIANS' SERVICES

- Sec. 131. Physician payment, efficiency, and quality improvements.
- Sec. 132. Incentives for electronic prescribing.
- Sec. 133. Expanding access to primary care services.
- Sec. 134. Extension of floor on Medicare work geographic adjustment under the Medicare physician fee schedule.
- Sec. 135. Imaging provisions.
- Sec. 136. Extension of treatment of certain physician pathology services under Medicare.
- Sec. 137. Accommodation of physicians ordered to active duty in the Armed Services.
- Sec. 138. Adjustment for Medicare mental health services.
- Sec. 139. Improvements for Medicare anesthesia teaching programs.

PART II—OTHER PAYMENT AND COVERAGE IMPROVEMENTS

- Sec. 141. Extension of exceptions process for Medicare therapy caps.
- Sec. 142. Extension of payment rule for brachytherapy and therapeutic radiopharmaceuticals.
- Sec. 143. Speech-language pathology services.
- Sec. 144. Payment and coverage improvements for patients with chronic obstructive pulmonary disease and other conditions.
- Sec. 145. Clinical laboratory tests.
- Sec. 146. Improved access to ambulance services.
- Sec. 147. Extension and expansion of the Medicare hold harmless provision under the prospective payment system for hospital outpatient department (HOPD) services for certain hospitals.
- Sec. 148. Clarification of payment for clinical laboratory tests furnished by critical access hospitals.
- Sec. 149. Adding certain entities as originating sites for payment of telehealth services.
- Sec. 150. MedPAC study and report on improving chronic care demonstration programs.
- Sec. 151. Increase of FQHC payment limits.
- Sec. 152. Kidney disease education and awareness provisions.
- Sec. 153. Renal dialysis provisions.
- Sec. 154. Delay in and reform of Medicare DMEPOS competitive acquisition program.

1 this subparagraph includes 1 or more pro-
2 posals that utilize regional approaches,
3 networks, health information technology,
4 telehealth, or telemedicine to deliver serv-
5 ices described in subparagraph (A) to indi-
6 viduals described in that subparagraph.

7 For purposes of this clause, a network
8 may, as the Secretary determines appro-
9 priate, include Federally qualified health
10 centers (as defined in section 1861(aa)(4)),
11 rural health clinics (as defined in section
12 1861(aa)(2)), home health agencies (as de-
13 fined in section 1861(o)), community men-
14 tal health centers (as defined in section
15 1861(ff)(3)(B)) and other providers of
16 mental health services, pharmacists, local
17 government, and other providers deemed
18 necessary to meet the needs of veterans.

19 “(iii) COORDINATION AT LOCAL
20 LEVEL.—The Secretary shall require, as
21 appropriate, a State to demonstrate con-
22 sultation with the hospital association of
23 such State, rural hospitals located in such
24 State, providers of mental health services,
25 or other appropriate stakeholders for the

1 (b) EFFECTIVE DATE.—The amendments made by
2 subsection (a) shall apply to services furnished on or after
3 July 1, 2009.

4 **SEC. 149. ADDING CERTAIN ENTITIES AS ORIGINATING**
5 **SITES FOR PAYMENT OF TELEHEALTH SERV-**
6 **ICES.**

7 (a) IN GENERAL.—Section 1834(m)(4)(C)(ii) of the
8 Social Security Act (42 U.S.C. 1395m(m)(4)(C)(ii)) is
9 amended by adding at the end the following new sub-
10 clauses:

11 “(VI) A hospital-based or critical
12 access hospital-based renal dialysis
13 center (including satellites).”

14 “(VII) A skilled nursing facility
15 (as defined in section 1819(a)).”

16 “(VIII) A community mental
17 health center (as defined in section
18 1861(ff)(3)(B)).”

19 (b) CONFORMING AMENDMENT.—Section
20 1888(e)(2)(A)(ii) of the Social Security Act (42 U.S.C.
21 1395yy(e)(2)(A)(ii)) is amended by inserting “telehealth
22 services furnished under section 1834(m)(4)(C)(ii)(VII),”
23 after “section 1861(s)(2),”.

1 (c) EFFECTIVE DATE.—The amendments made by
2 this section shall apply to services furnished on or after
3 January 1, 2009.

4 **SEC. 150. MEDPAC STUDY AND REPORT ON IMPROVING**
5 **CHRONIC CARE DEMONSTRATION PRO-**
6 **GRAMS.**

7 (a) STUDY.—The Medicare Payment Advisory Com-
8 mission (in this section referred to as the “Commission”)
9 shall conduct a study on the feasibility and advisability
10 of establishing a Medicare Chronic Care Practice Research
11 Network that would serve as a standing network of pro-
12 viders testing new models of care coordination and other
13 care approaches for chronically ill beneficiaries, including
14 the initiation, operation, evaluation, and, if appropriate,
15 expansion of such models to the broader Medicare patient
16 population. In conducting such study, the Commission
17 shall take into account the structure, implementation, and
18 results of prior and existing care coordination and disease
19 management demonstrations and pilots, including the
20 Medicare Coordinated Care Demonstration Project under
21 section 4016 of the Balanced Budget Act of 1997 (42
22 U.S.C. 1395b–1 note) and the chronic care improvement
23 programs under section 1807 of the Social Security Act
24 (42 U.S.C. 1395b–8), commonly known to as “Medicare
25 Health Support”.