

**SEC. 144. PAYMENT AND COVERAGE IMPROVEMENTS FOR PATIENTS WITH CHRONIC OBSTRUCTIVE PULMONARY DISEASE AND OTHER CONDITIONS.**

**(a) COVERAGE OF PULMONARY AND CARDIAC REHABILITATION.—**

**(1) IN GENERAL.—**Section 1861 of the Social Security Act (42 U.S.C. 1395x), as amended by section 101(a), is amended—

**(A)** in subsection (s)(2)—

**(i)** in subparagraph (AA), by striking “and” at the end;

**(ii)** by adding at the end the following new subparagraphs:

“(CC) items and services furnished under a cardiac rehabilitation program (as defined in subsection (eee)(1)) or under a pulmonary rehabilitation program (as defined in subsection (fff)(1)); and

“(DD) items and services furnished under an intensive cardiac rehabilitation program (as defined in subsection (eee)(4));”;

**(B)** by adding at the end the following new subsections:

“Cardiac Rehabilitation Program; Intensive Cardiac Rehabilitation Program

“(eee)(1) The term ‘cardiac rehabilitation program’ means a physician-supervised program (as described in paragraph (2)) that furnishes the items and services described in paragraph (3).

“(2) A program described in this paragraph is a program under which—

“(A) items and services under the program are delivered—

“(i) in a physician’s office;

“(ii) in a hospital on an outpatient basis; or

“(iii) in other settings determined appropriate by the Secretary.

“(B) a physician is immediately available and accessible for medical consultation and medical emergencies at all times items and services are being furnished under the program, except that, in the case of items and services furnished under such a program in a hospital, such availability shall be presumed; and

“(C) individualized treatment is furnished under a written plan established, reviewed, and signed by a physician every 30 days that describes—

“(i) the individual’s diagnosis;

“(ii) the type, amount, frequency, and duration of the items and services furnished under the plan; and

“(iii) the goals set for the individual under the plan.

“(3) The items and services described in this paragraph are—

“(A) physician-prescribed exercise;

“(B) cardiac risk factor modification, including education, counseling, and behavioral intervention (to the extent such education, counseling, and behavioral intervention is closely related to the individual’s care and treatment and is tailored to the individual’s needs);

“(C) psychosocial assessment;

“(D) outcomes assessment; and

“(E) such other items and services as the Secretary may determine, but only if such items and services are—

“(i) reasonable and necessary for the diagnosis or active treatment of the individual's condition;

“(ii) reasonably expected to improve or maintain the individual's condition and functional level; and

“(iii) furnished under such guidelines relating to the frequency and duration of such items and services as the Secretary shall establish, taking into account accepted norms of medical practice and the reasonable expectation of improvement of the individual.

“(4)(A) The term ‘intensive cardiac rehabilitation program’ means a physician-supervised program (as described in paragraph (2)) that furnishes the items and services described in paragraph (3) and has shown, in peer-reviewed published research, that it accomplished—

“(i) one or more of the following:

“(I) positively affected the progression of coronary heart disease; or

“(II) reduced the need for coronary bypass surgery;

or  
“(III) reduced the need for percutaneous coronary interventions; and

“(ii) a statistically significant reduction in 5 or more of the following measures from their level before receipt of cardiac rehabilitation services to their level after receipt of such services:

“(I) low density lipoprotein;

“(II) triglycerides;

“(III) body mass index;

“(IV) systolic blood pressure;

“(V) diastolic blood pressure; or

“(VI) the need for cholesterol, blood pressure, and diabetes medications.

“(B) To be eligible for an intensive cardiac rehabilitation program, an individual must have—

“(i) had an acute myocardial infarction within the preceding 12 months;

“(ii) had coronary bypass surgery;

“(iii) stable angina pectoris;

“(iv) had heart valve repair or replacement;

“(v) had percutaneous transluminal coronary angioplasty (PTCA) or coronary stenting; or

“(vi) had a heart or heart-lung transplant.

“(C) An intensive cardiac rehabilitation program may be provided in a series of 72 one-hour sessions (as defined in section 1848(b)(5)), up to 6 sessions per day, over a period of up to 18 weeks.

“(5) The Secretary shall establish standards to ensure that a physician with expertise in the management of individuals with cardiac pathophysiology who is licensed to practice medicine in the State in which a cardiac rehabilitation program (or the intensive cardiac rehabilitation program, as the case may be) is offered—

“(A) is responsible for such program; and

“(B) in consultation with appropriate staff, is involved substantially in directing the progress of individual in the program.

**“Pulmonary Rehabilitation Program**

“(ff)(1) The term ‘pulmonary rehabilitation program’ means a physician-supervised program (as described in subsection (ee)(2) with respect to a program under this subsection) that furnishes the items and services described in paragraph (2).

“(2) The items and services described in this paragraph are—

“(A) physician-prescribed exercise;

“(B) education or training (to the extent the education or training is closely and clearly related to the individual’s care and treatment and is tailored to such individual’s needs);

“(C) psychosocial assessment;

“(D) outcomes assessment; and

“(E) such other items and services as the Secretary may determine, but only if such items and services are—

“(i) reasonable and necessary for the diagnosis or active treatment of the individual’s condition;

“(ii) reasonably expected to improve or maintain the individual’s condition and functional level; and

“(iii) furnished under such guidelines relating to the frequency and duration of such items and services as the Secretary shall establish, taking into account accepted norms of medical practice and the reasonable expectation of improvement of the individual.

“(3) The Secretary shall establish standards to ensure that a physician with expertise in the management of individuals with respiratory pathophysiology who is licensed to practice medicine in the State in which a pulmonary rehabilitation program is offered—

“(A) is responsible for such program; and

“(B) in consultation with appropriate staff, is involved substantially in directing the progress of individual in the program.”.

**(2) PAYMENT FOR INTENSIVE CARDIAC REHABILITATION PROGRAMS.—**

**(A) INCLUSION IN PHYSICIAN FEE SCHEDULE.—**Section 1848(j)(3) of the Social Security Act (42 U.S.C. 1395w-4(j)(3)) is amended by inserting “(2)(DD),” after “(2)(AA),”.

**(B) CONFORMING AMENDMENT.—**Section 1848(b) of the Social Security Act (42 U.S.C. 1395w-4(b)) is amended by adding at the end the following new paragraph:

**“(5) TREATMENT OF INTENSIVE CARDIAC REHABILITATION PROGRAM.—**

**“(A) IN GENERAL.—**In the case of an intensive cardiac rehabilitation program described in section 1861(ee)(4), the Secretary shall substitute the Medicare OPD fee schedule amount established under the prospective payment system for hospital outpatient department service under paragraph (3)(D) of section 1833(t) for cardiac rehabilitation (under HCPCS codes 93797 and 93798 for calendar year 2007, or any succeeding HCPCS codes for cardiac rehabilitation).

**“(B) DEFINITION OF SESSION.—**Each of the services described in subparagraphs (A) through (E) of section 1861(ee)(3), when furnished for one hour, is a separate session of intensive cardiac rehabilitation.

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“(C) MULTIPLE SESSIONS PER DAY.—Payment may be made for up to 6 sessions per day of the series of 72 one-hour sessions of intensive cardiac rehabilitation services described in section 1861(eee)(4)(B).”

(3) EFFECTIVE DATE.—The amendments made by this subsection shall apply to items and services furnished on or after January 1, 2010.

(b) REPEAL OF TRANSFER OF OWNERSHIP OF OXYGEN EQUIPMENT.—

(1) IN GENERAL.—Section 1834(a)(5)(F) of the Social Security Act (42 U.S.C. 1395m(a)(5)(F)) is amended—

(A) in the heading, by striking “OWNERSHIP OF EQUIPMENT” and inserting “RENTAL CAP”; and

(B) by striking clause (ii) and inserting the following:

“(ii) PAYMENTS AND RULES AFTER RENTAL CAP.—After the 36th continuous month during which payment is made for the equipment under this paragraph—

“(I) the supplier furnishing such equipment under this subsection shall continue to furnish the equipment during any period of medical need for the remainder of the reasonable useful lifetime of the equipment, as determined by the Secretary;

“(II) payments for oxygen shall continue to be made in the amount recognized for oxygen under paragraph (9) for the period of medical need; and

“(III) maintenance and servicing payments shall, if the Secretary determines such payments are reasonable and necessary, be made (for parts and labor not covered by the supplier’s or manufacturer’s warranty, as determined by the Secretary to be appropriate for the equipment), and such payments shall be in an amount determined to be appropriate by the Secretary.”

(2) EFFECTIVE DATE.—The amendments made by paragraph (1) shall take effect on January 1, 2009.

SEC. 145. CLINICAL LABORATORY TESTS.

(a) REPEAL OF MEDICARE COMPETITIVE BIDDING DEMONSTRATION PROJECT FOR CLINICAL LABORATORY SERVICES.—

(1) IN GENERAL.—Section 1847 of the Social Security Act (42 U.S.C. 1395w-3) is amended by striking subsection (e).

(2) CONFORMING AMENDMENTS.—Section 1833(a)(1)(D) of the Social Security Act (42 U.S.C. 1395l(a)(1)(D)) is amended—

(A) by inserting “or” before “(ii)”; and

(B) by striking “or (iii) on the basis” and all that follows before the comma at the end.

(3) EFFECTIVE DATE.—The amendments made by this subsection shall take effect on the date of the enactment of this Act.

(b) CLINICAL LABORATORY TEST FEE SCHEDULE UPDATE ADJUSTMENT.—Section 1833(h)(2)(A)(i) of the Social Security Act (42 U.S.C. 1395l(h)(2)(A)(i)) is amended by inserting “minus, for each of the years 2009 through 2013, 0.5 percentage points” after “city average”.