Medicare Technology Access, Rx Drug Debates Move Forward

Recent progress in the debate over an outpatient prescription drug benefit is raising awareness of the need to simultaneously improve Medicare beneficiary access to advanced medical technologies. Currently, Medicare patients must wait four-and-a-half years or more to gain access to innovative treatments that can save and improve their lives.

**Medicare beneficiaries deserve access to both prescription drugs and advanced medical technology.**

- In a May 15 speech in California, Gov. George Bush underscored the link between providing access to outpatient drugs and addressing the significant delays in access to medical technology.

- “Seniors on Medicare should have access to the latest medical technology,” Bush said. At the same time, “Medicare must offer comprehensive coverage for low-income seniors, including prescription drugs.”

- Vice President Gore’s campaign materials also highlight the need for access both to advanced technology and outpatient prescription drugs. “At the dawn of the 21st century, we are living in an age when medicine and technology are making it possible for American’s to live longer, healthier lives,” his materials state. In his proposal for improving health care quality, a section entitled “Encouraging and Applying New Technologies to Save Lives” calls for expanded access to clinical trials for Medicare beneficiaries with cancer.

**Bipartisan legislation introduced May 10 will ensure timely Medicare patient access to needed technologies.**

- Bush’s call for improved Medicare beneficiary access to medical technology came five days after bipartisan legislation was introduced in the House to address the issue.


**Common-sense reforms must be made to Medicare’s coverage, coding and payment procedures for new technologies.**

- The Medicare Patient Access to Technology Act calls for simple changes to eliminate delays at each stage of Medicare’s process for making new technologies available to beneficiaries.

- **Eliminating coverage delays:** To eliminate the often lengthy delays in Medicare coverage decisions, H.R. 4395 would streamline the Medicare advisory committee review process and require Medicare to issue annual reports on the timeliness of its decisions.
- **Eliminating coding delays**: Patients face an added barrier as a result of Medicare delays of 15-24 months in issuing the procedure codes that health care providers need for new technologies. The Ramstad/Thurman bill would take several steps to reduce these delays, including requiring HCFA to issue temporary codes at the time of FDA review and update codes on a quarterly basis.

- **Keeping Medicare payment current with technology**: To keep Medicare payment systems current with advances in medical technology, HR 4395 calls for annual payment updates, improved use of internal Medicare data, broader use of external data, and annual reports on inpatient technology access.

- **Removing access barriers to diagnostic tests**: Medicare problems unique to diagnostics tests often create serious patient access barriers for these products. HR 4395 requires Medicare to set clear, open procedures for coding and payment decisions for these products, establish formal methods for setting reimbursement rates and create an appeals mechanism.

**QUOTE OF THE WEEK**

“We want [Medicare beneficiaries] to have the best technology that is available to them.”


**RELATED LINKS**

- [Gov. Bush’s proposals](#) to improve Medicare beneficiary access to technology and other health care recommendations.

- [Vice President Gore’s proposals](#) to improve Medicare beneficiary access to technology and other health care recommendations.

- [Details and more photos of patient and physician testimony](#) at May 10 press conference

- Legislative text of the [Medicare Patient Access to Technology Act of 2000](#)

- [HIMA recommendations](#) for improving Medicare patient access to innovative technologies.