

117TH CONGRESS  
2D SESSION

# H. R. 8344

To amend title XVIII of the Social Security Act to provide for additional requirements with respect to electrodiagnostic services under the Medicare program.

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## IN THE HOUSE OF REPRESENTATIVES

JULY 13, 2022

Mr. SESSIONS 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 provide for additional requirements with respect to electrodiagnostic services 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 “Electrodiagnostic Med-  
5 icine Patient Protection and Fraud Elimination Act of  
6 2022”.

1   **SEC.       2.       ADDITIONAL       REQUIREMENTS       FOR**  
2                   **ELECTRODIAGNOSTIC SERVICES.**

3       Section 1834 of the Social Security Act (42 U.S.C.  
4   1395m) is amended by adding at the end the following  
5   new subsection:

6       “(z) PAYMENT FOR ELECTRODIAGNOSTIC SERV-  
7   ICES.—

8           “(1) IN GENERAL.—No payment may be made  
9       under this part for electrodiagnostic services de-  
10      scribed in paragraph (2) furnished on or after a date  
11      determined appropriate by the Secretary that is not  
12      earlier than 3 years after the date of the enactment  
13      of this subsection and not later than 4 years after  
14      such date of enactment that are not furnished at a  
15      qualified facility.

16       “(2) ELECTRODIAGNOSTIC SERVICES.—The  
17      services described in this paragraph are the fol-  
18      lowing:

19           “(A) Nerve conduction studies.

20           “(B) Needle electromyography tests.

21       “(3) QUALIFIED FACILITY.—In this subsection,  
22      the term ‘qualified facility’ means a facility accred-  
23      ited by an organization specified by the Secretary  
24      pursuant to paragraph (4).

25       “(4) ACCREDITATION ORGANIZATIONS.—

1           “(A) IN GENERAL.—Not later than 2 years  
2           after the date of the enactment of this sub-  
3           section, the Secretary shall specify one or more  
4           accrediting organizations, in consultation with  
5           the advisory committee described in paragraph  
6           (5), for purposes determining whether a facility  
7           is a qualified facility. The Secretary may speci-  
8           fy an organization pursuant to the preceding  
9           sentence only if such organization requires, as  
10          a condition of accreditation of a facility by such  
11          organization, that such facility meet the re-  
12          quirements described in subparagraph (B).

13          “(B) FACILITY REQUIREMENTS.—The re-  
14          quirements described in this subparagraph are,  
15          with respect to a facility and electrodiagnostic  
16          services furnished at such facility, the following:

17               “(i) The facility establishes and main-  
18               tains a quality assurance and control pro-  
19               gram to ensure the reliability, safety, and  
20               accuracy of such service.

21               “(ii) The facility ensures that such  
22               service is conducted using a device capable  
23               of performing both nerve conduction stud-  
24               ies that record amplitude and latency and

1 needle electromyography tests capable of  
2 real-time waveform display and analysis.

3 “(iii) In the case that such service is  
4 a needle electromyography test, the facility  
5 ensures that the individual furnishing such  
6 test has completed not less than three  
7 months of training in performing and in-  
8 terpreting electrodiagnostic studies during  
9 a residency or fellowship program accred-  
10 ited by the Accreditation Council for Grad-  
11 uate Medical Education or the Royal Col-  
12 lege of Physicians and Surgeons of Can-  
13 ada, or by an individual described in sec-  
14 tion 410.32(b)(2)(iv) of title 42, Code of  
15 Federal Regulations (or a successor regula-  
16 tion).

17 “(iv) The facility ensures that the re-  
18 sults are interpreted on-site and at the  
19 time of the procedure—

20 “(I) in the case of a needle  
21 electromyography test, by the indi-  
22 vidual who performed such test; and

23 “(II) in the case of a nerve con-  
24 duction study, by the individual who  
25 performed or supervised such study.

1 “(v) Any other requirement deter-  
2 mined appropriate by the Secretary.

3 “(C) REGULATIONS.—Not later than 1  
4 year after the date of the enactment of this  
5 subsection, the Secretary shall finalize regula-  
6 tions that outline—

7 “(i) the process by which an accred-  
8 iting organization may be specified under  
9 subparagraph (A);

10 “(ii) the duration and the minimum  
11 time period between reviews for reaccredi-  
12 tation an organization so specified must  
13 provide for with respect to an accreditation  
14 of a facility made by such organization;

15 “(iii) the process by which the Sec-  
16 retary may withdraw approval of an ac-  
17 crediting organization so specified if the  
18 Secretary determines that such organiza-  
19 tion no longer requires, as a condition of  
20 accreditation of a facility by such organiza-  
21 tion, that such facility meet the require-  
22 ments described in subparagraph (B); and

23 “(iv) the effect such a withdrawal will  
24 have on facilities accredited by such orga-  
25 nization as of the date of such withdrawal.

1 “(5) ADVISORY COMMITTEE.—

2 “(A) IN GENERAL.—Not later than 2 years  
3 after the date of the enactment of this sub-  
4 section, the Secretary shall establish an advi-  
5 sory committee to be known as the ‘National  
6 Electrodiagnostic Services Advisory Committee’  
7 (in this subsection referred to as the ‘com-  
8 mittee’) for purposes of carrying out the duties  
9 specified in subparagraph (B).

10 “(B) DUTIES.—The duties of the com-  
11 mittee are the following:

12 “(i) To provide to the Secretary rec-  
13 ommendations with respect to require-  
14 ments that may be determined appropriate  
15 by the Secretary pursuant to paragraph  
16 (4)(B)(v), including any proposed additions  
17 to such requirements or modifications of  
18 such requirements. In developing such rec-  
19 ommendations, the committee shall  
20 prioritize—

21 “(I) reducing unnecessary treat-  
22 ments and surgeries;

23 “(II) decreasing the need for re-  
24 testing of individuals;

1 “(III) enhancing the reliability of  
2 diagnoses and promoting positive  
3 health outcomes for individuals;

4 “(IV) addressing emerging waste,  
5 fraud, and abuse schemes; and

6 “(V) otherwise improving the  
7 quality of care for individuals.

8 “(ii) To provide to the Secretary rec-  
9 ommendations regarding the regulations  
10 described in paragraph (4)(C).

11 “(iii) To provide to the Secretary rec-  
12 ommendations with respect to whether ac-  
13 crediting organizations seeking to be speci-  
14 fied pursuant to paragraph (4)(A) should  
15 be so specified.

16 “(C) COMPOSITION.—The committee shall  
17 be composed of not fewer than 9 and not more  
18 than 11 individuals selected by the Secretary.  
19 Such individuals shall not be officers or employ-  
20 ees of the Federal Government and shall in-  
21 clude—

22 “(i) physicians;

23 “(ii) other health care practitioners;

24 “(iii) at least one patient representing  
25 an affected community; and

1                   “(iv) other individuals determined ap-  
2                   propriate by the Secretary.

3                   “(D) MEETINGS.—The committee shall  
4                   convene not less than twice each year.”.

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