The CHAIRMAN pro tempore. The Committee will rise informally.

The SPEAKER pro tempore (Mr. VITTER) assumed the Chair.

MESSAGE FROM THE PRESIDENT

A message in writing from the President of the United States was communicated to the House by Ms. McDevett, one of his secretaries.

The SPEAKER pro tempore. The Committee will resume its sitting.

FLOYD D. SPENCE NATIONAL DEFENSE AUTHORIZATION ACT FOR FISCAL YEAR 2001

The Committee resumed its sitting.

The CHAIRMAN pro tempore (Mr. GUTKNECHT). It is now in order to consider amendment No. 13 printed in House Report 106–621.

AMENDMENT NO. 13 OFFERED BY MR. STEARNS

Mr. STEARNS. Mr. Chairman, I offer an amendment.

The CHAIRMAN pro tempore. The Clerk will designate the amendment.

The text of the amendment is as follows:

Amendment No. 13 offered by Mr. STEARNS:

At the end of title VII (page 247, after line 9), insert the following new section:

SEC. 7___. STUDY ON COMPARABILITY OF COVERAGE FOR PHYSICAL, SPEECH, AND OCCUPATIONAL THERAPIES.

(a) STUDY REQUIRED.—The Secretary of Defense shall conduct a study comparing coverage and reimbursement for covered beneficiaries under chapter 55 of title 10, United States Code, for physical, speech, and occupational therapies under the TRICARE program and the Civilian Health and Medical Program of the Uniformed Services to coverage and reimbursement for such therapies by insurers under medicare and the Federal Employees Health Benefits Program. The study shall examine the following:

(1) Types of services covered.

(2) Whether prior authorization is required to receive such services.

(3) Reimbursement limits for services covered.

(4) Whether services are covered on both an inpatient and outpatient basis.

(b) REPORT.—Not later than March 31, 2001, the Secretary shall submit a report on the findings of the study conducted under this section to the Committees on Armed Services of the Senate and the House of Representatives.

The CHAIRMAN pro tempore. Pursuant to House Resolution 503, the gentleman from Florida (Mr. STEARNS) and a Member opposed will each control 5 minutes.

The Chair recognizes the gentleman from Florida (Mr. STEARNS).

Mr. STEARNS. Mr. Chairman, I yield myself such time as I may consume.

Mr. Chairman, every now and then in a debate we need an amendment that everybody agrees on and everybody is happy about, and this is just such an amendment. And I think it is appropriate that we have this one after our previous debate. In addition, this amendment has been worked out with the Committee on Armed Services.

The purpose of my amendment is to request that the Secretary of Defense conduct a study comparing the coverage and reimbursement for physical, speech, and occupational therapies for covered beneficiaries under the TRICARE program to coverage and reimbursement for such same therapies under Medicare and the Federal Employee Health Benefits Program. So we are comparing what is provided under TRICARE with what is provided under Medicare and the Federal Employee Health Benefits Program.

This study examines the following: The type of services covered; whether prior authorization is required to receive such services; reimbursement limits for services covered; and, fourthly, whether services are covered on both an inpatient and outpatient basis.

Mr. SKELTON. Mr. Chairman, will the gentleman yield?

Mr. STEARNS. I yield to the gentleman from Missouri.

Mr. SKELTON. Mr. Chairman, we see nothing wrong with the gentleman's amendment. As far as we are concerned, we accept it.

Mr. STEARNS. Reclaiming my time, Mr. Chairman, I thank the gentleman. I will just finish my presentation for the good of the House, and I thank the chairman for his kind acceptance.

The Secretary shall submit a report on the findings of the study conducted to the House and Senate Committees on Armed Services no later than March 31, 2001. So, Mr. Chairman, I offer this amendment because it has been brought to my attention that acceptance of TRICARE patients presents a variety of problems, business concerns, to rehab providers. Because of these concerns, rehab practices are reluctant to accept TRICARE patients, and that is wrong.

For example, most patients with a diagnosis of a stroke, for example, require two and sometimes three rehab disciplines, depending upon the severity of the stroke. Therefore, the stroke patient may require physical and occupational therapy and possibly speech therapy, if the speech centers of the brain are involved. The concern here is that only the physical therapy services are covered as reimbursable service without prior written authorization, while speech therapy services require prior written authorization.

Confusing? That is what this study will determine, the proper way to go.

Occupational therapy would not be covered, as it can only be covered in an institutional facility. In most cases this creates a significant inconvenience for patients who now must receive their physical and speech therapy in one facility and have to travel to a separate institutional facility for occupational therapy services.

Another good example, Mr. Chairman, concerns patients who are referred with a diagnosis of, let us say, a head trauma or upper extremity trauma. They would have similar rehab needs as stroke patients and, most likely, experience similar inconveniences.

Providers are also concerned about the potential for interpretation of fraud by utilizing a physical therapy assistant in the treatment of TRICARE patients. That should not occur. In hospitals, skilled nursing facilities, and outpatient rehab facilities it is common for the therapy staff to be comprised of physical therapists and physical therapy assistants. When the rehab staffing is compromised due to sickness, educational leave, vacation, et cetera, the rehab provider is limited to the staff who can treat TRICARE patients. These TRICARE patient appointments may need be canceled and the therapy interrupted due to the compromised staffing pattern.

This situation does not occur in treating traditional Medicare patients. Neither does it occur with Federal Employee Health Benefits. The requirement for utilizing only registered physical therapists serves to create a more expensive model in which to deliver rehab services.

In Florida, for example, physical therapy assistants, by their practice, can perform all of the therapy services rendered by a registered physical therapist, with the exception of performing a patient evaluation, changing a patient's plan of care or treatment, or discharging a patient. The risks associated with a TRICARE patient accidentally being treated by a physical therapy assistant presents a significant concern to all these rehab providers.

So, Mr. Chairman, I think this study will try to determine how these problems can be resolved. My district has many active duty and retired military and their dependents who rely on this program for their health care. By having DOD conduct such a study, we would be provided with the necessary information to make a fair assessment about coverage of the rehab therapies by TRICARE. I urge my colleagues to support this amendment.

Mr. Chairman, I yield back the balance of my time.

The CHAIRMAN pro tempore. Does any Member claim time in opposition to the amendment?

The CHAIRMAN pro tempore. The question is on the amendment offered by the gentleman from Florida (Mr. STEARNS).

The question was taken; and the Chairman pro tempore announced that the ayes appeared to have it.

Mr. STEARNS. Mr. Chairman, I demand a recorded vote.

The CHAIRMAN pro tempore. Pursuant to House Resolution 503, further proceedings on the amendment offered by the gentleman from Florida (Mr. STEARNS) will be postponed.

AMENDMENTS EN BLOC, AS MODIFIED, OFFERED BY MR. SPENCE

Mr. SPENCE. Mr. Chairman, pursuant to section 3 of House Resolution 503, I offer en bloc amendments consisting of the following amendments, printed in House Report 106–621: Amendment No. 5, as modified; amendments 6, 7, 8 and 9; amendment No. 11,