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The Screening Abdominal Aortic Aneurysms Very Efficiently (SAAAVE) Act passed the full (US) Senate as a last minute amendment to the Finance Committee's budget reconciliation package in November 2005, but was not included in the House package because Medicare was not addressed. A conference committee met in December 2005 to compromise the differences. The committee decided to include the SAAAVE Act in its version, which was sent back to both chambers for a vote. The (US) House passed the bill on December 19, 2005 followed by the Senate on December 2, 2005. However, the Senate made three changes that the House had to agree to before the bill was enacted. The House passed the bill with the changes on February 1, 2006 and US President George W. Bush signed the bill into law on February 8, 2006.

Specifically, the law provides for a one-time AAA screening as part of the Welcome to Medicare Physical Exam for male-ever smokers (United States Preventive Services Task Force recommendation) and men and women with a family history of AAA. The Centers for Medicare and Medicaid Services (CMS) Final Rule on this benefit was released on November 1, 2006, with CMS highlighting AAA screening in a press release on the rule. The effective date for the screening was January 1, 2007.

AAA screening was the only new preventive benefit included in budget reconciliation and was estimated to cost \$200 million over five years by the Congressional Budget Office (CBO). The legislation was supported by the National Aneurysm Alliance (NAA), a coalition of medical professional organizations, foundations, patient advocates and medical technology manufacturers dedicated to reducing the number of Americans who die needlessly from ruptured aortic aneurysms. SVS leads this coalition.

As of June 2010, at-risk Medicare beneficiaries must obtain a referral for AAA screenings during their Welcome to Medicare Physical Exam and must be screened during their first year of eligibility. Both of these requirements create barriers for beneficiaries. Also, there was a 20 percent co-payment that beneficiaries paid out-of-pocket. In addition, even though SVS educated primary care physician and non-physician organizations about this benefit, asking them to publicize its availability to their members and requested CMS to educate beneficiaries about this, only 10,000 at-risk Medicare patients were screened for AAA in 2007.

Because of the barriers and the low number of beneficiaries who were screened, the SAAAVE Act of 2009 was introduced by Rep. Gene Green (D-TX) and Rep. John Shimkus (R-IL) with 18 co-sponsors. It would have unlinked AAA screening from the Welcome to Medicare Physical Exam and expanded the one-time screening to 65-75 year old at-risk Medicare beneficiaries. However, because the CBO scored this legislation at \$4 billion over 10 years, the NAA strategy changed to a no-cost amendment to the House and Senate health care reform bills that would help remove barriers to AAA screening.

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The Senate language was included in the health care reform law; it authorizes the Health and Human Services (HHS) Secretary to modify coverage of preventive services, including those in the Welcome to Medicare Physical Exam, if they are consistent with United States Preventive Services Task Force recommendations. NAA continues to seek vehicles to attach House language that was not included in the health care reform law. This language would require the HHS Secretary to report on barriers facing Medicare beneficiaries in accessing AAA screening and other preventive services through the Welcome to Medicare Physical Exam and promote this screening to beneficiaries who are at-risk for AAA.

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