

98-369, see section 2336(c)(2) of Pub. L. 98-369, set out as a note under section 1395f of this title.

**MEDPAC STUDY ON DIRECT ACCESS TO PHYSICAL THERAPY SERVICES**

Pub. L. 108-173, title VI, §647, Dec. 8, 2003, 117 Stat. 2326, provided that:

“(a) **STUDY.**—The Medicare Payment Advisory Commission (in this section referred to as the ‘Commission’) shall conduct a study on the feasibility and advisability of allowing medicare fee-for-service beneficiaries direct access to outpatient physical therapy services and physical therapy services furnished as comprehensive rehabilitation facility services.

“(b) **REPORT.**—Not later than January 1, 2005, the Commission shall submit to Congress a report on the study conducted under subsection (a) together with recommendations for such legislation or administrative action as the Commission determines to be appropriate.

“(c) **DIRECT ACCESS DEFINED.**—The term ‘direct access’ means, with respect to outpatient physical therapy services and physical therapy services furnished as comprehensive outpatient rehabilitation facility services, coverage of and payment for such services in accordance with the provisions of title XVIII of the Social Security Act [42 U.S.C. 1395 et seq.], except that sections 1835(a)(2), 1861(p), and 1861(cc) of such Act (42 U.S.C. 1395n(a)(2), 1395x(p), and 1395x(cc), respectively) shall be applied—

“(1) without regard to any requirement that—

“(A) an individual be under the care of (or referred by) a physician; or

“(B) services be provided under the supervision of a physician; and

“(2) by allowing a physician or a qualified physical therapist to satisfy any requirement for—

“(A) certification and recertification; and

“(B) establishment and periodic review of a plan of care.”

**HOME HEALTH PROSPECTIVE PAYMENT DEMONSTRATION PROJECT**

Pub. L. 100-203, title IV, §4027, Dec. 22, 1987, 101 Stat. 1330-75, as amended by Pub. L. 100-360, title IV, §411(d)(6), July 1, 1988, 102 Stat. 775, directed Secretary of Health and Human Services to provide for a demonstration project to develop and test alternative methods of paying home health agencies on a prospective basis for services furnished under the medicare and medicaid programs, directed that the project be designed in a manner to enable the Secretary to evaluate the effects of various methods of prospective payment (including payments on a per-visit, per-case, and per-episode basis) on program expenditures, access to, and quality of, home health care, and home health agency operations, directed Secretary to assure that services are first furnished under the project not later than Apr. 1, 1989, and, for this purpose, authorized Secretary to reinstate a previously awarded contract, or award a sole source contract, to carry out the project, provided for funding, and directed Secretary to submit to Congress, not later than one year after Dec. 22, 1987, an interim report on the demonstration project and, not later than four years after Dec. 22, 1987, a final report on results of the project.

**§ 1395o. Eligible individuals**

Every individual who—

(1) is entitled to hospital insurance benefits under part A of this subchapter, or

(2) has attained age 65 and is a resident of the United States, and is either (A) a citizen or (B) an alien lawfully admitted for permanent residence who has resided in the United States continuously during the 5 years immediately preceding the month in which he applies for enrollment under this part,

is eligible to enroll in the insurance program established by this part.

(Aug. 14, 1935, ch. 531, title XVIII, §1836, as added Pub. L. 89-97, title I, §102(a), July 30, 1965, 79 Stat. 304; amended Pub. L. 92-603, title II, §201(c)(1), Oct. 30, 1972, 86 Stat. 1372.)

**AMENDMENTS**

1972—Pub. L. 92-603 designed former par. (2)(B) as par. (1), former par. (1) as introductory clause in par. (2), and former pars. (2)(A)(i) and (ii) as pars. (2)(A) and (B), and struck out “(A)” after “(2)”.

**PERSONS CONVICTED OF SUBVERSIVE ACTIVITIES**

Pub. L. 89-97, title I, §104(b)(2), July 30, 1965, 79 Stat. 334, provided that: “An individual who has been convicted of any offense under (A) chapter 37 [section 792 et seq. of Title 18, Crimes and Criminal Procedure] (relating to espionage and censorship), chapter 105 [section 2151 et seq. of Title 18] (relating to sabotage), or chapter 115 [section 2381 et seq. of Title 18] (relating to treason, sedition, and subversive activities) of title 18 of the United States Code, or (B) section 4, 112, or 113 of the Internal Security Act of 1950, as amended [section 783, 822, or 823 of Title 50, War and National Defense], may not enroll under part B of title XVIII of the Social Security Act [42 U.S.C. 1395j et seq.]”

**§ 1395p. Enrollment periods**

**(a) Generally; regulations**

An individual may enroll in the insurance program established by this part only in such manner and form as may be prescribed by regulations, and only during an enrollment period prescribed in or under this section.

**(b) Repealed. Pub. L. 96-499, title IX, §945(a), Dec. 5, 1980, 94 Stat. 2642**

**(c) Initial general enrollment period; eligible individuals before March 1, 1966**

In the case of individuals who first satisfy paragraph (1) or (2) of section 1395o of this title before March 1, 1966, the initial general enrollment period shall begin on the first day of the second month which begins after July 30, 1965, and shall end on May 31, 1966. For purposes of this subsection and subsection (d) of this section, an individual who has attained age 65 and who satisfies paragraph (1) of section 1395o of this title but not paragraph (2) of such section shall be treated as satisfying such paragraph (1) on the first day on which he is (or on filing application would have been) entitled to hospital insurance benefits under part A.

**(d) Eligible individuals on or after March 1, 1966**

In the case of an individual who first satisfies paragraph (1) or (2) of section 1395o of this title on or after March 1, 1966, his initial enrollment period shall begin on the first day of the third month before the month in which he first satisfies such paragraphs and shall end seven months later. Where the Secretary finds that an individual who has attained age 65 failed to enroll under this part during his initial enrollment period (based on a determination by the Secretary of the month in which such individual attained age 65), because such individual (relying on documentary evidence) was mistaken as to his correct date of birth, the Secretary shall establish for such individual an initial enrollment period based on his attaining age 65 at the time shown