

S 1179

Medicare Chronic Care Improvement Act of 2003

Congress: 108 (2003–2005, Ended)

Chamber: Senate

Policy Area: Health

Introduced: Jun 4, 2003

Current Status: Read twice and referred to the Committee on Finance. (text of measure as introduced: CR S7383-7387)

Latest Action: Read twice and referred to the Committee on Finance. (text of measure as introduced: CR S7383-7387)
(Jun 4, 2003)

Official Text: <https://www.congress.gov/bill/108th-congress/senate-bill/1179>

Sponsor

Name: Sen. Rockefeller, John D., IV [D-WV]

Party: Democratic • **State:** WV • **Chamber:** Senate

Cosponsors

No cosponsors are listed for this bill.

Committee Activity

Committee	Chamber	Activity	Date
Finance Committee	Senate	Referred To	Jun 4, 2003

Subjects & Policy Tags

Policy Area:

Health

Related Bills

Bill	Relationship	Last Action
108 HR 2342	Identical bill	Jun 11, 2003: Referred to the Subcommittee on Health.

Medicare Chronic Care Improvement Act of 2003 - Amends title XVIII (Medicare) of the Social Security Act (SSA) to prohibit the Secretary of Health and Human Services from requiring the payment of deductibles and coinsurance for certain existing preventive benefits under Medicare part B (Supplementary Medical Insurance).

Directs the Secretary to contract with the Institute of Medicine of the National Academy of Sciences to study and report to the President on current literature and best practices in the field of health promotion and disease prevention among Medicare beneficiaries, including specified issues. Requires the Institute to develop recommendations in legislative form that prioritize Medicare preventive health benefits and modify them, adding new ones based on such study. Authorizes the Secretary by regulation to adopt any or all of such recommendations. Applies the elimination of cost-sharing for preventive benefits under this Act to any Medicare furnished items and services incorporated by such regulation.

Provides for: (1) Medicare coverage of an initial preventive physical examination and care coordination and assessment services furnished by a care coordinator as a Medicare part B medical service; and (2) care coordination and assessment services and quality improvement program in Medicare+Choice plans under Medicare part C (Medicare+Choice).

Directs the Secretary to make grants to eligible entities to enable them to develop, implement, or train personnel in the use of standardized clinical information technology systems designed to: (1) improve the coordination and quality of care furnished to Medicare beneficiaries with chronic conditions; and (2) increase administrative efficiencies of such entities.

Directs the Secretary to: (1) review appropriate regulations, policies, and procedures, including those of the Centers for Medicare & Medicaid Services (CMMS), with respect to determinations of whether an item or service is reasonable and necessary for the diagnosis or treatment of illness or injury for purposes of payment under Medicare; and (2) take appropriate corrective measures to ensure that the proper standard for making such determinations is applied, if it is found that CMMS, a fiscal intermediary, or a carrier has misapplied the coverage standard by requiring that the item or service improve the condition of the patient with respect to such illness or injury.

Directs the Secretary to contract with the Institute of Medicine to study and report to the Secretary and Congress on factors of the Medicare program that facilitate or impede effective care for Medicare beneficiaries with chronic conditions.

Actions Timeline

- **Jun 4, 2003:** Introduced in Senate
- **Jun 4, 2003:** Sponsor introductory remarks on measure. (CR S7383)
- **Jun 4, 2003:** Read twice and referred to the Committee on Finance. (text of measure as introduced: CR S7383-7387)