

## HR 2753

### Securing Care for Seniors Act of 2013

**Congress:** 113 (2013–2015, Ended)

**Chamber:** House

**Policy Area:** Health

**Introduced:** Jul 19, 2013

**Current Status:** Referred to the Subcommittee on Health.

**Latest Action:** Referred to the Subcommittee on Health. (Jul 26, 2013)

**Official Text:** <https://www.congress.gov/bill/113th-congress/house-bill/2753>

## Sponsor

**Name:** Rep. Black, Diane [R-TN-6]

**Party:** Republican • **State:** TN • **Chamber:** House

## Cosponsors (3 total)

Cosponsor	Party / State	Role	Date Joined
Rep. Collins, Chris [R-NY-27]	R · NY		Sep 11, 2013
Rep. Petri, Thomas E. [R-WI-6]	R · WI		Jan 7, 2014
Rep. Ribble, Reid J. [R-WI-8]	R · WI		Jan 14, 2014

## Committee Activity

Committee	Chamber	Activity	Date
Energy and Commerce Committee	House	Referred to	Jul 26, 2013
Ways and Means Committee	House	Referred to	Jul 23, 2013

## Subjects & Policy Tags

### Policy Area:

Health

## Related Bills

Bill	Relationship	Last Action
113 HR 2453	Related bill	Jul 23, 2013: Referred to the Subcommittee on Health.

Securing Care for Seniors Act of 2013 - Amends part C (Medicare+Choice) of title XVIII (Medicare) of the Social Security Act to terminate after 2013 the permission to disenroll, between January 1 and March 15 of each year, only from a MedicareAdvantage (MA) plan to elect enrollment in the original Medicare fee-for-service program.

Restores the option under previous law to elect to change from an MA plan to the original Medicare fee-for-service plan, or from the original Medicare fee-for-service to an MA plan, once a year during the first three months.

Permits an MA organization to offer individuals enrolled in one of its MA plans one or more incentive programs designed to improve their health care.

Permits an MA plan, through mechanisms such as value based insurance design (VBID) practices, to vary cost sharing for the purpose of encouraging enrollees to use providers that the MA organization has identified as performing well on quality metrics.

Directs the Secretary of Health and Human Services (HHS) to evaluate and, as appropriate, revise for 2017 and periodically thereafter the risk adjustment system so that a risk score, with respect to an individual, takes into account the number of chronic conditions with which the individual has been diagnosed, and, to the extent available, at least two years of diagnostic data including data obtained during the individual's health risk assessments.

Requires the Secretary to take steps necessary to ensure that the MA 5-star rating system: (1) does not disadvantage a plan that enrolls a disproportionately high proportion of enrollees who are full-benefit dual eligible individuals, subsidy eligible individuals, or other individuals with complex health care needs such as individuals with multiple conditions; and (2) allows adjustments to account for differences in socioeconomic and demographic characteristics of enrollees and geographic variation in health outcomes.

## **Actions Timeline**

---

- **Jul 26, 2013:** Referred to the Subcommittee on Health.
- **Jul 23, 2013:** Referred to the Subcommittee on Health.
- **Jul 19, 2013:** Introduced in House
- **Jul 19, 2013:** Referred to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce, 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.