

HR 3890

Better Care, Lower Cost Act

Congress: 113 (2013–2015, Ended)

Chamber: House

Policy Area: Health

Introduced: Jan 15, 2014

Current Status: Referred to the Subcommittee on Health.

Latest Action: Referred to the Subcommittee on Health. (Jan 17, 2014)

Official Text: https://www.congress.gov/bill/113th-congress/house-bill/3890

Sponsor

Name: Rep. Paulsen, Erik [R-MN-3]

Party: Republican • State: MN • Chamber: House

Cosponsors (1 total)

Cosponsor	Party / State	Role	Date Joined
Rep. Welch, Peter [D-VT-At Large]	D · VT		Jan 15, 2014

Committee Activity

Committee	Chamber	Activity	Date
Energy and Commerce Committee	House	Referred to	Jan 17, 2014
Ways and Means Committee	House	Referred To	Jan 15, 2014

Subjects & Policy Tags

Policy Area:

Health

Related Bills

Bill	Relationship	Last Action
113 S 1932	Identical bill	Jan 15, 2014: Read twice and referred to the Committee on Finance. (text of measure as introduced: CR S374-379)

Better Care, Lower Cost Act - Amends title XVIII (Medicare) of the Social Security Act (SSA) to direct the Secretary of Health and Human Services (HHS) to establish an integrated chronic care delivery program (Better Care Program or BCP) that promotes accountability and better care management for chronically ill patient populations and coordinates items and services under Medicare parts A (Hospital Insurance), B (Supplementary Medical Insurance), and D (Voluntary Prescription Drug Benefit Program), while encouraging investment in infrastructure and redesigned care processes that result in high quality and efficient service delivery for the most vulnerable and costly populations.

Requires the program to include specified elements and focus on long-term cost containment and better overall health of the Medicare population by implementing through qualified BCPs strategies that prevent, delay, or minimize the progression of illness or disability associated with chronic conditions.

Amends SSA title XIX (Medicaid) to require a state to pay the Secretary, with certain adjustments, for full benefit dual eligible individuals (eligible for both Medicare and Medicaid) enrolled in a qualified BCP. Makes Medicare the primary payor for such individuals.

Amends SSA title XVIII part C (Medicare+Choice Program) to direct the Secretary to establish procedures for the transition of special needs individuals to a Medicare Advantage plan qualified BCPs.

Prohibits any Medicare supplemental (Medigap) policy from covering cost-sharing for items and services (other than certain emergent services) furnished to an enrollee in a qualified BCP by a service provider or supplier that is not a qualified BCP professional.

Revises requirements for the initial preventive physical examination (Welcome to Medicare visit) and annual wellness visits for BCP eligible individuals.

Directs the Secretary, acting through the Agency for Healthcare Research and Quality, to designate and provide core funding for at least three Chronic Care Innovation Centers.

Establishes new curricula requirements for direct and indirect graduate medical education payments that address the need for team-based care and chronic care management, including palliative medicine, chronic care management, leadership and team-based skills and planning, and leveraging technology as a care tool.

Actions Timeline

- **Jan 17, 2014:** Referred to the Subcommittee on Health.
- **Jan 15, 2014:** Introduced in House
- **Jan 15, 2014:** Sponsor introductory remarks on measure. (CR H1229)
- **Jan 15, 2014:** Referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, 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.