

HR 5183

VBID for Better Care Act of 2014

Congress: 113 (2013–2015, Ended)

Chamber: House

Policy Area: Health

Introduced: Jul 23, 2014

Current Status: Referred to the Subcommittee on Health.

Latest Action: Referred to the Subcommittee on Health. (Jul 25, 2014)

Official Text: <https://www.congress.gov/bill/113th-congress/house-bill/5183>

Sponsor

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

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

Cosponsors (4 total)

Cosponsor	Party / State	Role	Date Joined
Rep. Blumenauer, Earl [D-OR-3]	D · OR		Jul 23, 2014
Rep. Renacci, James B. [R-OH-16]	R · OH		Jul 31, 2014
Rep. Young, Todd [R-IN-9]	R · IN		Sep 15, 2014
Rep. Roskam, Peter J. [R-IL-6]	R · IL		Sep 17, 2014

Committee Activity

Committee	Chamber	Activity	Date
Energy and Commerce Committee	House	Referred to	Jul 25, 2014
Ways and Means Committee	House	Referred To	Jul 23, 2014

Subjects & Policy Tags

Policy Area:

Health

Related Bills

Bill	Relationship	Last Action
113 S 2783	Identical bill	Sep 10, 2014: Read twice and referred to the Committee on Finance.

Value Based Insurance Design for Better Care Act of 2014 or the VBID for Better Care Act of 2014 - Directs the Secretary of Health and Human Services (HHS) to establish a three-year demonstration program to test the use of value-based insurance design methodologies under the eligible Medicare plans offered by Medicare Advantage organizations under part C (Medicare+Choice) of title XVIII (Medicare) of the Social Security Act.

Defines "value-based insurance design methodology" as one for identifying specific prescription medications, and clinical services reimbursable under Medicare, for which copayments, coinsurance, or both should be reduced or eliminated because of the high-value and effectiveness of these medications and services for specific chronic clinical conditions (as approved by the Secretary).

Directs the Secretary to expand the demonstration program to implement, on a permanent basis, those components beneficial to Medicare beneficiaries and the Medicare program, unless a required evaluation of the program states that it: (1) increases expenditures under Medicare with respect to participating beneficiaries, or (2) decreases the quality of health care services furnished to such beneficiaries.

Actions Timeline

- **Jul 25, 2014:** Referred to the Subcommittee on Health.
- **Jul 23, 2014:** Introduced in House
- **Jul 23, 2014:** 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.