

## HR 2579

Securing Care for Seniors Act of 2015

**Congress:** 114 (2015–2017, Ended)

**Chamber:** House

**Policy Area:** Health

**Introduced:** May 29, 2015

**Current Status:** Placed on the Union Calendar, Calendar No. 116.

**Latest Action:** Placed on the Union Calendar, Calendar No. 116. (Jun 16, 2015)

**Official Text:** <https://www.congress.gov/bill/114th-congress/house-bill/2579>

### 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		May 29, 2015
Rep. Guthrie, Brett [R-KY-2]	R · KY		May 29, 2015
Rep. Loebsack, David [D-IA-2]	D · IA		May 29, 2015
Rep. Sinema, Kyrsten [D-AZ-9]	D · AZ		Jun 3, 2015

### Committee Activity

Committee	Chamber	Activity	Date
Energy and Commerce Committee	House	Referred to	Jun 5, 2015
Ways and Means Committee	House	Referred to	Jun 3, 2015

### Subjects & Policy Tags

**Policy Area:**

Health

### Related Bills

Bill	Relationship	Last Action
114 S 2197	Related bill	<b>Oct 22, 2015:</b> Read twice and referred to the Committee on Finance.
114 HR 2582	Related bill	<b>Jun 18, 2015:</b> Received in the Senate and Read twice and referred to the Committee on Finance.

## Securing Care for Seniors Act of 2015

(Sec. 2) This bill amends part C (Medicare+Choice) of title XVIII (Medicare) of the Social Security Act (SSAct) to direct the Department of Health and Human Services (HHS) (in effect, the Centers for Medicare & Medicaid Services [CMS]) to revise for 2017, and periodically afterwards, the system for risk adjustments to payments to Medicare+Choice organizations so that an individual's risk score takes into account the number of chronic conditions with which the individual has been diagnosed.

HHS must, including an actuarial opinion of the CMS Chief Actuary, evaluate the impacts of:

- including two years of data to compare the models used to determine the risk scores for 2013 and 2014,
- removing the diagnosis codes related to chronic kidney disease in the 2014 risk adjustment model, and
- including 10% of encounter data in computing payment for 2016 and CMS readiness to incorporate encounter data in risk scores.

HHS shall also analyze the best practices of MedicareAdvantage (MA) plans to slow disease progression related to chronic kidney disease.

HHS shall then, if appropriate, make revisions to the risk adjustment system, based on such an evaluation or analysis, to better reflect and appropriately weight for the population served.

(Sec. 3) Congress declares that the MA star rating system lacks proper accounting for the socioeconomic status of plan enrollees and the extent to which those plans serve individuals also eligible for medical assistance under SSAct title XIX (Medicaid).

## Actions Timeline

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- **Jun 16, 2015:** Reported (Amended) by the Committee on Ways and Means. H. Rept. 114-160, Part I.
- **Jun 16, 2015:** Committee on Energy and Commerce discharged.
- **Jun 16, 2015:** Placed on the Union Calendar, Calendar No. 116.
- **Jun 5, 2015:** Referred to the Subcommittee on Health.
- **Jun 3, 2015:** Referred to the Subcommittee on Health.
- **Jun 2, 2015:** Committee Consideration and Mark-up Session Held.
- **Jun 2, 2015:** Ordered to be Reported (Amended) by Voice Vote.
- **May 29, 2015:** Introduced in House
- **May 29, 2015:** 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.