

HR 4579

Creating High-Quality Results and Outcomes Necessary to Improve Chronic (CHRONIC) Care Act of 2017

Congress: 115 (2017–2019, Ended)

Chamber: House

Policy Area: Health

Introduced: Dec 6, 2017

Current Status: Referred to the Subcommittee on Health.

Latest Action: Referred to the Subcommittee on Health. (Dec 8, 2017)

Official Text: <https://www.congress.gov/bill/115th-congress/house-bill/4579>

Sponsor

Name: Rep. Welch, Peter [D-VT-At Large]

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

Cosponsors (1 total)

Cosponsor	Party / State	Role	Date Joined
Rep. Schrader, Kurt [D-OR-5]	D · OR		Dec 6, 2017

Committee Activity

Committee	Chamber	Activity	Date
Energy and Commerce Committee	House	Referred to	Dec 8, 2017
Ways and Means Committee	House	Referred To	Dec 6, 2017

Subjects & Policy Tags

Policy Area:

Health

Related Bills

Bill	Relationship	Last Action
115 HR 1892	Related bill	Feb 9, 2018: Became Public Law No: 115-123.
115 HR 3168	Related bill	Dec 21, 2017: Placed on the Union Calendar, Calendar No. 353.
115 HR 3263	Related bill	Dec 6, 2017: Reported (Amended) by the Committee on Energy and Commerce. H. Rept. 115-446, Part I.
115 S 870	Related bill	Sep 29, 2017: Referred to the Subcommittee on Health.
115 HR 3447	Related bill	Jul 28, 2017: Referred to the Subcommittee on Health.
115 HR 3044	Related bill	Jul 5, 2017: Referred to the Subcommittee on Health.
115 HR 1995	Related bill	Apr 21, 2017: Referred to the Subcommittee on Health.
115 S 431	Related bill	Feb 16, 2017: Read twice and referred to the Committee on Finance.

Creating High-Quality Results and Outcomes Necessary to Improve Chronic (CHRONIC) Care Act of 2017

This bill amends title XVIII (Medicare) of the Social Security Act to:

- extend the Independence at Home demonstration program;
- modify provisions regarding access to home dialysis therapy under Medicare and special needs plans under Medicare Advantage (MA);
- expand testing of the MA Value-Based Insurance Design test model;
- allow an MA plan to provide additional telehealth benefits to enrollees and, to chronically ill enrollees, certain supplemental health care benefits;
- modify other provisions regarding the use of telehealth services;
- allow prospective, voluntary assignment of Medicare fee-for-service beneficiaries to accountable care organizations (ACOs);
- allow ACOs to operate beneficiary incentive programs;
- require the Centers for Medicare & Medicaid Services (CMS) to establish a process for Medicare prescription-drug plan sponsors to request certain claims data from the CMS;
- require the CMS to study and report to Congress on long-term risk factors for chronic conditions among Medicare beneficiaries; and
- eliminate annual funding available to the Medicare Improvement Fund and the Medicaid Improvement Fund beginning in FY2021.

The Government Accountability Office shall conduct studies on:

- the establishment of a payment code for a visit for longitudinal comprehensive care planning services,
- the extent to which Medicare prescription drug plans and private payors use programs that synchronize pharmacy dispensing to facilitate comprehensive counseling and promote medication adherence, and
- the use of prescription drugs to manage the weight of obese patients and the impact of such drug coverage on patient health and health care spending.

Actions Timeline

- **Dec 8, 2017:** Referred to the Subcommittee on Health.
- **Dec 6, 2017:** Introduced in House
- **Dec 6, 2017:** 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.