S 870

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

Congress: 115 (2017–2019, Ended)
Chamber: Senate
Policy Area: Health
Introduced: Apr 6, 2017
Current Status: Referred to the Subcommittee on Health.
Latest Action: Referred to the Subcommittee on Health. (Sep 29, 2017)
Official Text: https://www.congress.gov/bill/115th-congress/senate-bill/870

Sponsor

Name: Sen. Hatch, Orrin G. [R-UT]
Party: Republican • **State:** UT • **Chamber:** Senate

Cosponsors (21 total)

Cosponsor	Party / State	Role	Date Joined
Sen. Bennet, Michael F. [D-CO]	D · CO		Apr 6, 2017
Sen. Cardin, Benjamin L. [D-MD]	D · MD		Apr 6, 2017
Sen. Carper, Thomas R. [D-DE]	D · DE		Apr 6, 2017
Sen. Casey, Robert P., Jr. [D-PA]	D · PA		Apr 6, 2017
Sen. Cornyn, John [R-TX]	R · TX		Apr 6, 2017
Sen. Crapo, Mike [R-ID]	R · ID		Apr 6, 2017
Sen. Grassley, Chuck [R-IA]	R · IA		Apr 6, 2017
Sen. Isakson, Johnny [R-GA]	R · GA		Apr 6, 2017
Sen. McCaskill, Claire [D-MO]	D · MO		Apr 6, 2017
Sen. Stabenow, Debbie [D-MI]	D · MI		Apr 6, 2017
Sen. Thune, John [R-SD]	R · SD		Apr 6, 2017
Sen. Warner, Mark R. [D-VA]	D · VA		Apr 6, 2017
Sen. Wyden, Ron [D-OR]	D · OR		Apr 6, 2017
Sen. Cassidy, Bill [R-LA]	R · LA		Apr 7, 2017
Sen. Roberts, Pat [R-KS]	R · KS		Apr 7, 2017
Sen. Wicker, Roger F. [R-MS]	R · MS		May 11, 2017
Sen. Nelson, Bill [D-FL]	D · FL		May 15, 2017
Sen. Schatz, Brian [D-HI]	D · HI		May 15, 2017
Sen. Fischer, Deb [R-NE]	R · NE		Sep 12, 2017
Sen. King, Angus S., Jr. [I-ME]	I · ME		Sep 18, 2017
Sen. Klobuchar, Amy [D-MN]	D · MN		Sep 18, 2017

Committee Activity

Committee	Chamber	Activity	Date
Energy and Commerce Committee	House	Referred to	Sep 29, 2017
Finance Committee	Senate	Reported By	Aug 3, 2017
Ways and Means Committee	House	Referred To	Sep 27, 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 4579	Related bill	**Dec 8, 2017:** Referred to the Subcommittee on Health.
115 HR 3263	Related bill	**Dec 6, 2017:** Reported (Amended) by the Committee on Energy and Commerce. H. Rept. 115-446, Part I.
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.

Summary (as of Sep 26, 2017)

(This measure has not been amended since it was reported to the Senate on August 3, 2017. The summary of that version is repeated here.)

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

TITLE I--RECEIVING HIGH QUALITY CARE IN THE HOME

(Sec. 101) This bill extends and expands the Independence at Home demonstration program, through which comprehensive primary care services are delivered at home to Medicare beneficiaries with multiple chronic conditions.

(Sec. 102) A Medicare beneficiary who has end-stage renal disease (ESRD) and is receiving home dialysis may choose to receive monthly ESRD-related visits via telehealth, provided that the beneficiary also receives face-to-face visits periodically. Specified facility fees and geographic requirements shall not apply with respect to the provision of such services via telehealth.

TITLE II--ADVANCING TEAM BASED CARE

(Sec. 201) Current law allows a Medicare Advantage (MA) plan, until 2019, to restrict plan enrollment to individuals who are within one or more classes of special-needs individuals. The bill allows an MA plan to do so permanently, provided that the plan meets specified applicable requirements.

The Federal Coordinated Health Care Office within the Centers for Medicare & Medicaid Services (CMS) shall serve as a dedicated point of contact for states with regard to special-needs MA plans for individuals who are dually eligible for Medicaid and Medicare. The CMS shall establish a unified process for grievances and appeals for individuals enrolled in such plans.

The CMS must, with respect to special-needs MA plans for individuals with chronic conditions, convene a panel of clinical advisors to establish and update the list of chronic conditions that make an individual eligible for participation in such a plan.

The CMS shall, with respect to special-needs MA plans, consider applying certain quality measures at the plan level rather than at the contract level.

The Government Accountability Office (GAO) must report to Congress on state-level integration between the Medicaid program and special-needs MA plans for individuals who are dually eligible for Medicaid and Medicare.

TITLE III--EXPANDING INNOVATION AND TECHNOLOGY

(Sec. 301) The Center for Medicare & Medicaid Innovation shall expand testing of an MA value-based insurance model that allows MA plans to propose and design benefit structures that vary benefits, cost-sharing, and supplemental benefits with respect to enrollees who have specific chronic diseases. The test model (initially being carried out in specified states) shall be expanded to all states, and may not be terminated prior to 2022.

(Sec. 302) Beginning in plan year 2020, an MA plan may provide certain supplemental benefits to chronically ill enrollees.

The GAO must report to Congress on the provision of such supplemental benefits to MA enrollees.

(Sec. 303) Beginning in plan year 2020, an MA plan may provide certain additional telehealth benefits.

(Sec. 304) With respect to the provision of telehealth services to Medicare fee-for-service (FFS) beneficiaries at home by certain accountable care organizations (ACOs), the home shall be treated as an originating site. In such a case, (1) specified geographic limitations shall generally not apply, (2) the CMS shall not pay an originating-site facility fee, and (3) the CMS shall not pay for services that are inappropriate to furnish in a home setting. The GAO must report to Congress on the implementation of these requirements.

(Sec. 305) Certain siting requirements applicable under the Medicare program shall not apply to telehealth services furnished after 2020 for purposes of evaluating an acute stroke. The CMS shall not, with respect to such telehealth services, pay an originating-site facility fee to an originating site that does not meet those requirements.

TITLE IV--IDENTIFYING THE CHRONICALLY ILL POPULATION

(Sec. 401) The bill requires the CMS to: (1) allow certain ACOs to elect prospective, rather than retrospective, assignment of Medicare FFS beneficiaries; and (2) allow a Medicare FFS beneficiary to voluntarily identify an ACO professional as the beneficiary's primary care provider for purposes of the beneficiary's assignment to an ACO.

TITLE V--EMPOWERING INDIVIDUALS AND CAREGIVERS IN CARE DELIVERY

(Sec. 501) The bill allows certain ACOs to operate incentive-payment programs for beneficiaries who receive qualifying primary-care services.

(Sec. 502) The GAO must report to Congress on the establishment, under Medicare, of a payment code for longitudinal comprehensive-care planning services.

TITLE VI--OTHER POLICIES TO IMPROVE CARE FOR THE CHRONICALLY ILL

(Sec. 601) The CMS must establish a process for Medicare prescription drug plan (PDP) sponsors to request, beginning in plan year 2020, standardized extracts of claims data for Medicare hospital and medical services. PDP sponsors may use such data: (1) to optimize therapeutic outcomes through improved medication use, (2) to improve care coordination so as to prevent adverse health outcomes, or (3) for any other purpose determined appropriate by the CMS. PDP sponsors may not, however, use such data: (1) to inform coverage determinations; (2) to conduct retroactive reviews of medically accepted indications determinations; (3) to direct enrollment changes; (4) to inform marketing of benefits; or (5) for certain other purposes affecting the security of personal health information, as determined by the CMS.

(Sec. 602) The GAO must report to Congress on the extent to which Medicare PDPs and private payors use programs that synchronize pharmacy dispensing to facilitate comprehensive counseling and promote medication adherence.

(Sec. 603) The GAO must report to Congress on the use of prescription drugs to manage the weight of obese patients and the impact of such drugs on patient health and health care spending.

(Sec. 604) The CMS shall report to Congress on long-term cost drivers to the Medicare program that may contribute to the deterioration of health conditions among Medicare beneficiaries with chronic conditions.

TITLE VII--OFFSETS

(Sec. 701) The bill eliminates annual funding available to the Medicare Improvement Fund beginning in FY2021.

(Sec. 702) The bill eliminates annual funding available to the Medicaid Improvement Fund beginning in FY2021.

Actions Timeline

- **Sep 29, 2017:** Referred to the Subcommittee on Health.
- **Sep 27, 2017:** Message on Senate action sent to the House.
- **Sep 27, 2017:** Received in the House.
- **Sep 27, 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.
- **Sep 26, 2017:** Passed/agreed to in Senate: Passed Senate with an amendment by Voice Vote.(consideration: CR S6147-6153; text: CR S6147-6152)
- **Sep 26, 2017:** Passed Senate with an amendment by Voice Vote. (consideration: CR S6147-6153; text: CR S6147-6152)
- **Aug 3, 2017:** Committee on Finance. Reported by Senator Hatch with an amendment in the nature of a substitute. With written report No. 115-146.
- **Aug 3, 2017:** Placed on Senate Legislative Calendar under General Orders. Calendar No. 206.
- **Apr 6, 2017:** Introduced in Senate
- **Apr 6, 2017:** Read twice and referred to the Committee on Finance.