

110TH CONGRESS
1ST SESSION

H. R. 4327

To establish a Medicare Chronic Care Practice Research Network to develop and apply improved practices in care management for Medicare beneficiaries with multiple, chronic conditions.

IN THE HOUSE OF REPRESENTATIVES

DECEMBER 6, 2007

Mr. JOHNSON of Illinois (for himself, Mr. PATRICK J. MURPHY of Pennsylvania, Ms. HERSETH SANDLIN, Mr. LATHAM, Ms. SCHWARTZ, and Mr. HULSHOF) introduced the following bill; which was 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

A BILL

To establish a Medicare Chronic Care Practice Research Network to develop and apply improved practices in care management for Medicare beneficiaries with multiple, chronic conditions.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Medicare Chronic Care
5 Practice Research Network Act of 2007”.

1 **SEC. 2. FINDINGS.**

2 The Congress makes the following findings:

3 (1) Two-thirds of all Medicare spending involves
4 beneficiaries living with 5 or more chronic condi-
5 tions.

6 (2) Eighty-four percent of people ages 65 to 70
7 live with at least one of the following chronic condi-
8 tions: hypertension, heart disease or heart attack,
9 cancer, diabetes, arthritis, or high cholesterol.

10 (3) Medicare beneficiaries with chronic condi-
11 tions are more likely to undergo duplicative tests, re-
12 ceive contradictory information from their healthcare
13 providers, experience adverse responses to medica-
14 tions, and undergo hospital visits that could have
15 been prevented.

16 (4) Both traditional fee-for-service Medicare
17 and Medicare Advantage are not currently config-
18 ured to meet the unique needs of beneficiaries living
19 with multiple chronic conditions.

20 (5) Care for these patients is typically frag-
21 mented and delivered by multiple providers working
22 at multiple sites.

23 (6) Medicare has implemented a number of
24 demonstration projects focused on ways to improve
25 care for beneficiaries with multiple chronic condi-
26 tions, yet there has been limited translation of evi-

1 dence-based results to the wider chronic care com-
2 munity in a timely manner.

3 (7) As the population of Medicare beneficiaries
4 living with multiple chronic conditions continues to
5 increase, the Centers for Medicare & Medicaid Serv-
6 ices should seek more effective actions to test var-
7 ious care models, analyze the outcomes, and imple-
8 ment evidence-based best practices as soon as pos-
9 sible.

10 (8) The United States Government should part-
11 ner with qualified and experienced health care insti-
12 tutions already serving these beneficiaries to effec-
13 tively and efficiently develop, evaluate, and translate
14 improvements in coordinated care for them. Gener-
15 ating this information and supporting its translation
16 into clinical practice will serve beneficiaries far more
17 effectively.

18 **SEC. 3. MEDICARE CHRONIC CARE PRACTICE RESEARCH**
19 **NETWORK TO DEVELOP AND APPLY IM-**
20 **PROVED PRACTICES IN COORDINATED CARE**
21 **FOR MEDICARE BENEFICIARIES WITH MUL-**
22 **TIPLE, CHRONIC CONDITIONS.**

23 (a) ESTABLISHMENT.—

24 (1) IN GENERAL.—Not later than 60 days after
25 the date of the enactment of this Act, the Secretary

1 of Health and Human Services (in this section re-
2 ferred to as the “Secretary”) shall establish in ac-
3 cordance with this section a Medicare Chronic Care
4 Practice Research Network (in this section referred
5 to as the “Network”).

6 (2) DURATION.—The initial period of the Net-
7 work shall be not less than five years. The Secretary
8 may extend or make permanent the Network if the
9 Network’s performance demonstrates benefit to the
10 Medicare program.

11 (b) PURPOSE AND DUTIES OF NETWORK.—

12 (1) PURPOSE.—The purpose of the Network is
13 to enable highly qualified providers, including pro-
14 viders participating in the Medicare Coordinated
15 Care Demonstration under section 1807 of the So-
16 cial Security Act (in this section referred to as the
17 “MCCD”), to form a stable and flexible research in-
18 frastructure that accelerates the development and
19 deployment of evidence-based chronic care manage-
20 ment practices for Medicare beneficiaries with mul-
21 tiple, chronic conditions.

22 (2) DUTIES OF THE NETWORK.—

23 (A) IN GENERAL.—The Network shall de-
24 velop and evaluate evidence-based chronic care
25 management practices for Medicare bene-

1 beneficiaries who have two or more chronic illnesses,
2 with a focus on such beneficiaries who are pro-
3 vided benefits under the Medicare fee-for-serv-
4 ice program and whose care is most costly.

5 (B) SPECIFIC DUTIES.—The Network
6 shall—

7 (i) research, design, implement, test,
8 and validate specific interventions designed
9 to improve care management for Medicare
10 beneficiaries with multiple chronic condi-
11 tions; and

12 (ii) provide a reproducible, reliable,
13 and scalable framework to standardize and
14 translate best practices for all Medicare
15 beneficiaries.

16 (3) FINANCIAL SUPPORT.—The Network shall
17 provide financial support in the following areas:

18 (A) COLLABORATION.—Support of collabo-
19 ration and networking, including conference
20 calls, meetings, and other forms of communica-
21 tion between and among Network project sites,
22 of publication of guidelines and findings, and of
23 development and dissemination of information
24 on proven, common care management practices.

1 (B) INFRASTRUCTURE.—Support of re-
2 search and infrastructure for Network project
3 sites, which may be based upon enrollment size
4 and success of such sites in realizing targets
5 and compliance with data submission require-
6 ments.

7 (C) PATIENT RECRUITMENT AND CARE
8 MANAGEMENT.—Support of patient recruitment
9 and care management at Network project sites
10 for the delivery of specific services and ongoing
11 testing of improvements to large patient panels.

12 (D) EVALUATION.—Support of internal
13 and external evaluation activities, including
14 evaluation activities conducted at individual
15 Network project sites and the Network.

16 (4) ESTABLISHMENT OF TARGET ENROLLMENT
17 NUMBERS.—The Secretary and the Network shall
18 jointly develop, based on demographics and previous
19 history, target enrollment numbers for each Network
20 project site.

21 (c) BOARD OF DIRECTORS.—

22 (1) MEMBERSHIP.—

23 (A) IN GENERAL.—The Network shall have
24 a Board of Directors (in this section referred to
25 as the “Board”) composed of the following:

1 (i) CMS ADMINISTRATOR.—The Ad-
2 ministrator of the Centers for Medicare &
3 Medicaid Services, who shall serve as
4 chairman of the Board and head of the
5 Network.

6 (ii) EX OFFICIO MEMBERS.—

7 (I) The Director of the Agency
8 for Health Research and Quality.

9 (II) The Director of the National
10 Institute on Aging.

11 (III) Representatives of other
12 Federal health care and research
13 agency officials, as selected by the
14 Secretary.

15 (iii) APPOINTED MEMBERS.—Members
16 appointed under subparagraph (B).

17 (B) APPOINTED MEMBERS.—

18 (i) INITIAL APPOINTMENT.—The Sec-
19 retary shall appoint at least 8 individuals
20 to serve on the Board, including one indi-
21 vidual representing each MCCD site.

22 (ii) ADDITIONAL MEMBERS.—The
23 Secretary may appoint additional members
24 to the Board to the extent the Secretary
25 determines, including individuals who rep-

1 resent Network project sites not otherwise
2 represented under clause (i).

3 (iii) TERM.—The term of office of
4 each member of the Board appointed
5 under this subparagraph shall be five
6 years.

7 (C) VACANCY.—Any vacancy in the mem-
8 bership of the Board—

9 (i) shall not affect the power of the
10 remaining members to execute the duties
11 of the Board; and

12 (ii) shall be filled by appointment by
13 the Secretary.

14 (2) PROJECT EVALUATIONS.—The Board shall
15 provide for both an internal and external evaluation
16 of each Network project site.

17 (3) INITIAL MEETING.—Not later than 60 days
18 after the date members are first appointed under
19 paragraph (1)(B), the Secretary shall convene a
20 meeting of the members of the Board to—

21 (A) initiate the Network; and

22 (B) begin the planning phase of the Net-
23 work.

24 (d) BIENNIAL REPORTS.—

1 (1) CONGRESSIONAL REPORTS.—Beginning not
2 later than 2 years after the date of the establish-
3 ment of the Network, the Secretary shall submit to
4 the appropriate committees of Congress biennial re-
5 ports on the Network. Each report shall include at
6 least the following:

7 (A) A report on progress made toward de-
8 veloping an efficient and effective research in-
9 frastructure capable of robustly testing new
10 interventions and models of care for chronically
11 ill Medicare beneficiaries in a timely manner.

12 (B) An evaluation of the overall quality,
13 satisfaction, and cost effectiveness of interven-
14 tions tested.

15 (C) An evaluation of the capability of the
16 Network to define and test specifications need-
17 ed to deploy successful interventions on a large
18 geographic or nationwide scale without loss of
19 effectiveness.

20 (D) A description of benefits to the Medi-
21 care program resulting from increased collabo-
22 ration and partnership between Network sites.

23 (E) Any other information regarding the
24 Network that the Secretary determines to be
25 appropriate.

1 (2) PUBLIC REPORTS ON CARE MODELS.—

2 Every two years, the Network shall develop and the
3 Secretary shall issue a public report of recommended
4 practices and guidelines for chronic care that sum-
5 marizes the care models the Network has found to
6 be most effective in managing Medicare beneficiaries
7 with multiple, chronic problems.

8 (e) WAIVER.—The Secretary shall waive such provi-
9 sions of title XVIII of the Social Security Act (42 U.S.C.
10 1395 et seq.) as may be necessary for the Network to con-
11 duct activities under this section.

12 (f) FUNDING.—There are authorized to be appro-
13 priated from the Federal Hospital Insurance Trust Fund
14 under section 1817 of the Social Security Act (42 U.S.C.
15 1395i) and from the Federal Supplementary Medical In-
16 surance Trust Fund under section 1841 of such Act (42
17 U.S.C. 1395t), in such proportions as the Secretary deter-
18 mines to be appropriate, \$60,000,000. Such amount shall
19 be available to carry out this section during a 5-fiscal-year
20 period.

21 (g) DEFINITIONS.—For purposes of this section:

22 (1) MEDICARE PROGRAM.—The term “Medicare
23 program” means the programs under title XVIII of
24 the Social Security Act.

1 (2) NETWORK PROJECT SITE.—The term “Net-
2 work project site” means the site of a chronic care
3 management program conducted under the authority
4 of the Network.

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