

111TH CONGRESS
1ST SESSION

H. R. 3340

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

IN THE HOUSE OF REPRESENTATIVES

JULY 24, 2009

Mr. JOHNSON of Illinois (for himself, Ms. SCHWARTZ, Mr. PATRICK J. MURPHY of Pennsylvania, and Mr. LATHAM) 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 Rapid Learning 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 Rapid Learning Network (MCCRLN) Act of 2009”.

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 health
13 care providers, experience adverse responses to medi-
14 cations, 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) Using evidence-based approaches to care co-
4 ordination and care management have shown prom-
5 ise in reducing illness burden and improving health
6 for at-risk patients, but the evidence is not easy to
7 consistently translate into practice.

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

15 (9) The United States Government should part-
16 ner with qualified and experienced health care insti-
17 tutions and universities already serving these bene-
18 ficiaries to effectively and efficiently develop, evalu-
19 ate, and translate improvements in coordinated care
20 for them. Generating this information and sup-
21 porting its translation into clinical practice will serve
22 beneficiaries far more effectively.

1 **SEC. 3. MEDICARE CHRONIC CARE RAPID LEARNING NET-**
2 **WORK TO DEVELOP AND APPLY IMPROVED**
3 **PRACTICES IN COORDINATED CARE FOR**
4 **MEDICARE BENEFICIARIES WITH MULTIPLE,**
5 **CHRONIC CONDITIONS.**

6 (a) ESTABLISHMENT.—

7 (1) IN GENERAL.—Not later than 60 days after
8 the date of the enactment of this Act, the Secretary
9 of Health and Human Services (in this section re-
10 ferred to as the “Secretary”) shall establish in ac-
11 cordance with this section a Medicare Chronic Care
12 Rapid Learning Network (in this section referred to
13 as the “Network”).

14 (2) DURATION.—The initial period of the Net-
15 work shall be not less than five years. The Secretary
16 may extend or make permanent the Network if the
17 Network’s performance demonstrates benefit to the
18 Medicare program. The Secretary may continue or
19 make permanent any network project site if—

20 (A)(i) the costs to the Medicare program
21 resulting from activities carried out by such site
22 pursuant to this section are not more than the
23 costs to such program without application of
24 this section; and

1 (ii) such activities result in improved qual-
2 ity of care furnished to Medicare beneficiaries
3 who have two or more chronic illnesses; or

4 (B) the costs to the Medicare program re-
5 sulting from activities carried out by such site
6 pursuant to this section are less than the costs
7 to such program without application of this sec-
8 tion.

9 (b) PURPOSE AND DUTIES OF NETWORK.—

10 (1) PURPOSE.—The purpose of the Network is
11 to enable highly qualified health care organizations
12 and universities to form a stable and flexible re-
13 search infrastructure that accelerates the develop-
14 ment and deployment of evidence-based chronic care
15 management practices for Medicare beneficiaries
16 with multiple, chronic conditions.

17 (2) DUTIES OF THE NETWORK.—

18 (A) IN GENERAL.—The Network shall de-
19 velop and evaluate evidence-based chronic care
20 management practices for Medicare bene-
21 ficiaries who have two or more chronic illnesses,
22 with a focus on such beneficiaries who are pro-
23 vided benefits under the Medicare fee-for-serv-
24 ice program and whose care is most costly. In
25 carrying out its duties, the Network shall use

1 and build upon applicable interventions that
2 have been proven successful through demonstra-
3 tions carried out by the Centers for Medicare &
4 Medicaid Services, including the Medicare Co-
5 ordinated Care Demonstration project.

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

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

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

17 (iii) not later than 90 days after the
18 date of the enactment of this Act, establish
19 target enrollment numbers and capitated
20 payment rates for care management inter-
21 ventions to be established for each Medi-
22 care Chronic Care Rapid Learning Net-
23 work site.

24 (c) MEMBERSHIP.—

1 (1) INITIAL SITES.—The network shall initially
2 consist of not less than 12 network project sites.
3 Nothing in this Act prohibits more than 1 network
4 project site from participating under this section to-
5 gether as a network.

6 (2) ADDITIONAL SITES.—The Secretary may
7 appoint network project sites, in addition to such
8 initial sites under paragraph (1), to the network ei-
9 ther as standing members or in order to meet the
10 goals of a specific project if such sites satisfy each
11 of the characteristics described in subparagraph (B).

12 (3) REQUIRED CHARACTERISTICS OF NET-
13 WORK.—The network shall collectively—

14 (A) be a group of health care organiza-
15 tions, universities, or researchers and clinicians
16 in health care organizations or universities ex-
17 perience in research and direct delivery of care
18 management services for Medicare beneficiaries;

19 (B) have previously participated in care co-
20 ordination projects, demonstrations, or research
21 projects (or any combination of such projects);
22 and

23 (C) have demonstrated an existing ability
24 to interact with each other to design and imple-

1 ment projects and share and analyze informa-
2 tion.

3 (d) COORDINATING CENTER.—A Coordinating Cen-
4 ter shall be established to facilitate network communica-
5 tion, training of network project sites, and development
6 and reporting of performance and implementation metrics.

7 (e) ADVISORY BOARD.—The Network shall have an
8 Advisory Board (in this section referred to as the
9 “Board”) composed of the following:

10 (1) CMS ADMINISTRATOR.—The Administrator
11 of the Centers for Medicare & Medicaid Services,
12 who shall serve as chairman of the Board and head
13 of the Network.

14 (2) APPOINTED MEMBERS.—

15 (A) INITIAL APPOINTMENTS.—Twelve indi-
16 viduals appointed by the Secretary to serve on
17 the Board, including one individual representing
18 each network site.

19 (B) ADDITIONAL MEMBERS.—Any addi-
20 tional members to the Board, which the Sec-
21 retary may appoint, including representatives
22 from other relevant Federal agencies, experts in
23 the fields of quality improvement, public health,
24 geriatrics, research methodology, health econo-
25 mists, and other individuals to the extent the

1 Secretary determines such additions further the
2 work of the Network.

3 (f) PROJECT EVALUATIONS.—The Board shall pro-
4 vide for both an internal and external evaluation of each
5 Network project. Network members will receive timely and
6 regular access to data for purposes of modifying, refining,
7 and evaluating the project under study.

8 (g) BIENNIAL REPORTS.—

9 (1) CONGRESSIONAL REPORTS.—Beginning not
10 later than 2 years after the date of the establish-
11 ment of the Network, the Secretary shall submit to
12 the appropriate committees of Congress biennial re-
13 ports on the Network.

14 (2) PUBLIC REPORTS ON CARE MODELS.—

15 Every two years, the Network shall develop and the
16 Secretary shall issue a public report of recommended
17 practices and guidelines for chronic care that sum-
18 marizes the care models the Network has found to
19 be most effective in managing Medicare beneficiaries
20 with multiple, chronic problems.

21 (h) WAIVER.—The Secretary shall waive such provi-
22 sions of title XVIII of the Social Security Act (42 U.S.C.
23 1395 et seq.) as may be necessary for the Network to con-
24 duct activities under this section.

1 (i) FUNDING.—There are authorized to be appro-
2 priated from the Federal Hospital Insurance Trust Fund
3 under section 1817 of the Social Security Act (42 U.S.C.
4 1395i) and from the Federal Supplementary Medical In-
5 surance Trust Fund under section 1841 of such Act (42
6 U.S.C. 1395t), in such proportions as the Secretary deter-
7 mines to be appropriate, \$60,000,000 to carry out this
8 section during the 5-year period beginning with fiscal year
9 2010.

10 (j) DEFINITIONS.—For purposes of this section:

11 (1) MEDICARE PROGRAM.—The term “Medicare
12 program” means the programs under title XVIII of
13 the Social Security Act.

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

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