

**HELLER AMENDMENT #1 to the Creating High-Quality Results and Outcomes  
Necessary to Improve Chronic (CHRONIC) Care Act of 2017**

**Heller Amendment #1** to S. 870, the Creating High-Quality Results and Outcomes Necessary to Improve Chronic (CHRONIC) Care Act of 2017

**Cosponsors:**

**Short Title:** Amendment of a perfecting nature

**Description of Amendment:** TBD

**Offset:** To be provided.

[NOTE – Amendment sponsor reserves the right to modify the amendment for technical, revenue-neutrality, or other purposes.]

**Cassidy-Carper Amendment #1 to S. 870, Creating High-Quality Results and Outcomes Necessary to Improve Chronic (CHRONIC) Care Act of 2017**

**Short Title:**

Including the Treat and Reduce Obesity Act in the underlying bill.

**Description:**

Authorizes HHS to cover intensive behavioral therapy for obesity furnished by other providers in addition to qualified primary care physicians and other primary care practitioners and to cover medication for treatment of obesity or weight loss management for an overweight individual under Medicare Part D.

**Stabenow Amendment #1 to the Creating High-Quality Results and Outcomes Necessary to Improve Chronic (CHRONIC) Care Act of 2017**

**Short Title:** Expand Excellence in Mental Health

**Description of Amendment:** To amend Section 223(d)(3) of the Protecting Access to Medicare Act to increase, from 8 to 19, the number of states that may be selected to participate in Medicaid demonstration programs to improve community mental health services.

**Offset:** To be provided.

**Stabenow Amendment #2 to the Creating High-Quality Results and Outcomes Necessary to Improve Chronic (CHRONIC) Care Act of 2017**

**Short Title:** Alzheimer's Beneficiary and Caregiver Support

**Description of Amendment:** To amend title XI of the Social Security Act to require the Center for Medicare and Medicaid Innovation to test the efficacy of coverage and payment for Alzheimer's Disease caregiver support services in delaying or reducing the use of institutionalized care for Medicare beneficiaries.

**Offset:** To be provided.

**Cantwell/Grassley Amendment #1 to the Creating High-Quality Results and  
Outcomes Necessary to Improve Chronic (CHRONIC) Care Act of 2017**

Short Title: GAO study on Medicare coverage for individuals with lymphedema

Description of Amendment:

The amendment would direct the Government Accountability Office (GAO) to submit a report to Congress within eighteen months of the date of enactment assessing treatment patterns and health outcomes among Medicare beneficiaries diagnosed with lymphedema, specifically focusing on the use of compression therapy items to treat lymphedema. For purposes of the report, compression therapy items would be defined as compression garments, devices, bandaging systems, components, and supplies that are prescribed by a physician or clinician and are used primarily for the treatment of lymphedema. Specifically, the report would include:

- a. An evaluation of current coverage and reimbursement of compression therapy items used to treat lymphedema in the group and non-group health insurance markets, including whether such coverage has been shown to reduce inpatient hospital utilization;
- b. An evaluation of Medicare patient utilization associated with lymphedema and its complications;
- c. An evaluation of hospital utilization rates of Medicare beneficiaries experiencing complications due to the lack of coverage for compression therapy items;
- d. An evaluation of the potential effect of coverage for compression therapy items used to treat lymphedema on Medicare Part A hospitalizations and utilization.

Offset: N/A; amendment is budget neutral

**Cantwell Amendment #2 to the Creating High-Quality Results and  
Outcomes Necessary to Improve Chronic (CHRONIC) Care Act of 2017**

Short Title: GAO study on long-term care rebalancing as it relates to Medicare spending on dual-eligible beneficiaries with chronic conditions

Description of Amendment:

The amendment would direct the Government Accountability Office (GAO) to submit a report to Congress within eighteen months of the date of enactment evaluating current federal and state programs to rebalance dual-eligible, chronically-ill beneficiaries from institutional to home and community-based services (HCBS) as it relates to the Medicare program. Specifically, the study would include an assessment of current federal and state programs designed to transition dually-eligible Medicare/Medicaid beneficiaries with chronic conditions from institutional care to HCBS, and an evaluation of the effect of such programs, including any savings, on Medicare outlays for such beneficiaries.

Offset: N/A; amendment is budget neutral

Nelson Amendment #1 to S.870

Short Title: The Part D Beneficiary Appeals Fairness Act

Description of Amendment: This amendment will help seniors afford the costs of prescription drugs, such as expensive oncology drugs, by allowing them the option of appealing the high costs of specialty tier drugs through Medicare Part D.

Offset to be determined.

Menendez Amendment #1 to S. 870 -

Short Title: Expanding Telehealth Services to Urban and Suburban Areas

Description of Amendment: This amendment would strike the geographic restrictions on telehealth originating sites in section 1834(m)(4)(C)(i) of the Social Security Act.



**Carper-Roberts Amendment #1 to S. 870, Creating High-Quality Results and Outcomes Necessary to Improve Chronic (CHRONIC) Care Act of 2017**

**Short Title:**

Providing Part D prescription drug plans with Parts A and B claims data to promote the appropriate use of medications and improve health outcomes

**Description:**

Requires the Secretary of HHS to establish a process by which a Medicare Part D plan sponsor may submit a request to HHS for claims data under Medicare Parts A and B for purposes of optimizing therapeutic outcomes through improved medication use, improving care coordination as to prevent adverse health outcomes such as preventable emergency department visits and hospital readmissions, and other purposes determined appropriate by the Secretary

**Carper-Bennet Amendment #2 to S. 870, Creating High-Quality Results and Outcomes Necessary to Improve Chronic (CHRONIC) Care Act of 2017**

**Short Title:**

Expanding GAO study and report on medication synchronization to include study of 90-day prescription drug refills under Medicare Part D

**Description:**

Requires the Comptroller General of the United States to conduct a study and issue a report on the use, health outcomes, and costs associated with 90-day prescription drug refills

**Carper-Cassidy Amendment #3 to S. 870, Creating High-Quality Results and Outcomes Necessary to Improve Chronic (CHRONIC) Care Act of 2017**

**Short Title:**

Requiring Medicare Office of the Actuary to study long-term risk factors for the prevalence of chronic conditions in the Medicare population

**Description:**

Create a new group in the Medicare Office of the Actuary to study long-term cost drivers to Medicare costs related to obesity, tobacco use, mental health conditions, and other factors leading to chronic conditions among the Medicare population

**Cardin-Heller-Casey-Stabenow-Brown Amendment #1 to the Creating High-Quality Results and Outcomes Necessary to Improve Chronic (CHRONIC) Care Act of 2017**

**Short Title:** Medicare Access to Rehabilitation Act of 2017

**Description of Amendment:** This amendment would amend Title XVIII of the Social Security Act by repealing the Medicare outpatient rehabilitation therapy caps that limit Medicare beneficiaries' access to medically necessary outpatient physical therapy, occupational therapy, and speech-language pathology services.

These annual financial caps limit services often needed after a stroke, traumatic brain injury, or spinal cord injury, or to effectively manage conditions such as Parkinson's disease, multiple sclerosis, and arthritis. Arbitrarily capping outpatient rehabilitation therapy services causes some beneficiaries to delay necessary care, force others to assume higher out-of-pocket costs, and disrupt the continuum of care for many seniors and individuals with disabilities.

**Offset:** To be provided.

[Note: Amendment sponsor(s) reserve the right to modify this amendment for technical, revenue-related (if applicable), germaneness, or other purposes.]

## **Bennet/Portman Amendment #1 to the Chairman's Mark**

**Short title/purpose:** To amend Section 301 of the Chairman's Mark to establish a pilot program to improve care for the highest risk Medicare fee-for-service beneficiaries most in need of services through the use of comprehensive and effective care management.

**Description of Amendment:** This amendment would establish a pilot program in which the Secretary would enter into a contract with selected organizations, such as a Medicare Advantage Plan or Accountable Care Organization, to offer Medicare benefits and services in selected service areas to the highest risk, highest need Medicare fee-for-service beneficiaries in the selected service area. The program will be designed to provide comprehensive and integrated care management and services through a network of health care providers to meet the specialized needs of such identified beneficiaries.

## CASEY/PORTMAN AMENDMENT #1

Casey/Portman Amendment #1 to The Creating High-Quality Results and Outcomes Necessary to Improve Chronic (CHRONIC) Care Act of 2017

Short Title: Promoting Quality Health Care for Beneficiaries with Complex Chronic Illness Act of 2017

Description of Amendment:

This amendment recognizes the importance of accounting for social risk factors in the Medicare Advantage Star Ratings program and expresses the sense of the Senate that CMS should implement short-term adjustments to Star Ratings to progress toward a more equitable and accurate quality measurement system for plans serving beneficiaries who are dually eligible for Medicare and Medicaid while working on a longer-term solution consistent with findings by the Office of the Assistant Secretary for Planning and Evaluation.

Amends section 302 by inserting the following at the end of the section.

1. The December 2016 report released by the Office of the Assistant Secretary for Planning and Evaluation (ASPE), as required by the Improving Medicare Post-Acute Care Transformation Act of 2014 (P.L. 113-185), found that dual-eligibility beneficiary status is the most significant predictor of poor health outcomes as measured by the Medicare Advantage Star Ratings program, and that dual status, low-income status, and disability status, as well as other social determinants of health factors examined impacted outcomes, independent from provider or plan behavior;
2. The Centers for Medicare and Medicaid Services (CMS) acknowledges the need to account for social risk factors in the Medicare Advantage Star Ratings program and expresses desire to work with stakeholders, measure developers, researchers, ASPE, and other collaborators of the Department of Health and Human Services to do so;
3. These adverse effects are especially profound for Medicare Advantage Special Needs Plans (SNPs) which predominately enroll dual-eligible beneficiaries and beneficiaries who live in poverty, are frail, are disabled, and have complex chronic illness as well as behavioral health issues;

4. Expanding Medicare Advantage supplemental benefits to enable plans to offer more non-health benefits, such as transportation and nutrition services, would help address the social risk factors of dual-eligible and low-income beneficiaries and help support their ability to achieve better health outcomes;

The amendment expresses the sense of the Senate that the Senate supports:

1. Interim changes to the Medicare Advantage Star Rating program to move toward a more equitable and accurate quality measurement system for beneficiaries served by plans that predominately serve dual-eligible beneficiaries;
2. The Centers for Medicare and Medicaid Services (CMS) implementing short-term adjustments to the Medicare Advantage Star Ratings program to account for the impact of social risk factors until such time that a methodology that fully accounts for the adverse effects of social risk factors can be thoroughly tested and implemented;
3. CMS developing long-term solutions that account for social risk factors in the Medicare Advantage Star Ratings program in a transparent process that includes consultation and engagement of stakeholders and is consistent with the December 2016 report released by the Office of the Assistant Secretary for Planning and Evaluation (ASPE); and
4. CMS issuing a timeline outlining the development of their long-term solution to account for social risk factors under the Medicare Advantage Star Ratings program.

Score: No Budgetary Effect