

Later, Davies served as a special assistant and advisor to Senator BOB GRAHAM during his terms as Florida Governor and U.S. Senator, and worked as the state coordinator of the Martin Luther King, Jr. Foundation. Throughout his entire career, Davies was a public voice for minorities and improving the lives of young people in minority communities.

However, the people of St. Petersburg will remember him best for his work in our community. In 1968, Davies returned to St. Petersburg in support of city sanitation workers who were on strike for better wages and benefits. He served on the Coalition of African-American Leadership, created following the St. Petersburg city riots in 1996, as well as the Citizens Advisory Commission, appointed by the Clinton Administration to oversee the federal assistance to the city after the civil unrest.

On behalf of the Tampa Bay area, I extend my deepest sympathies to Marvin Davies's family and friends. His life work will never be forgotten.

## INTRODUCTION OF THE MEDICARE CHRONIC CARE IMPROVEMENT ACT

**HON. FORTNEY PETE STARK**

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, June 4, 2003*

Mr. STARK. Mr. Speaker, today I join with several colleagues to introduce the Medicare Chronic Care Improvement Act of 2003. This legislation would strengthen Medicare in the truest sense, by improving the quality of care delivered to Medicare beneficiaries. The bill would make these improvements without forcing beneficiaries to leave the traditional Medicare program and join private insurance plans, and without restricting beneficiaries' choice of doctor, hospital, or other health care provider.

Medicare beneficiaries have significant chronic care needs. Nearly 90 percent of those aged 65 and older have one chronic condition and two thirds have two or more chronic conditions. Beneficiaries with five or more chronic conditions comprise 20 percent of the Medicare population, but they account for an astonishing 66 percent of program spending. On average, Medicare beneficiaries with chronic conditions see eight different physicians regularly.

Unfortunately, Medicare—like the rest of our health care system—is designed around acute care needs. We generally do not adequately compensate providers for on-going care such as the time spent communicating with each other around complex patient needs, monitoring for harmful drug interactions, or teaching patients and caregivers how to better manage their conditions. As a result, these crucial care coordination services are rarely provided.

President Bush and some of my Republican colleagues would have us believe that we can solve this problem by forcing seniors into private insurance plans. Simply put, that claim is ridiculous. The need for chronic care improvements is just as pervasive among private insurers and the rest of the health care system as it is in Medicare. That is why the National Academy of Social Insurance (NASI) Study Panel on Medicare and Chronic Care in the 21st Century concluded earlier this year that, "Medicare has the potential to refocus its

Medicare program—as well as the nation's health care system—and should take a leading role in improving chronic care."

The Medicare Chronic Care Improvement Act would follow through on that expert recommendation. This bill provides the Medicare improvements that seniors and people with disabilities need by: Improving access to preventive and wellness services; expanding coverage for care coordination and assessment services for Medicare beneficiaries with chronic conditions; implementing a chronic care Quality Improvement Program; providing federal matching grants for clinical information technology systems that improve the coordination and quality of chronic care; ensuring that Medicare beneficiaries are not inappropriately denied coverage for services that are necessary to maintain health or functional status; commissioning an Institute of Medicine study and report on additional ways to ensure effective chronic care.

For more detail, I am entering a section-by-section bill summary into the CONGRESSIONAL RECORD following this statement.

The Medicare Chronic Care Improvement Act is supported by a variety of health organizations representing consumers and providers, including the Alzheimer's Association, the American Geriatrics Society, the Center for Medicare Advocacy, Families USA, the Medicare Rights Center, and the National Chronic Care Consortium.

The Medicare Chronic Care Improvement Act enjoys wide support because it strengthens Medicare for all beneficiaries, whether they are in traditional Medicare or private plans that contract with Medicare. Unlike the President's Medicare "reform" plan or plans being developing by Congressional Republicans, the Medicare Chronic Care Improve Act would never force elderly and disabled Americans to give up traditional Medicare in order to get crucial benefits. They will never be forced to choose between the doctors they know and trust and the coverage they need. Those are not real choices and will not improve the quality of care beneficiaries receive.

I urge my colleagues to support real Medicare reform by cosponsoring the Medicare Chronic Care Improvement Act.

### MEDICARE CHRONIC CARE IMPROVEMENT ACT OF 2003

Representative Stark and Senator Rockefeller

#### TITLE I—BENEFITS TO PREVENT, DELAY, AND MINIMIZE THE PROGRESSION OF CHRONIC CONDITIONS

**Improve Access to Preventive Services:** Eliminate all cost-sharing (deductibles and co-insurance) for preventive services that Medicare covers today; Direct the Secretary of Health and Human Services (HHS) to contract with the Institute of Medicine (IOM) to investigate and recommend new Medicare preventive benefits every three years; Streamline Medicare benefit improvements by granting the Secretary the authority to expand Medicare coverage of preventive benefits in accordance with IOM recommendations; Provide coverage for a "Welcome to Medicare" initial preventive exam, in which beneficiaries would receive initial preventive screening tests, a physical exam, and discuss prevention and health promotion with their doctors.

**Expand Coverage for Care Coordination and Assessment Services:** Create a new care coordination benefit for Medicare beneficiaries with chronic conditions; Examples

of items and services to be covered include: initial and periodic health assessments; management and referral for medical and other health services; medication management; patient and family caregiver education and counseling; 24-hour access to care coordinators; management of transitions across care settings; information and referral to community-based services and hospice care; other services and benefits specified by the Secretary; Beneficiaries eligible for these benefits include those with either a serious and disabling chronic condition or four or more chronic conditions; Care coordinators (including physicians, physician group practices, or other health care professionals or entities) must be periodically certified and must agree to participate in a quality improvement program.

**Implement Chronic Care Quality Improvement Program:** Direct the Secretary of HHS to establish a program to monitor and improve clinical outcomes for beneficiaries with chronic conditions. Under this program, the Secretary will establish performance measures, collect data, and provide performance reports to care coordinators and beneficiaries.

**Improve Medicare+Choice for Beneficiaries with Chronic Conditions:** Require Medicare+Choice plans to provide care coordination services and implement chronic care quality improvement programs.

**Improve Chronic Care Coordination through Information Technology:** Establish federal matching grants to support clinical information technology systems development, implementation, and training among Medicare-participating care coordinators.

**Ensure Proper Medicare Coverage Standards:** Direct the Secretary of HHS to review all Medicare coverage policies. The Secretary must ensure that Medicare contractors properly apply the Medicare statute and not demand a showing of improvement to find that items or services are reasonable and necessary.

#### TITLE II—INSTITUTE OF MEDICINE STUDY ON EFFECTIVE CHRONIC CONDITION CARE

**Recommend Medicare Improvements to Ensure Effective Care for Beneficiaries with Chronic Conditions:** Direct the Secretary to contract with the IOM to investigate and identify barriers and facilitators to effective care for Medicare beneficiaries with chronic conditions, including inconsistent clinical, financial, or administrative requirements across care settings. The IOM report must include recommendations to improve the provision of effective care, including seamless transitions across health care settings.

**Definitions:** "Chronic condition" means an illness, functional limitation, or cognitive impairment that is expected to last at least one year, limits what a person can do, and requires on-going medical care; "Serious and disabling chronic condition(s)" means the individual has at least one chronic condition and has been certified by a licensed health care practitioner within the preceding 12 months as having a level of disability such that the individual, for at least 90 days, is unable to perform at least 2 ADLs or a number of IADLs or other measure indicating an equivalent level of disability or requiring substantial supervision due to severe cognitive impairment.