

111TH CONGRESS
1ST SESSION

S. 1181

To provide for a demonstration project to examine whether community-level public health interventions can result in lower rates of chronic disease for individuals entering the Medicare program.

IN THE SENATE OF THE UNITED STATES

JUNE 4, 2009

Mr. WYDEN introduced the following bill; which was read twice and referred to the Committee on Finance

A BILL

To provide for a demonstration project to examine whether community-level public health interventions can result in lower rates of chronic disease for individuals entering the Medicare program.

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 “Healthy Living and
5 Health Aging Demonstration Project Act of 2009”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

1 (1) Chronic diseases are the leading cause of
2 death and disability in the United States. Seven in
3 every 10 deaths are attributable to chronic disease,
4 with more than 1,700,000 Americans dying each
5 year. Approximately 133,000,000 Americans, rep-
6 resenting 45 percent of the Nation's population,
7 have at least 1 chronic disease.

8 (2) In 2007, the United States spent over
9 \$2,200,000,000,000 on health care, with 75 cents
10 out of every dollar spent going towards treatment of
11 individuals with 1 or more chronic disease. In public
12 programs, treatment for chronic diseases constitutes
13 an even higher percentage of total spending, with 83
14 cents of every dollar spent by Medicaid programs
15 and more than 95 cents of every dollar spent by the
16 Medicare program going towards costs related to
17 chronic disease.

18 (3) Since 1987, the rate of obesity in the
19 United States has doubled, accounting for a 20 to
20 30 percent increase in health care spending. Addi-
21 tionally, the percentage of young Americans who are
22 overweight has tripled since 1980. If the prevalence
23 of obesity was at the same level as it was in 1987,
24 health care spending would be nearly 10 percent

1 lower per person, for a total savings of nearly
2 \$200,000,000,000.

3 (4) The vast majority of cases of chronic dis-
4 ease could be better prevented or managed. The
5 World Health Organization has estimated that if the
6 major risk factors for chronic diseases were elimi-
7 nated, at least 80 percent of all cases of heart dis-
8 ease, stroke, and type 2 diabetes could be prevented,
9 while also averting more than 40 percent of cancer
10 cases.

11 (5) Depressive disorders are also becoming in-
12 creasingly common, chronic, and costly. In 1990, the
13 World Health Organization identified major depres-
14 sion as the fourth leading cause of disease world-
15 wide, leading to more cases of disability than
16 ischemic heart disease or cerebrovascular disease.
17 Research has shown that mental health screenings
18 following disease diagnosis for diabetic patients can
19 improve health while remaining cost-effective.

20 (6) A report by the Trust for America's Health
21 found that an annual investment of \$10 per person
22 in proven community-based programs to increase
23 physical activity, improve nutrition, and prevent to-
24 bacco use and smoking could, within 5 years, save
25 the United States more than \$16,000,000,000 annu-

ally, with savings of more than \$5,000,000,000 for Medicare and \$1,900,000,000 for Medicaid, as well as over \$9,000,000,000 in savings for private health insurance payers.

SEC. 3. DEMONSTRATION PROJECT FOR COMMUNITY-LEVEL PUBLIC HEALTH INTERVENTIONS.

(a) DEFINITIONS.—In this Act:

(1) ADMINISTRATOR.—The term “Administrator” means the Administrator of the Centers for Medicare & Medicaid Services.

(2) CHRONIC DISEASE OR CONDITION.—The term “chronic disease or condition” means diabetes, hypertension, pulmonary diseases (including asthma), hyperlipidemia, obesity, and any other disease or condition as determined by the Secretary of Health and Human Services.

(3) COMMUNITY-BASED PREVENTION AND INTERVENTION STRATEGY.—The term “community-based prevention and intervention strategy” means programs and services intended to prevent and reduce the incidence of chronic disease, including walking programs, group exercise classes, anti-smoking programs, healthy eating programs, increased access to nutritious and organic foods, programs and services that have been recommended by the Task

1 Force on Community Preventive Services, and any
2 programs or services that have been proposed by an
3 eligible partnership and certified by the Director of
4 the Centers for Disease Control and Prevention as
5 evidence-based.

6 (4) DIRECTOR.—The term “Director” means
7 the Director of the Centers for Disease Control and
8 Prevention.

9 (5) MEDICARE.—The term “Medicare” means
10 the program established under title XVIII of the So-
11 cial Security Act (42 U.S.C. 1395 et seq.).

12 (6) PRE-MEDICARE ELIGIBLE INDIVIDUAL.—
13 The term “pre-Medicare eligible individual” means
14 an individual who has attained age 55, but not age
15 65.

16 (7) SECRETARY.—The term “Secretary” means
17 the Secretary of Health and Human Services.

18 (8) STATE.—The term “State” means each of
19 the 50 States, the District of Columbia, the Com-
20 monwealth of Puerto Rico, the United States Virgin
21 Islands, Guam, the Commonwealth of the Northern
22 Mariana Islands, and American Samoa.

23 (b) ESTABLISHMENT.—

24 (1) IN GENERAL.—The Secretary, acting
25 through the Administrator and in consultation with

the Director, shall establish a demonstration project under which eligible partnerships, as described in subsection (d)(1), are awarded grants to examine whether community-based prevention and intervention strategies, targeted towards pre-Medicare eligible individuals, result in—

(A) lower rates of chronic diseases and conditions after such individuals become eligible for benefits under Medicare; and

(B) lower costs under Medicare.

(2) FEDERAL AGENCY RESPONSIBILITIES.—

(A) CENTERS FOR MEDICARE & MEDICAID SERVICES.—The Administrator shall have primary responsibility for administering and evaluating the demonstration project established under this section.

(B) CENTERS FOR DISEASE CONTROL AND PREVENTION.—The Director shall—

(i) certify that community-based prevention and intervention strategies proposed by eligible partnerships are evidence-based;

(ii) administer and provide grants for health screenings and risk assessments and community-based prevention and interven-

1 tion strategies conducted by eligible part-
 2 nerships; and

3 (iii) provide grants to designated clin-
 4 ical referral sites (as described in sub-
 5 section (d)(1)(B)(ii)(I)) for reimbursement
 6 of administrative costs associated with
 7 their participation in the demonstration
 8 project.

9 (c) DURATION AND SELECTION OF PARTNER-
 10 SHIPS.—

11 (1) DURATION.—The demonstration project
 12 shall be conducted for a 5-year period, beginning not
 13 later than 2010.

14 (2) NUMBER OF PARTNERSHIPS.—The Admin-
 15 istrator, in consultation with the Director, shall se-
 16 lect not more than 6 eligible partnerships.

17 (3) SELECTION OF PARTNERSHIPS.—Eligible
 18 partnerships shall be selected by the Administrator
 19 in a manner that—

20 (A) ensures such partnerships represent
 21 racially, ethnically, economically, and geographi-
 22 cally diverse populations, including urban,
 23 rural, and underserved areas; and

1 (B) gives priority to such partnerships that
 2 include employers (as described in subsection
 3 (d)(1)(C)).

4 (d) ELIGIBLE PARTNERSHIPS.—

5 (1) DESCRIPTION.—

6 (A) IN GENERAL.—Subject to subpara-
 7 graph (C), for purposes of this section, an eligi-
 8 ble partnership is a partnership that submits an
 9 approved application to participate in the dem-
 10 onstration project under this section and in-
 11 cludes both of the entities described in subpara-
 12 graph (B).

13 (B) REQUIRED ENTITIES.—An eligible
 14 partnership shall consist of a partnership be-
 15 tween the following:

16 (i) A State or local public health de-
 17 partment that shall—

18 (I) serve as the lead organization
 19 for the eligible partnership;

20 (II) develop appropriate commu-
 21 nity-based prevention and intervention
 22 strategies and present such strategies
 23 to the Director for certification; and

24 (III) administer certified commu-
 25 nity-based prevention and intervention

1 strategies and conduct such strategies
2 in association with local community
3 organizations.

4 (ii) A medical facility as deemed ap-
5 propriate by the Administrator, including
6 health centers (as described under section
7 330 of the Public Health Service Act (42
8 U.S.C. 254b)) and rural health clinics (as
9 described in section 1861(aa)(2) of the So-
10 cial Security Act (42 U.S.C.
11 1395x(aa)(2))), that shall—

12 (I) serve as the designated clin-
13 ical referral site for medical services,
14 as described in subsection
15 (e)(4)(B)(i);

16 (II) provide assistance to the des-
17 igned public health department with
18 organization and administration of in-
19 dividual health screenings and risk as-
20 sessments, as described in subsection
21 (e)(3);

22 (III) collect payment for medical
23 treatment and services that have been
24 provided to individuals under the dem-
25 onstration project in a manner that is

1 consistent with State law and applica-
2 ble clinic policy; and

3 (IV) provide mental health serv-
4 ices or obtain an agreement with a
5 designated mental health provider for
6 referral and provision of such services.

7 (C) OPTIONAL ENTITIES.—An eligible
8 partnership may include other organizations as
9 practicable and necessary to assist in commu-
10 nity outreach activities and to engage health
11 care providers, insurers, employers, and other
12 community stakeholders in meeting the goals of
13 the demonstration project.

14 (2) APPLICATIONS.—An eligible partnership
15 that desires to participate in the demonstration
16 project shall submit to the Administrator an applica-
17 tion at such time, in such manner, and containing
18 such information as the Administrator may require.

19 (e) USE OF FUNDS.—

20 (1) IN GENERAL.—An eligible partnership shall
21 use funds received under this section to conduct
22 community-based prevention and intervention strate-
23 gies and health screenings and risk assessments for
24 pre-Medicare eligible individuals from a diverse se-
25 lection of ethnic backgrounds and income levels.

1 (2) COMMUNITY-BASED PREVENTION AND
 2 INTERVENTION STRATEGY.—An eligible partnership,
 3 acting through the State or local health department,
 4 shall promote healthy lifestyle choices among pre-
 5 Medicare eligible individuals by implementing and
 6 conducting a certified community-based prevention
 7 and intervention strategy that shall be made avail-
 8 able to all such individuals.

9 (3) INDIVIDUAL HEALTH SCREENINGS AND
 10 RISK ASSESSMENTS.—An eligible partnership, acting
 11 through the State or local public health department
 12 (or an appropriately designated facility), shall agree
 13 to provide the following:

14 (A) SCREENINGS FOR CHRONIC DISEASES
 15 AND CONDITIONS.—Individual health screenings
 16 for chronic diseases or conditions, which shall
 17 include appropriate tests for—

- 18 (i) diabetes;
- 19 (ii) high blood pressure;
- 20 (iii) high cholesterol;
- 21 (iv) body mass index;
- 22 (v) physical inactivity;
- 23 (vi) poor nutrition;
- 24 (vii) tobacco use; and

1 (viii) any other chronic disease or con-
2 dition as determined by the Director.

3 (B) MENTAL HEALTH SCREENINGS.—A
4 mental health screening and, if appropriate, re-
5 ferral for additional mental health services, for
6 any individual who has been screened and diag-
7 nosed with a chronic disease or condition.

8 (4) CLINICAL TREATMENT FOR CHRONIC DIS-
9 EASES.—The eligible partnership shall agree to pro-
10 vide the following:

11 (A) TREATMENT AND PREVENTION REFER-
12 RALS FOR INSURED INDIVIDUALS.—To refer an
13 individual determined to be covered under a
14 health insurance program who has been
15 screened and diagnosed with a chronic disease
16 or chronic disease risk factors (including high
17 blood pressure, high cholesterol, obesity, or to-
18 bacco use)—

19 (i) to a provider under such program
20 for further medical or mental health treat-
21 ment; and

22 (ii) for enrollment in an appropriate
23 community-based prevention and interven-
24 tion strategy program.

1 (B) TREATMENT AND PREVENTION REFER-
2 RALS FOR UNINSURED INDIVIDUALS.—To refer
3 an individual determined to be without coverage
4 under a health insurance program who has been
5 screened and diagnosed with a chronic disease
6 or chronic disease risk factors (including high
7 blood pressure, high cholesterol, obesity, or to-
8 bacco use) to the designated clinical referral
9 site—

10 (i) for determination of eligibility for
11 public health programs, or appropriate
12 treatment (including mental health serv-
13 ices) pursuant to the facility’s existing au-
14 thority and funding and in accordance with
15 applicable fees and payment collection as
16 described in subsection (d)(1)(B)(ii)(III);
17 and

18 (ii) for enrollment in an appropriate
19 community-based prevention and interven-
20 tion strategy program.

21 (C) HEALTHY INDIVIDUALS.—To provide
22 an individual who is not diagnosed with a
23 chronic disease and does not exhibit any chronic
24 disease risk factors with appropriate informa-
25 tion on healthy lifestyle choices and available

1 community-based prevention and intervention
2 strategy programs.

3 (5) RULE OF CONSTRUCTION.—Nothing in this
4 section shall be construed as entitling an individual
5 who participates in the demonstration project to
6 benefits under Medicare.

7 (f) MONITORING.—The Secretary shall develop and
8 administer a program to evaluate the effectiveness of the
9 demonstration project by collecting the following:

10 (1) HEALTH RISK ASSESSMENT RESULTS.—
11 Each eligible partnership shall maintain records of
12 medical information and results obtained during
13 each individual's health screening and risk assess-
14 ment to establish baseline data for continued moni-
15 toring and assessment of such individuals.

16 (2) MEDICARE EXAMINATION RESULTS.—The
17 Secretary shall collect medical information obtained
18 during the initial preventive physical examination
19 under Medicare (as defined in section 1861(w) of
20 the Social Security Act (42 U.S.C. 1395x(w))) for
21 those individuals who received health screenings and
22 risk assessments through the demonstration project.

23 (g) EVALUATION.—

24 (1) INDEPENDENT RESEARCH.—The Secretary,
25 in consultation with the Director and the Adminis-

1 trator, shall enter into a contract with an inde-
2 pendent entity or organization that has dem-
3 onstrated—

4 (A) prior experience in population-based
5 assessment of public health interventions de-
6 signed to prevent or treat chronic diseases and
7 conditions; and

8 (B) knowledge and prior study of the gen-
9 eral health and lifestyle behaviors of pre-Medi-
10 care eligible individuals.

11 (2) EVALUATION DESIGNS.—The entity or orga-
12 nization selected by the Secretary under paragraph
13 (1) shall, using the information and data collected
14 pursuant to subsection (f), conduct an assessment of
15 the demonstration project through—

16 (A) a population-based design that com-
17 pares those populations targeted under the
18 demonstration project with a matched control
19 group; and

20 (B) a pre-post design that measures
21 changes in health indicators (including im-
22 proved diet or increased physical activity) and
23 health outcomes in the targeted populations for
24 those individuals who participated in individual
25 health risk assessments and, prior to completion

1 of the demonstration project, became eligible
2 for benefits under Medicare.

3 (h) REPORTING.—

4 (1) PROGRESS REPORT.—Not later than 3
5 years after implementation of the demonstration
6 project, the Secretary shall prepare and submit a re-
7 port on the status of the project to Congress, includ-
8 ing—

9 (A) the progress and results of any activi-
10 ties conducted under the demonstration project;
11 and

12 (B) identification of health indicators
13 (such as improved diet or increased physical ac-
14 tivity) that have been determined to be associ-
15 ated with controlling or reducing the level of
16 chronic disease for pre-Medicare eligible individ-
17 uals.

18 (2) FINAL REPORT.—Not later than 18 months
19 after completion of the demonstration project, the
20 Secretary shall prepare and submit a final report
21 and evaluation of the project to Congress, includ-
22 ing—

23 (A) the results of the assessment con-
24 ducted under subsection (g)(2);

1 (B) a description of community-based pre-
2 vention and intervention strategies that have
3 been determined to be effective in controlling or
4 reducing the level of chronic disease for pre-
5 Medicare eligible individuals;

6 (C) calculation of potential savings under
7 Medicare based upon a comparison of chronic
8 disease rates between the populations targeted
9 under the demonstration project and the
10 matched control group; and

11 (D) recommendations for such legislation
12 and administrative action as the Secretary de-
13 termines appropriate.

14 (i) AUTHORIZATION OF APPROPRIATIONS.—For the
15 purpose of carrying out the demonstration project estab-
16 lished under this section, there is authorized to be appro-
17 priated \$200,000,000 for the period of fiscal years 2010
18 through 2016.

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