

113TH CONGRESS
1ST SESSION

H. R. 1024

To amend title XVIII of the Social Security Act to provide part D eligible individuals with single chronic diseases access to services under medication therapy management programs under the Medicare part D prescription drug program.

IN THE HOUSE OF REPRESENTATIVES

MARCH 7, 2013

Mrs. McMORRIS RODGERS 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 amend title XVIII of the Social Security Act to provide part D eligible individuals with single chronic diseases access to services under medication therapy management programs under the Medicare part D prescription drug 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 “Medication Therapy
5 Management Empowerment Act of 2013”.

1 **SEC. 2. ACCESS TO SERVICES UNDER MEDICATION THER-**
2 **APY MANAGEMENT PROGRAMS FOR MEDI-**
3 **CARE PART D ELIGIBLE INDIVIDUALS WITH**
4 **SINGLE CHRONIC DISEASES.**

5 Section 1860D–4(c)(2)(A) of the Social Security Act
6 (42 U.S.C. 1395w–104(c)(2)(A)) is amended—

7 (1) in clause (ii), by striking subclause (I) and
8 inserting the following:

9 “(I) have—

10 “(aa) multiple chronic dis-
11 eases (such as diabetes, asthma,
12 hypertension, hyperlipidemia, and
13 congestive heart failure); or

14 “(bb) subject to clause (iii),
15 any single chronic disease, in-
16 cluding diabetes, hypertension,
17 heart failure, dyslipidemia, res-
18 piratory disease (such as asthma,
19 chronic obstructive pulmonary
20 disease or chronic lung disorder),
21 bone disease-arthritis (such as
22 osteoporosis or osteoarthritis),
23 rheumatoid arthritis, or mental
24 health disorder (such as depres-
25 sion, schizophrenia, or bipolar
26 disorder).”; and

(2) by adding at the end the following:

“(iii) DETERMINATIONS RELATING TO
PROGRAM COSTS FOR INCLUDING INDIVID-
UALS WITH SINGLE CHRONIC DISEASES.—

“(I) INITIAL DETERMINA-
TIONS.—With regard to any single
chronic disease, clause (ii)(I)(bb) shall
only be applied if the Chief Actuary
for the Centers for Medicare & Med-
icaid Services determines that the ap-
plication of such clause with regard to
such disease is not projected to in-
crease overall costs to the Medicare
program under this title over the five
year period beginning on the date of
determination.

“(II) REVIEW OF DETERMINA-
TIONS.—In the case that clause
(ii)(I)(bb) is applied with respect to a
single chronic disease pursuant to a
determination under subclause (I), not
later than five years after such date of
determination, the Chief Actuary for
the Centers for Medicare & Medicaid
Services shall review the effect of the

1 application of such clause with respect
2 to such disease on the actual cost of
3 the Medicare program under this title
4 during such five years. Based on such
5 review, if the Chief Actuary is unable
6 to determine that, with regard to such
7 single chronic disease, the application
8 of such clause did not increase costs
9 to the Federal government under the
10 Medicare program under this title
11 over such period, then the Secretary
12 shall review the findings of the Chief
13 Actuary and determine whether such
14 clause shall continue to be applied
15 with regard to such single chronic dis-
16 ease. In conducting such review and
17 making such determination, the Sec-
18 retary shall consider the extent to
19 which the application of such clause
20 with regard to such single chronic dis-
21 ease effects the health outcomes of
22 part D eligible individuals and any
23 savings and costs to the Federal gov-

- 1 ernment under the Medicare program
- 2 under this title.”.

