II

113TH CONGRESS
1ST SESSION

S. 557

To amend title XVIII of the Social Security Act to improve access to medication therapy management under part D of the Medicare program.

IN THE SENATE OF THE UNITED STATES

MARCH 13, 2013

Mrs. HAGAN (for herself, Mr. ROBERTS, Mr. FRANKEN, Ms. KLOBUCHAR, Mr. JOHNSON of South Dakota, and Mr. BROWN) introduced the following bill; which was read twice and referred to the Committee on Finance

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A BILL

To amend title XVIII of the Social Security Act to improve access to medication therapy management under part D of the Medicare program.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Medication Therapy Management Empowerment Act of 2013''.

SEC. 2. IMPROVED ACCESS TO MEDICATION THERAPY MANAGEMENT UNDER PART D OF THE MEDICARE PROGRAM.

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

(1) in subparagraph (A)(ii)(I), by striking ‘‘have’’ and inserting ‘‘subject to subparagraph (H), have’’; and

(2) by adding at the end the following new subparagraph:

‘‘(H) EXPANSION OF DEFINITION OF TARGETED BENEFICIARY THE EXPANSION REDUCES SPENDING.—

‘‘(i) CMS ACTUARY REPORT.—Not later than January 1, 2014, the Chief Actuary of the Centers for Medicare & Medicaid Services (in this subparagraph referred to as the ‘Chief Actuary’) shall submit to the Secretary and to Congress a report on whether or not the expansion described in clause (ii) would, if implemented, reduce expenditures under this title. If the Chief Actuary determines that such expansion would reduce spending under this title, such report shall include a certification of such determination.

"(ii) EXPANSION DESCRIBED.—The expansion described in this clause is an expansion of the definition of targeted beneficiary under subparagraph (A)(ii) by applying subclause (I) of such subparagraph as if the following were inserted before the semicolon at the end: 'or a single chronic disease that accounts for high spending under this title, including diabetes, hypertension, heart failure, dyslipidemia, respiratory disease (such as asthma, chronic obstructive pulmonary disease, or chronic lung disorders), bone disease-arthritis (such as osteoporosis or osteoarthritis), rheumatoid arthritis, and mental health (such as depression, schizophrenia, or bipolar disorder)'.

"(iii) APPLICATION IF THE CHIEF ACTUARY DETERMINES THAT THE EXPANSION REDUCES SPENDING.—If the report under clause (i) contains the certification described in such clause, the following rules shall apply:

"(I) IMPLEMENTATION OF EXPANSION.—Subject to subclause (III), effective with respect to plan years beginning on or after January 1, 2015, subparagraph (A)(ii)(I) shall be applied to include the expansion described in clause (ii).

"(II) UPDATED CMS ACTUARY REPORT BASED ON IMPLEMENTATION.—Not later than March 1, 2020, the Chief Actuary shall submit to the Secretary and to Congress a report on the implementation of the expansion under subclause (I). Such report shall include an analysis of whether or not such expansion reduces spending under this title.

"(III) AUTHORITY TO TERMINATE EXPANSION IF THE EXPANSION DOES NOT REDUCE SPENDING.—If the Chief Actuary determines in the report under subclause (II) that the expansion does not reduce spending under this title, the Secretary may, effective with respect to plan years beginning on or after January 1, 2021, apply subparagraph (A)(ii)(I) as if this subparagraph had never been enacted. In making the determination under the preceding sentence, the Secretary shall take into account whether such expansion improves the quality of care furnished to, and the health outcomes of, individuals eligible for services under a medication therapy management program by reason of such expansion.''.

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