



Meeting With Your Members of Congress and Staff

Geriatric and Chronic Care Management

The Geriatric and Chronic Care Management Act was introduced in both the House (H.R. 4689) and the Senate (S. 2593) in late June. This legislation would authorize Medicare coverage of geriatric assessment and care management for eligible beneficiaries.

S. 2593 has a total of 13 cosponsors in the Senate, including the author of the legislation, Blanche Lincoln of Arkansas. They are: Harry Reid (D-NV), Bob Graham (D-FL), John Breaux (D-LA), John Kerry (D-MA), Susan Collins (R-ME), Barbara Mikulski (D-MD), Jack Reed (D-RI), Paul Sarbanes (D-MD), Hillary Clinton (D-NY), Mary Landrieu (D-LA), Patty Murray (D-WA), and Jeff Bingaman (D-NM).

The House bill (H.R. 4689), introduced by Rep. Gene Green (D-TX), has 9 cosponsors. They are: Rep Eliot Engel, (NY-17), Rep. Martin Frost (TX-24), Rep Luis Gutierrez (IL-4), Rep Maurice Hinchey (NY-22), Rep Charley Rangel (NY-15), Rep. Elijah Cummings (MD-7), Rep. Donna Christensen (VI), Ed Pastor (D-AZ), and Lois Capps (D-CA).

Copies of the bills can be downloaded by going to <http://thomas.loc.gov/> and searching by bill number.

Explanation of Why Bill is Needed

Currently, 87 percent of Medicare beneficiaries have one or more chronic conditions such as heart disease and diabetes, and 66 percent have multiple chronic conditions. The cost of managing these conditions is enormous. Seniors with five or more chronic conditions account for 20 percent of the Medicare population but 66 percent of Medicare spending. Poorly managed chronic conditions can lead to a range of other illnesses and complications and result in costly hospitalizations.

Despite the prevalence of seniors with chronic illnesses, the Medicare fee-for-service system is largely structured and financed to manage acute care episodes, not to manage and support the complex needs of beneficiaries with progressive chronic diseases. It does not pay for many of the services shown to be effective in managing chronic disease such as medication management, coordination with other providers to avoid duplication of tests, patient and family caregiver education, and referral to and coordination with community services.

While Medicare has recently undergone major reforms in the Medicare Prescription Drug, Improvement, and Modernization Act, including the addition of a large-scale disease management pilot program called the chronic care improvement program (CCIP),

we believe this new program may not adequately address the needs of frail persons with multiple chronic conditions. This program authorizes a vendor-based approach to helping beneficiaries manage health through decision-support mechanisms and clinical databases to track beneficiary health.

Action Requested

You are scheduled to meet with your congressional representatives. The purpose of these visits is to request that these offices cosponsor S. 2593/H.R. 4689.

In particular, be prepared to:

- Explain how the Geriatric and Chronic Care Management Act would benefit seniors in your state. Discuss how geriatric assessment and care coordination services benefit the frail elderly (e.g., can prevent or delay admission to a nursing home, coordination of medication prevents drug interactions and adverse reactions, results in recognition and treatment of depression, improvement in quality of life.)
- Provide examples that underscore the pressing need for this legislation and why improved reimbursement would help address the growing geriatrician shortage (e.g., Medicare patients can't find geriatricians, geriatricians have limited the number of Medicare patients in their practices).