



Health Policy Briefing

February 9, 2015

President Releases Budget; Republicans Release ACA Replacement

President Releases FY 2016 Budget

On February 2, 2015, President Obama released his Fiscal Year (FY) 2016 Budget, featuring an ambitious public works program, a one-time tax on foreign profits kept overseas by corporations, tax credits for middle-class Americans, and a 1.3 percent pay raise for federal employees and troops. The President's fiscal blueprint, for the budget year that begins Oct. 1, 2015, proposes spending \$4 trillion and projects revenues of \$3.53 trillion, leaving a deficit of \$474 billion. The budget request exceeds the spending caps established in 2010 by \$74 billion spread evenly between military and non-military discretionary spending. While the Administration is proposing offsets to cover some of the expanded spending (\$1.8 trillion over a 10-year period), it also argued strongly for the elimination of the limits that trigger wide cuts known as sequestration. The Budget includes the following health provisions:

- \$31.3 billion for biomedical research at the National Institutes of Health (NIH), providing about 10,000 new NIH grants
- \$215 million to launch a Precision Medicine Initiative that will accelerate the ability to improve health outcomes and better treat diseases
- New funding to implement innovative policies to train new health care providers, investing \$810 million in 2016 and \$2.1 billion from 2017-2020 in the National Health Service Corps and proposing \$5.25 billion over 10 years to support 13,000 new medical school graduate residents through a new competitive graduate medical education (GME) program and extends increased payments for primary care services.
- Assumes repeal of the Medicare sustainable growth rate (SGR) formula and reforming Medicare physicians payments in a manner consistent with the reforms included in last Congress' bipartisan, bicameral legislation.
- Increases funding for programs across the Centers for Disease Control and Prevention (CDC), the Substance Abuse and Mental Health Services Administration (SAMHSA), the Agency for Healthcare Research and Quality (AHRQ), and the Office of the National Coordinator for Health Information Technology (ONC) to decrease the rates of inappropriate

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prescription drug abuse, including funding for every State to expand existing Prescription Drug Monitoring Programs, and supports increased dissemination of naloxone by first responders.

- Increase of more than \$550 million above 2015 enacted levels across the Federal Government to prevent, detect, and control illness and death related to infections caused by antibiotic-resistant (AR) bacteria.
- \$522 million to enhance the advanced development of next generation medical countermeasures against chemical, biological, radiological, and nuclear threats and includes \$110 million to respond to unanticipated public health emergencies.
- \$2.3 billion for the Ryan White HIV/AIDS Program and \$900 million for the AIDS Drug Assistance Program.
- \$2.6 billion in budget authority and \$4.7 billion in total resources for the Food and Drug Administration (FDA), investing in strengthening the oversight of compounding pharmacies.
- Seeks to create a single (bundled) payment for some post-acute providers, and would enhance the ability of Accountable Care Organizations (ACOs) to increase quality and reduce costs.
- Establishes quality bonuses for the highest rated Medicare Part D plans and modifies incentives in the Medicare prescription drug program. Also expands Medicare data sharing with qualified entities.
- \$30 million for a new project to develop evidence about how changes in health insurance benefit packages impact health care utilization, costs and outcomes.
- Proposes to extend funding through 2019 for the Children's Health Insurance Program (CHIP), which currently expires in 2015, and gives States the option to streamline eligibility determinations for children in Medicaid and CHIP.
- Expands and simplifies eligibility for Medicaid home and community-based services (HCBS).
- Proposes to implement streamlined processes for beneficiary appeals and joint Federal-State review of marketing materials for managed care plans that integrate Medicare and Medicaid payment and services and service Medicare-Medicaid enrollees.

The Budget also includes \$400 billion in health care savings.

- Proposes to exclude certain services from the in-office ancillary services exception (IOASE). (savings = \$6.02 billion over 10 years)
- Cuts to Medicare providers (savings = \$222 billion over 10 years).
- Reduces the Federal subsidy of Medicare costs for certain beneficiaries. (savings = \$84 billion over 10 years)
- Includes proposals to lower Medicare drug costs, including authority for HHS to negotiate drug prices in Medicare Part D (savings = \$126 billion over 10 years)
- Seeks to reduce the period of exclusivity for biologicals from the current 12 years to seven years. (savings = \$16 billion over 10 years)
- Changes to the Medicaid drug rebate program. (savings = 6.3 billion over 10 years)
- Policies to target waste, fraud, and abuse, including prior authorization for services such as advanced imaging. (savings = nearly \$3 billion over 10 years)
- Lowers the threshold to trigger recommendations by the Independent Payment Advisory Board (IPAB). (savings = \$20.88 billion over 10 years)

HHS Secretary Sylvia Matthews Burwell testified last Wednesday before the Senate Finance Committee on the HHS budget. However, many Committee members shifted their focus to the *King v Burwell* Supreme Court case. Secretary Burwell was criticized for avoiding members' questions on whether the Administration has a contingency plan in the case that the Supreme Court invalidates health care law subsidies in states that use the federal exchange. Secretary Burwell maintained that she is focused on implementation of the law.

FDA Commissioner Hamburg to Step Down

FDA Commissioner Margaret Hamburg announced that she will step down at the end of March. Dr. Hamburg was nominated by President Obama and confirmed by the Senate in 2009, making her one of the longest serving FDA commissioners of the modern era. During her final year at the agency, the FDA approved 51 new therapies – the most in almost 20 years. Her resignation comes at a time while both the Administration and Congress work to quicken the pace of drug approvals and the development of personalized treatments. The FDA's chief scientist Dr. Stephen Ostroff will fill Commissioner Hamburg's post until a new commissioner is named and confirmed by the Senate.

Report Outlines Failures of Mental Health System

The House Energy and Commerce Subcommittee on Oversight and Investigations has released a report from the Government Accountability Office (GAO) entitled "Mental Health: HHS Leadership Needed to Coordinate Federal Efforts Related to Serious Mental Illness." The GAO found that while SAMHSA is responsible for coordinating mental health services across the federal government, its efforts to lead coordination are lacking. Across the over 100 distinct programs throughout eight federal agencies, the report found inconsistencies and difficulty in evaluating whether patients were successfully served by the programs. GAO recommends that HHS better facilitate inter-agency coordination and that the Department work to identify those programs that most need immediate evaluation.

Affordable Care Act Update

House Passes Legislation to Repeal and Replace the ACA

For the fourth time, the House has passed legislation to repeal the health care law of 2010. H.R. 596, sponsored by Rep. Bradley Byrne (R-Ala.), would not only repeal the Affordable Care Act (ACA) but would set up a process to draft a replacement for the health insurance law. The bill was largely passed by a party line vote of 239-186, with every Democrat opposing the measure. Three Republicans, Rep. Robert Dold (R-Ill.), Rep. John Katko (R-N.Y.) and Rep. Bruce Poliquin (R-Maine), voted against the bill. Each Republican dissenter holds a seat that was previously occupied by a Democrat and is likely to face a difficult race in 2016. While the House has voted nearly sixty times to repeal or alter the ACA, H.R. 596 marks the first time the legislation has included instructions for ACA replacement. The bill directs the Committee on Education and the Workforce, the Committee on Energy and Commerce, the Committee on the Judiciary, and the Committee on Ways and Means to work together in developing an alternative to the health reform law. The Congressional Budget Office (CBO) was unable to provide an estimate of the budgetary impact of the legislation. In a letter to the House Committee on Rules, CBO Director Douglas W. Elmendorf stated that preparing a score of the legislation would take several weeks, because of the hundreds of provisions in the law that would be repealed which are still in various stages of implementation. In the 10th veto threat of the year, the Obama administration promised that the bill was dead on arrival. President Obama has only issued two vetoes in the first six years of his presidency.

Legislative Proposal to Repeal and Replace the ACA Unveiled

A bicameral Republican plan to repeal and replace the ACA was released by Sen. Richard Burr (R-N.C.), Senate Finance Chairman Orrin Hatch (R-Utah), and House Energy and Commerce Chairman Fred Upton (R-Mich.) last week. The Patient Choice, Affordability, Responsibility, and Empowerment (CARE) Act, based on a similar proposal released last Congress, would do away with both the individual and employer mandate. The proposal would also repeal the ACA's ban on annual coverage limits by insurers, requirements that plans cover certain services, and rules that mandate the provision of preventative care without out-of-pocket costs for patients. However, the Patient CARE Act would maintain narrower protections for people with pre-existing conditions and would continue to allow young adults to stay on their parent's plans until age 26. The plan would preserve the ACA's Medicare cuts for providers such as hospitals, and would also keep health reform's ban on lifetime limits on insurance coverage. The proposal includes medical liability reforms, and would revise the tax code to cap the exclusion of an employee's employer-provided health coverage. It would also allow Americans to buy coverage across state lines. In addition to repealing Medicaid expansion, the health reform replacement plan would transition the Medicaid program to a capped allotment. Medicaid beneficiaries would be given tax credits to buy private plans. The Republican replacement proposal would tax workers' medical coverage if it was valued at more than \$12,000 for an individual or \$30,000 for a family. The release of the plan comes as Republicans prepare for the Supreme Court decision in *King v Burwell*, which could eliminate the law's essential insurance subsidies in states using the federal exchange. Last Congress, then-Sen. Tom Coburn (R-Okla.), Sen. Richard Burr (R-N.C.), and Sen. Orrin Hatch (R-Utah) released a similar proposal.

Medicare & Medicaid News

Cost of SGR Fix Increases

The cost of last year's bipartisan, bicameral proposal to repeal and replace Medicare's SGR formula has increased by \$30.5 billion with the addition of another year in the budget window, according to estimates from the CBO. This increase over last year's projections will make it even more difficult to pass a permanent SGR fix before physician reimbursement cuts go into place April 1. Though agreement was reached last year in the *SGR Repeal and Medicare Provider Payment Modernization Act*, compromising on how to pay for permanently replacing the SGR formula proved too big an obstacle to repeal in the 113th Congress. The current temporary SGR patch expires on March 31, at which point a 21 percent payment cut to Medicare doctors would go into place.

NIH and FDA News

HELP Chairman Discusses Timeline for Health Innovation Initiative

Chairman Lamar Alexander (R-Tenn.) and Ranking Member Patty Murray (D-Wash.) of the Senate Health, Education, Labor, and Pensions (HELP) Committee officially announced the launch of a bipartisan initiative to examine the process for getting safe and innovative treatments and cures to patients. The Initiative will look at the role that the FDA and the NIH play in development and discovery of new drugs and medical devices. A bipartisan staff working group for the Initiative will convene next week. A series of hearings to look at how to better align public policies to support innovation while maintaining high patient safety standards will be held in March. The HELP Initiative parallels the 21st Century Cures Initiative under way at the House Energy and Commerce Committee. Sen. Alexander has stated that he hopes the Senate Initiative will complete its work by the end of the year.

Upcoming Congressional Meetings and Hearings

Senate HELP Committee: hearing titled “The Reemergence of Vaccine-Preventable Diseases: Exploring the Public Health Successes and Challenges;” 10:00 a.m., 106 Dirksen Bldg.; Feb. 10

Oversight and Investigations Subcommittee of House Energy and Commerce Committee: hearing titled “Federal Efforts on Mental Health: Why Greater HHS [Health and Human Services] Leadership is Needed;” 10:00 a.m., 2123 Rayburn Bldg.; Feb. 11

Health Subcommittee of House Energy and Commerce Committee: hearing titled “Examining ICD-10 Implementation;” 10:15 a.m., 2322 Rayburn Bldg.; Feb. 11

House Energy and Commerce Committee: markup to consider health legislation, opening statements only; 5:00 p.m., 2123 Rayburn Bldg.; Feb. 11

House Energy and Commerce Committee: markup to consider health legislation; 10:00 a.m., 2123 Rayburn Bldg.; Feb. 12

Health Legislation Recently Introduced

H.R. 626 (MEDICARE ADVANTAGE), to amend title XVIII of the Social Security Act to require Medicare Advantage organizations to disclose certain information on the changes made to the MA plan offered by such organization pursuant to changes required by the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010, and for other purposes; DENHAM; jointly, to the Committee on Ways and Means and Energy and Commerce; Jan. 30

H.R. 628 (DURABLE MEDICAL EQUIPMENT), to amend title XVIII of the Social Security Act to provide Medicare beneficiary access to eye tracking accessories for speech generating devices and to remove the rental cap for durable medical equipment under the Medicare Program with respect to speech generating devices; RODGERS; jointly, to the Committee on Energy and Commerce and Ways and Means; Jan. 30

H.R. 631 (INDIVIDUAL MANDATE), to amend section 5000A of the Internal Revenue Code of 1986 to provide an additional religious exemption from the individual health coverage mandate, and for other purposes; SCHOCK; to the Committee on Ways and Means; Jan. 30

H.R. 633 (PPACA), to amend the Patient Protection and Affordable Care Act to prohibit the sharing of personally identifiable information obtained through the Federally Facilitated Marketplace for marketing, and for other purposes; YOUNG; to the Committee on Energy and Commerce; Jan. 30

H.R. 639 (CONTROLLED SUBSTANCES), to amend the Controlled Substances Act with respect to drug scheduling recommendations by the Secretary of Health and Human Services, and with respect to registration of manufacturers and distributors seeking to conduct clinical testing; PITTS; jointly, to the Committee on Energy and Commerce and the Judiciary; Feb. 2

H.R. 642 (SEXUAL TRAUMA), to amend title 38, United States Code, to provide for the eligibility for beneficiary travel for veterans seeking treatment or care for military sexual trauma in specialized outpatient or residential programs at facilities of the Department of Veterans Affairs, and for other purposes; WALORSKI; to the Committee on Veterans' Affairs; Feb. 2

Health Legislation Recently Introduced cont.

H.R. 647 (TRAUMA CARE PROGRAMS), to amend title XII of the Public Health Service Act to reauthorize certain trauma care programs, and for other purposes; BURGESS; to the Committee on Energy and Commerce; Feb. 2

H.R. 648 (TRAUMA CARE PROGRAMS), to amend title XII of the Public Health Service Act to reauthorize certain trauma care programs, and for other purposes; BURGESS to the Committee on Energy and Commerce; Feb. 2

H.R. 633 (MDH), to amend title XVIII of the Social Security Act to make permanent the extension of the Medicare-dependent hospital (MDH) program and the increased payments under the Medicare low-volume hospital program; REED; to the Committee on Ways and Means; Feb. 2

H.R. 665 (TICK-BORNE DISEASES), to provide for the establishment of the Tick-Borne Diseases Advisory Committee; SMITH; to the Committee on Energy and Commerce; Feb. 2

S. 332 (MDH), to amend title XVIII of the Social Security Act to make permanent the extension of the Medicare-dependent hospital (MDH) program and the increased payments under the Medicare low-volume hospital program; GRASSLEY; to the Committee on Finance; Feb. 2

S. 336 (PPACA), to repeal the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010 entirely; CRUZ; to the Committee on Finance; Feb. 2

S. 339 (PPACA), to repeal the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010 entirely; CRUZ; read the first time; Feb. 2

H.R. 667 (VETERANS), to authorize Department of Veterans Affairs health care providers to provide recommendations and opinions to veterans regarding participation in State marijuana programs; BLUMENTHAL; to the Committee on Veterans' Affairs; Feb. 3

H.R. 668 (PHSA), to make clear that an agency outside of the Department of Health and Human Services may not designate, appoint, or employ special consultants, fellows, or other employees under subsection (f) or (g) of section 207 of the Public Health Service Act; BURGESS; to the Committee on Energy and Commerce; Feb. 3

H.R. 670 (MEDICAID), to amend title XIX of the Social Security Act to extend the Medicaid rules regarding supplemental needs trusts for Medicaid beneficiaries to trusts established by those beneficiaries, and for other purposes; THOMPSON; to the Committee on Energy and Commerce; Feb. 3

H.R. 672 (RURAL HOSPITALS), to amend title XVIII of the Social Security Act to provide for a five-year extension of the rural community hospital demonstration program, and for other purposes; YOUNG; to the Committee on Ways and Means; Feb. 3

H.R. 676 (INSURANCE), to provide for comprehensive health insurance coverage for all United States residents, improved health care delivery, and for other purposes; CONYERS; jointly, to the Committee on Energy and Commerce, Ways and Means, and Natural Resources; Feb. 3

H.R. 683 (PPACA), to prohibit the Internal Revenue Service from hiring new employees to enforce any provision of the Patient Protection and Affordable Care Act or the Health Care and Education Reconciliation Act of 2010; FORBES; to the Committee on Ways and Means; Feb. 3

H.R. 691 (TELEHEALTH), to promote the provision of telehealth by establishing a Federal standard for telehealth, and for other purposes; MATSUI; to the Committee on Energy and Commerce; Feb. 3

H.R. 696 (PROMPT PAY), to amend part B of title XVIII of the Social Security Act to exclude customary prompt pay discounts from manufacturers to wholesalers from the average sales price for drugs and biologicals under Medicare, and for other purposes; WHITFIELD; jointly, to the Committee on Energy and Commerce and Ways and Means; Feb. 3

S. 347 (INDIVIDUAL MANDATE), to amend the Internal Revenue Code of 1986 to provide that the individual health insurance mandate not apply until the employer health insurance mandate is enforced without exceptions; FISCHER; to the Committee on Finance; Feb. 3

Health Legislation Recently Introduced cont.

S. 352 (INDIVIDUAL MANDATE), to amend section 5000A of the Internal Revenue Code of 1986 to provide an additional religious exemption from the individual health coverage mandate, and for other purposes; AYOTTE; to the Committee on Finance; Feb. 3

H.R. 700 (MEDICAID/CHIP), to amend titles XIX and XXI of the Social Security Act to provide for 12-month continuous enrollment of individuals under the Medicaid program and Children's Health Insurance Program, and for other purposes; GREEN; to the Committee on Energy and Commerce; Feb. 4

H.R. 716 (MAMMOGRAMS), to require breast density reporting to physicians and patients by facilities that perform mammograms, and for other purposes; DELAURO; to the Committee on Energy and Commerce; Feb. 4

H.R. 724 (PPACA), to amend title I of the Patient Protection and Affordable Care Act to impose restrictions on the risk corridor program, and for other purposes; LANCE; to the Committee on Energy and Commerce; Feb. 4

H.R. 729 (DURABLE MEDICAL EQUIPMENT), to provide for a Medicare demonstration project to evaluate the fiscal impact of covering low vision devices as durable medical equipment under part B of the Medicare program; MALONEY; jointly, to the Committee on Energy and Commerce and Ways and Means; Feb. 4

H.R. 744 (MEDICAL RESEARCH), to authorize the collection of supplemental payments to increase congressional investments in medical research, and for other purposes; VAN HOLLEN; to the Committee on Energy and Commerce; Feb. 4

H.R. 745 (AMBULANCE SERVICES), to amend title XVIII of the Social Security Act to increase access to ambulance services under the Medicare program and to reform payments for such services under such program, and for other purposes; WALDEN; jointly, to the Committee on Energy and Commerce and i Ways and Means; Feb. 4

H. Res. 86 (CANCER), expressing support for designation of February 4, 2015, as National Cancer Prevention Day; ISRAEL; to the Committee on Energy and Commerce; Feb. 4

S. 359 (PPACA), to amend title I of the Patient Protection and Affordable Care Act to impose restrictions on the risk corridor program, and for other purposes; CASSIDY; to the Committee on Health, Education, Labor, and Pensions; Feb. 4

S. 370 (MAMMOGRAMS), to require breast density reporting to physicians and patients by facilities that perform mammograms, and for other purposes; FEINSTEIN; to the Committee on Health, Education, Labor, and Pensions; Feb. 4

S. 374 (VETERANS), to amend the Veterans Access, Choice, and Accountability Act of 2014 to extend the requirement of the Secretary to furnish hospital care and medical services through non-Department of Veterans Affairs entities to veterans residing in certain locations; SHAHEEN; to the Committee on Veterans' Affairs; Feb. 4

S. 377 (AMBULANCE SERVICES), to amend title XVIII of the Social Security Act to increase access to ambulance services under the Medicare program and to reform payments for such services under such program, and for other purposes; SCHUMER; to the Committee on Finance; Feb. 4

H.R. 762 (INSURANCE), to amend the Internal Revenue Code of 1986 to expand and modify the credit for employee health insurance expenses of small employers; DELBENE; to the Committee on Ways and Means; Feb. 5

H.R. 763 (VETERANS), to direct the Secretary of Veterans Affairs to carry out a pilot program under which eligible veterans may elect to receive hospital care and medical services at non-Department of Veterans Affairs facilities, and for other purposes; LOBIONDO; to the Committee on Veterans' Affairs; Feb. 5

H.R. 769 (EMPLOYER MANDATE), to amend the Internal Revenue Code of 1986 to exempt certain educational institutions from the employer health insurance mandate, and for other purposes; MESSER; jointly, to the Committee on Ways and Means and Education and the Workforce; Feb. 5

Health Legislation Recently Introduced cont.

H.R. 771 (DIABETIC TESTING STRIPS), to amend title XVIII of the Social Security Act in order to strengthen rules applied in case of competition for diabetic testing strips, and for other purposes; DEGETTE; jointly, to the Committee on Energy and Commerce and Ways and Means; Feb. 5

H.R. 775 (THERAPY CAPS), to amend title XVIII of the Social Security Act to repeal the Medicare outpatient rehabilitation therapy caps, and for other purposes; BOUSTANY; jointly, to the Committee on Energy and Commerce and Ways and Means; Feb. 5

H.R. 776 (STARK RULE), to amend title XVIII of the Social Security Act to create alternative sanctions for technical noncompliance with the Stark rule under Medicare, and for other purposes; BOUSTANY; jointly, to the Committee on Energy and Commerce and Ways and Means; Feb. 5

H.R. 777 (NIH), to amend the Public Health Service Act to provide funding for the National Institutes of Health; CASTOR; jointly, to the Committee on Energy and Commerce, Budget, and Appropriations; Feb. 5

H.R. 778 (MEDICAID), to amend title XIX of the Social Security Act to redistribute Federal funds that would otherwise be made available to States that do not provide for the Medicaid expansion in accordance with the Affordable Care Act to those States electing to provide those Medicaid benefits, and for other purposes; CONNOLLY; to the Committee on Energy and Commerce; Feb. 5

H.R. 786 (VACCINES), to improve access, certainty, and innovation with respect to vaccines; ELLMERS; jointly, to the Committee on Energy and Commerce and Ways and Means; Feb. 5

H.R. 789 (TICK-BOURNE DISEASES), to provide for research with respect to Lyme disease and other tick-borne diseases, and for other purposes; GIBSON; to the Committee on Energy and Commerce; Feb. 5

H.R. 790 (INVESTIGATIONAL DRUGS AND DEVICES), to allow the manufacture, importation, distribution, and sale of investigational drugs and devices intended for use by terminally ill patients who execute an informed consent document, and for other purposes; GRIFFITH; to the Committee on Energy and Commerce; Feb. 5

H.R. 793 (PHARMACIES), to amend title XVIII of the Social Security Act to ensure equal access of Medicare beneficiaries to community pharmacies in underserved areas as network pharmacies under Medicare prescription drug coverage, and for other purposes; GRIFFITH; jointly, to the Committee on Energy and Commerce and Ways and Means; Feb. 5

H.R. 795 (MEDICARE), to amend title XVIII of the Social Security Act to make publicly available on the official Medicare Internet site Medicare payment rates for frequently reimbursed hospital inpatient procedures, hospital outpatient procedures, and physicians' services; HUIZENGA; jointly, to the Committee on Ways and Means and Energy and Commerce; Feb. 5

H.R. 802 (TRICARE), to require the Secretary of Defense to develop and implement a plan to provide chiropractic health care services and benefits for certain new beneficiaries as part of the TRICARE program; ROGERS; to the Committee on Armed Services; Feb. 5

H.R. 804 (MEDICARE), to amend title XVIII of the Social Security Act to increase access to Medicare data; RYAN; jointly, to the Committee on Energy and Commerce and Ways and Means; Feb. 5

S. 379 (INSURANCE), to amend the Internal Revenue Code of 1986 to expand and modify the credit for employee health insurance expenses of small employers; COONS; to the Committee on Finance; Feb. 5

Health Legislation Recently Introduced cont.

S. 395 (COORDINATED CARE), to implement a demonstration project under titles XVIII and XIX of the Social Security Act to examine the costs and benefits of providing payments for comprehensive coordinated health care services provided by purpose-built, continuing care retirement communities to Medicare beneficiaries; GRASSLEY; to the Committee on Finance; Feb 5

S. 398 (VETERANS), to amend the Department of Veterans Affairs Health Care Programs Enhancement Act of 2001 and title 38, United States Code, to require the provision of chiropractic care and services to veterans at all Department of Veterans Affairs medical centers and to expand access to such care and services, and for other purposes; MORAN; to the Committee on Veterans' Affairs; Feb. 5