

May 19, 2017

The Honorable Orrin Hatch
Chairman
Senate Finance Committee
United States Senate
Washington D.C. 20510

The Honorable Ron Wyden
Ranking Member
Senate Finance Committee
United States Senate
Washington D.C. 20510

The Honorable Johnny Isakson
Co-Chair
Chronic Care Working Group
United States Senate
Washington, D.C. 20510

The Honorable Mark R. Warner
Co-Chair
Chronic Care Working Group
United States Senate
Washington, D.C. 20510

Dear Chairman Hatch, Ranking Member Wyden, Senator Isakson, and Senator Warner:

On behalf of the Public Sector HealthCare Roundtable, we would like to congratulate you on the bipartisan development of the *Creating High-Quality Results and Outcomes Necessary to Improve Chronic Care Act of 2017 (CHRONIC)*. We commend the Committee and the Working Group on its hard work and commitment to the development of bipartisan solutions to address the needs of the millions of Americans living with chronic medical conditions. We would like to express our support for the bill as a whole and highlight key provisions we believe will be especially impactful.

The Public Sector HealthCare Roundtable is a non-profit, non-partisan coalition of public sector purchasers from across the U.S. including states, counties, and municipalities that collectively spend over \$14 billion annually on health care benefits to provide coverage for millions employees, retirees, and their dependents. We are squarely focused on ensuring that beneficiaries -- and especially those faced with managing multiple chronic conditions -- receive care that is of the highest-quality, well-coordinated and affordable.

The *CHRONIC* legislation serves to improve the care for the millions of Medicare beneficiaries by removing barriers in current law to better managing their chronic conditions. Based on this goal, we believe the following provisions in *CHRONIC* will serve to achieve this goal and align with the Roundtable's policy priorities:

- The Roundtable strongly supports the expansion of the Independence at Home (IAH) demonstration and recommends it be established as a permanent component of the Medicare program. The IAH model is an example of how a coordinated, team-based care approach can improve the quality of care for Medicare beneficiaries;
- The Roundtable supports the allowance for MA plans to offer a wider array of supplemental benefits to help better meet beneficiary needs that improve overall health and support the beneficiaries who are most in need by expanding the current MA value-based insurance design (V-BID) demonstration to all 50 states and the District of Columbia;

- The Roundtable supports the improvement of – and continued access to – Medicare Advantage Special Needs Plans (SNPs) for vulnerable populations. Created as part of the Medicare Modernization Act of 2003, SNPs have been successful at coordinating care plans for individuals with special needs. The *CHRONIC* legislation would permanently authorize the I-SNP, D-SNP, and C-SNP programs when important criteria are met;
- The Roundtable supports the expansion of telehealth services for the chronically ill in the MA program, as part of Accountable Care Organization (ACO) arrangements, and for individuals with stroke;
- The Roundtable supports the promulgation of a GAO study to inform the development of a payment code related to care planning for serious and life-threatening illness, such as Alzheimer’s, cancer, or neuromuscular disease. We strongly urge the Committee to consider including the full *Care Planning Act*, authored by Senators Isakson and Warner, in the final legislation in order to test new models of care for this population.

Thank you for the opportunity to provide comments on the development of this critical legislation. Please do not hesitate to contact the Public Sector HealthCare Roundtable Senior Policy Advisor, Andrew MacPherson, at Andrew@healthsperien.com should you have any questions or would like further information.

Sincerely,

Tom Lussier
Administrator