

111TH CONGRESS
1ST SESSION

H. R. 2535

To establish a Blueprint for Health in order to create a comprehensive system of care incorporating medical homes to improve the delivery and affordability of health care through disease prevention, health promotion, and education about and better management of chronic conditions.

IN THE HOUSE OF REPRESENTATIVES

MAY 20, 2009

Mr. WELCH introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To establish a Blueprint for Health in order to create a comprehensive system of care incorporating medical homes to improve the delivery and affordability of health care through disease prevention, health promotion, and education about and better management of chronic conditions.

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; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “Blueprint for Health Act of 2009”.

1 (b) TABLE OF CONTENTS.—The table of contents of
2 this Act is as follows:

- 3 Sec. 1. Short title; table of contents.
- 4 Sec. 2. Purpose.
- 5 Sec. 3. Establishment of a Blueprint for Health for disease prevention, health
6 promotion, and education about and better management of
7 chronic conditions.
- 8 Sec. 4. Strategic plan.
- 9 Sec. 5. Chronic care management programs.
- 10 Sec. 6. Incentives for prevention of chronic disease.
- 11 Sec. 7. Health information technology.
- 12 Sec. 8. Recommendations to Congress; annual report.

13 **SEC. 2. PURPOSE.**

14 It is the purpose of this Act to establish a Blueprint
15 for Health which is designed—

16 (1) to create a national integrated medical
home model of care that enhances primary care, en-
courages multidisciplinary coordination, and pro-
motes disease prevention, health promotion, and
education about and better management of chronic
conditions;

(2) to increase Americans' access to affordable,
appropriate, high quality care through the use of the
integrated medical home model; and

(3) to reduce costs to the United States health
care system through the application of such model.

1 **SEC. 3. ESTABLISHMENT OF A BLUEPRINT FOR HEALTH**
2 **FOR DISEASE PREVENTION, HEALTH PRO-**
3 **MOTION, AND EDUCATION ABOUT AND BET-**
4 **TER MANAGEMENT OF CHRONIC CONDI-**
5 **TIONS.**

6 (a) IN GENERAL.—The Secretary of Health and
7 Human Services (in this Act referred to as the “Sec-
8 retary”) shall create consistent with this Act a program
9 (in this Act referred to as the “Blueprint for Health”)
10 that provides a national infrastructure for disease preven-
11 tion, health promotion, and education about and better
12 management of chronic conditions through the use of a
13 nationwide integrated medical home model of care (in this
14 Act referred to as the “integrated medical home model of
15 care”) in a manner that is designed to initiate, coordinate,
16 and evaluate measures for promoting health and pre-
17 venting disease in the United States.

18 (b) ELEMENTS OF BLUEPRINT.—The Blueprint for
19 Health shall include the following elements:

20 (1) STRATEGIC PLAN.—A strategic plan de-
21 scribed in section 4 for designing the integrated
22 medical home model of care.

23 (2) CHRONIC CARE MANAGEMENT PROGRAMS.—
24 Chronic care management programs described in
25 section 5.

1 (3) PREVENTION INCENTIVES.—Incentives for
2 the prevention of chronic disease described in section
3 6.

4 (4) ASSESSMENT OF HIT INITIATIVES.—A plan
5 described in section 7 for the assessment of current
6 health information technology initiatives.

7 (c) EXECUTIVE COMMITTEE.—

8 (1) IN GENERAL.—The Secretary shall convene
9 an executive committee to advise the Secretary on
10 the creation and implementation of the Blueprint for
11 Health.

12 (2) COMPOSITION.—The executive committee
13 shall include representation from national and State
14 medical, hospital, and pharmaceutical associations,
15 consumer and patient advocacy groups, labor
16 groups, employer and other purchasing groups, and
17 the health insurance industry.

18 **SEC. 4. STRATEGIC PLAN.**

19 The Blueprint for Health shall include a strategic
20 plan for designing the integrated medical home model of
21 care that includes the following:

22 (1) Recommended elements of an integrated co-
23 ordinated chronic care management model that in-
24 corporates the following:

1 (A) Medical practices acting as medical
2 homes in being primary caregivers in close co-
3 ordination with other elements. The elements
4 for such homes may be based on guidelines de-
5 veloped for such homes by the National Com-
6 mittee for Quality Assurance.

7 (B) Early disease detection and risk strati-
8 fication.

9 (C) Community care teams that provide
10 care support for medical homes and assist in
11 coordinating care among medical homes, hos-
12 pitals, prevention programs, multidisciplinary
13 specialists, and others.

14 (2) A plan for the formation of such community
15 care teams that may include panel managers, public
16 health prevention specialists, nurse coordinators, so-
17 cial workers, dietitians, community health workers,
18 care coordinators, behavioral health specialists, and
19 other patient support personnel.

20 (3) Incentives for patient self management,
21 community-based initiatives, and system and infor-
22 mation technology reforms, intended for use by all
23 providers and health plans, including Medicare,
24 Medicaid, the Federal employees health benefits pro-
25 gram, and other Federal programs.

1 (4) A description of recommended prevention
2 programs and a strategy for integrating them into
3 the integrated medical home model of care.

4 (5) A plan to ensure that chronically ill patients
5 have a low level of cost sharing under the integrated
6 medical home model of care.

7 (6) Alignment of health care information tech-
8 nology initiatives with information technology needs.

9 (7) Development and use of outcome and re-
10 porting measures designed to track the progress of
11 patients meeting clinically recommended treatment
12 goals.

13 (8) A strategy for ensuring the broad support
14 of the integrated medical home model of care by
15 health insurers, hospitals, and health care profes-
16 sionals, including specialists and other physicians.

17 (9) Recommendations for better integrating
18 specialty care services into primary care practices to
19 ensure care coordination and the use of best prac-
20 tices.

21 (10) Recommendations for the consultation of
22 providers experienced with the development and im-
23 plementation of an integrated medical home model
24 of care as this Act's care coordination model is de-
25 veloped.

1 (11) A strategy for standardizing outcome and
2 financial measures to ensure consistency among all
3 health plans, including Medicare, Medicaid, the Fed-
4 eral employees health benefits program, and other
5 Federal programs.

6 **SEC. 5. CHRONIC CARE MANAGEMENT PROGRAMS.**

7 The Secretary shall include in the Blueprint for
8 Health chronic care management programs which provide
9 for at least the following:

10 (1) Methods for identifying and enrolling chron-
11 ically ill patients and for encouraging primary care
12 physicians, specialists, hospitals, and others to par-
13 ticipate in such programs.

14 (2) Development of health risk appraisal or as-
15 sessment for individuals enrolled under Medicare,
16 Medicaid, or the Federal employees health benefits
17 program.

18 (3) A process for coordinating care among
19 health professionals including multidisciplinary care
20 teams and specialty care providers.

21 (4) Methods for increasing communication
22 among health care professionals and patients, in-
23 cluding patient education, self-management, and fol-
24 low up plans.

1 (5) Process and outcome measures to provide
2 performance feedback for health care professionals
3 and information on the quality of care.

4 (6) Payment methodologies to create financial
5 incentives for patient participation and to allow pri-
6 mary care physicians to meet specific standards of
7 a medical home program. Such financial incentives
8 shall include—

9 (A) enhanced payment to medical prac-
10 tices, such as a per member per month fee,
11 based on standards for a medical home, such as
12 the National Committee for Quality Assurance
13 standards for a patient centered medical home;

14 (B) payment for care support services,
15 such as community care teams or other applica-
16 ble approaches, across all insurers, including
17 multi-payer private plans and Medicare, Med-
18 icaid, and other public plans; and

19 (C) the support of a community based sav-
20 ings sharing and reinvestment model, such as
21 an accountable care organization, which incor-
22 porates a balanced set of financial and quality
23 incentives, such as the Institute for Healthcare
24 Improvement's Triple Aims.

1 **SEC. 6. INCENTIVES FOR PREVENTION OF CHRONIC DIS-**
2 **EASE.**

3 (a) IN GENERAL.—The Secretary shall include in the
4 Blueprint for Health a plan to provide incentives to pre-
5 vent chronic diseases, including investments in healthy
6 and sustainable local and regional food systems as well
7 as the broader use of lifestyle changes, such as through
8 diet, exercise, and smoking cessation in the schools, com-
9 munities, and workplace.

10 (b) COMPILATION OF EFFECTIVE PRACTICES.—
11 Based on recommendations set forth by the United States
12 Preventive Services Task Force, the Secretary shall com-
13 pile a list of effective practices that would serve as a basis
14 for establishing programs to prevent chronic disease and
15 that could be included in the Blueprint for Health.

16 (c) RECOMMENDATIONS.—The plan under subsection
17 (a) may include the following:

18 (1) Grant opportunities and Federal tax credits
19 for localities to conduct community assessment,
20 intervention, and activation plans in which public
21 health data are collected and analyzed to identify
22 areas in greatest need of prevention and wellness
23 programs.

24 (2) Federal tax credits and incentive grants to
25 local education agencies, businesses, local depart-
26 ments of public health, communities, hospitals,

1 health care providers, and other entities so that they
2 may adopt effective models of wellness shown to
3 lower costs and improve health.

4 (3) Incentives for individuals to take proactive
5 preventative measures, including weight manage-
6 ment and smoking cessation.

7 (4) Federal tax credits and incentive grants to
8 local education agencies, businesses, local depart-
9 ments of public health, communities, hospitals,
10 health care providers and other entities to promote
11 the development of healthy and sustainable local and
12 regional food systems.

13 **SEC. 7. HEALTH INFORMATION TECHNOLOGY.**

14 (a) IN GENERAL.—The Blueprint for Health shall
15 promote the effective, efficient, national use of health care
16 information technology initiatives.

17 (b) ASSESSMENT.—As part of the Blueprint for
18 Health, the Secretary shall commission an assessment to
19 be presented to Congress not later than two years after
20 the date of the enactment of this Act that examines the
21 implementation of the health information technology pro-
22 visions enacted as part of the American Recovery and Re-
23 investment Act of 2009 (Public Law 111–5). This assess-
24 ment shall evaluate the implementation of such provisions
25 as they apply to chronic care management, and determine

1 if further action is needed to ensure that the funding pro-
2 vided in such Act under such provisions is used effectively
3 and efficiently to help ensure the effective management
4 of chronic disease.

5 **SEC. 8. RECOMMENDATIONS TO CONGRESS; ANNUAL RE-**
6 **PORT.**

7 (a) **IN GENERAL.**—Not later than 1 year after the
8 date of the enactment of this Act, the Secretary shall
9 present to Congress recommendations for legislation to
10 implement the Blueprint for Health, including the estab-
11 lishment of programs designed to enhance primary care,
12 promote multidisciplinary care coordination, prevent dis-
13 ease, improve quality, contain costs, more effectively man-
14 age chronic illness, and promote good health and preven-
15 tion initiatives.

16 (b) **ANNUAL REPORT.**—The Secretary shall submit
17 an annual report to Congress on the status of the imple-
18 mentation of the Blueprint for Health.

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