In the Senate of the United States,

December 21, 2005.

Resolved, That the Senate agree to the amendment of the House of Representatives to the bill (S. 1932) entitled "An Act to provide for reconciliation pursuant to section 202(a) of the concurrent resolution on the budget for fiscal year 2006 (H. Con. Res. 95)." with the following

SENATE AMENDMENT TO HOUSE AMENDMENT:

In lieu of the matter proposed to be inserted by the House amendment to the text of the bill, insert:

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1 SECTION 1. SHORT TITLE.
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2 This Act may be cited as the "Deficit Reduction Act
3 of 2005".

- 4 SEC. 2. TABLE OF TITLES.
- 5 The table of titles is as follows:

TITLE I—AGRICULTURE PROVISIONS TITLE II—HOUSING AND DEPOSIT INSURANCE PROVISIONS TITLE III—DIGITAL TELEVISION TRANSITION AND PUBLIC SAFETY TITLE IV—TRANSPORTATION PROVISIONS TITLE V—MEDICARE TITLE VI—MEDICAID AND SCHIP TITLE VII—HUMAN RESOURCES AND OTHER PROVISIONS TITLE VIII—EDUCATION AND PENSION BENEFIT PROVISIONS TITLE IX—LIHEAP PROVISIONS

TITLE X—JUDICIARY RELATED PROVISIONS

1TITLE I—AGRICULTURE2PROVISIONS

3 SECTION 1001. SHORT TITLE.

4 This title may be cited as the "Agricultural Reconcili5 ation Act of 2005".

6 Subtitle A—Commodity Programs

7 SEC. 1101. NATIONAL DAIRY MARKET LOSS PAYMENTS.

8 (a) AMOUNT.—Section 1502(c) of the Farm Security 9 and Rural Investment Act of 2002 (7 U.S.C. 7982(c)) is 10 amended by striking paragraph (3) and inserting the fol-11 lowing new paragraph:

"(3)(A) during the period beginning on the first
day of the month the producers on a dairy farm enter
into a contract under this section and ending on September 30, 2005, 45 percent;

1	"(B) during the period beginning on October 1,
2	2005, and ending on August 31, 2007, 34 percent;
3	and

4 "(C) during the period beginning on September
5 1, 2007, 0 percent.".

6 (b) DURATION.—Section 1502 of the Farm Security
7 and Rural Investment Act of 2002 (7 U.S.C. 7982) is
8 amended by striking "2005" each place it appears in sub9 sections (f) and (g)(1) and inserting "2007".

(c) CONFORMING AMENDMENTS.—Section 1502 of the
Farm Security and Rural Investment Act of 2002 (7 U.S.C.
7982) is amended—

13 (1) in subsection (g)(1), by striking "and sub-14 section (h)"; and

15 (2) by striking subsection (h).

16 SEC. 1102. ADVANCE DIRECT PAYMENTS.

17 (a) COVERED COMMODITIES.—Section 1103(d)(2) of the Farm Security and Rural Investment Act of 2002 (7) 18 U.S.C. 7913(d)(2)) is amended in the first sentence by strik-19 ing "2007 crop years" and inserting "2005 crop years, up 20 21 to 40 percent of the direct payment for a covered commodity 22 for the 2006 crop year, and up to 22 percent of the direct 23 payment for a covered commodity for the 2007 crop year,". 24 (b) PEANUTS.—Section 1303(e)(2) of the Farm Security and Rural Investment Act of 2002 (7 U.S.C. 25

7953(e)(2)) is amended in the first sentence by striking
 "2007 crop years" and inserting "2005 crop years, up to
 40 percent of the direct payment for the 2006 crop year,
 and up to 22 percent of the direct payment for the 2007
 crop year,".

6 SEC. 1103. COTTON COMPETITIVENESS PROVISIONS.

7 (a) REPEAL OF AUTHORITY TO ISSUE COTTON USER
8 MARKETING CERTIFICATES.—Section 1207 of the Farm Se9 curity and Rural Investment Act of 2002 (7 U.S.C. 7937)
10 is amended—

- 11 (1) by striking subsection (a); and
- 12 (2) in subsection (b)(1)—
- 13 (A) in subparagraph (B), by striking ", ad14 justed for the value of any certificate issued
 15 under subsection (a),"; and
- 16 (B) in subparagraph (C), by striking ", for
 17 the value of any certificates issued under sub18 section (a)".
- 19 (b) EFFECTIVE DATE.—The amendments made by this
 20 section take effect on August 1, 2006.
- 21 Subtitle B—Conservation
- 22 SEC. 1201. WATERSHED REHABILITATION PROGRAM.

The authority to obligate funds previously made available under section 14(h)(1) of the Watershed Protection and
Flood Prevention Act (16 U.S.C. 1012(h)(1)) for a fiscal

year and unobligated as of October 1, 2006, is hereby can celled effective on that date.

3 SEC. 1202. CONSERVATION SECURITY PROGRAM.

4 (a) EXTENSION.—Section 1238A(a) of the Food Secu5 rity Act of 1985 (16 U.S.C. 3838a(a)) is amended by strik6 ing "2007" and inserting "2011".

7 (b) FUNDING.—Section 1241(a)(3) of the Food Secu8 rity Act of 1985 (16 U.S.C. 3841(a)(3)) is amended by
9 striking "not more than \$6,037,000,000" and all that fol10 lows through "2014." and inserting the following: "not more
11 than—

12	"(A) $$1,954,000,000$ for the period of fiscal
13	years 2006 through 2010; and

14 "(B) \$5,650,000,000 for the period of fiscal
15 years 2006 through 2015.".

16 SEC. 1203. ENVIRONMENTAL QUALITY INCENTIVES PRO-17GRAM.

(a) EXTENSION.—Section 1240B(a)(1) of the Food Security Act of 1985 (16 U.S.C. 3839aa–2(a)(1)) is amended
by striking "2007" and inserting "2010".

(b) LIMITATION ON PAYMENTS.—Section 1240G of the
Food Security Act of 1985 (16 U.S.C. 3839aa-7) is amended by striking "the period of fiscal years 2002 through
2007" and inserting "any six-year period".

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(c) FUNDING.—Section 1241(a)(6) of the Food Secu-
rity Act of 1985 (16 U.S.C. 3841(a)(6)) is amended—
(1) by striking "and" at the end of subpara-
graph (D); and
(2) by striking subparagraph (E) and inserting
the following new subparagraphs:
"(E) $$1,270,000,000$ in each of fiscal years
2007 through 2009; and
"(F) \$1,300,000,000 in fiscal year 2010.".
Subtitle C—Energy
SEC. 1301. RENEWABLE ENERGY SYSTEMS AND ENERGY EF-
SEC. 1301. RENEWABLE ENERGY SYSTEMS AND ENERGY EF- FICIENCY IMPROVEMENTS PROGRAM.
FICIENCY IMPROVEMENTS PROGRAM.
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FICIENCY IMPROVEMENTS PROGRAM. Section 9006(f) of the Farm Security and Rural In- vestment Act of 2002 (7 U.S.C. 8106(f)) is amended by
FICIENCY IMPROVEMENTS PROGRAM. Section 9006(f) of the Farm Security and Rural In- vestment Act of 2002 (7 U.S.C. 8106(f)) is amended by striking "2007" and inserting "2006 and \$3,000,000 for fis-
FICIENCY IMPROVEMENTS PROGRAM. Section 9006(f) of the Farm Security and Rural In- vestment Act of 2002 (7 U.S.C. 8106(f)) is amended by striking "2007" and inserting "2006 and \$3,000,000 for fis- cal year 2007".
FICIENCY IMPROVEMENTS PROGRAM. Section 9006(f) of the Farm Security and Rural In- vestment Act of 2002 (7 U.S.C. 8106(f)) is amended by striking "2007" and inserting "2006 and \$3,000,000 for fis- cal year 2007". Subtitle D—Rural Development
FICIENCY IMPROVEMENTS PROGRAM. Section 9006(f) of the Farm Security and Rural In- vestment Act of 2002 (7 U.S.C. 8106(f)) is amended by striking "2007" and inserting "2006 and \$3,000,000 for fis- cal year 2007". Subtitle D—Rural Development SEC. 1401. ENHANCED ACCESS TO BROADBAND TELE-
FICIENCY IMPROVEMENTS PROGRAM. Section 9006(f) of the Farm Security and Rural In- vestment Act of 2002 (7 U.S.C. 8106(f)) is amended by striking "2007" and inserting "2006 and \$3,000,000 for fis- cal year 2007". Subtitle D—Rural Development SEC. 1401. ENHANCED ACCESS TO BROADBAND TELE- COMMUNICATIONS SERVICES IN RURAL
FICIENCY IMPROVEMENTS PROGRAM. Section 9006(f) of the Farm Security and Rural In- vestment Act of 2002 (7 U.S.C. 8106(f)) is amended by striking "2007" and inserting "2006 and \$3,000,000 for fis- cal year 2007". Subtitle D—Rural Development SEC. 1401. ENHANCED ACCESS TO BROADBAND TELE- COMMUNICATIONS SERVICES IN RURAL AREAS.
FICIENCY IMPROVEMENTS PROGRAM. Section 9006(f) of the Farm Security and Rural In- vestment Act of 2002 (7 U.S.C. 8106(f)) is amended by striking "2007" and inserting "2006 and \$3,000,000 for fis- cal year 2007". Subtitle D—Rural Development SEC. 1401. ENHANCED ACCESS TO BROADBAND TELE- COMMUNICATIONS SERVICES IN RURAL AREAS. The authority to obligate funds previously made avail-

3 The authority to obligate funds previously made avail4 able under section 231(b)(4) of the Agricultural Risk Pro5 tection Act of 2000 (Pub. L. 106–224; 7 U.S.C. 1621 note)
6 for a fiscal year and unobligated as of October 1, 2006, is
7 hereby cancelled effective on that date.

8 SEC. 1403. RURAL BUSINESS INVESTMENT PROGRAM.

9 (a) TERMINATION OF FISCAL YEAR 2007 AND SUBSE10 QUENT FUNDING.—Subsection (a)(1) of section 384S of the
11 Consolidated Farm and Rural Development Act (7 U.S.C.
12 2009cc-18) is amended by inserting after "necessary" the
13 following: "through fiscal year 2006".

(b) CANCELLATION OF UNOBLIGATED PRIOR-YEAR
FUNDS.—The authority to obligate funds previously made
available under such section and unobligated as of October
1, 2006, is hereby cancelled effective on that date.

18 SEC. 1404. RURAL BUSINESS STRATEGIC INVESTMENT
19 GRANTS.

The authority to obligate funds previously made available under section 385E of the Consolidated Farm and
Rural Development Act and unobligated as of October 1,
2006, is hereby cancelled effective on that date.

1SEC. 1405. RURAL FIREFIGHTERS AND EMERGENCY PER-2SONNEL GRANTS.

3 (a) TERMINATION OF FISCAL YEAR 2007 FUNDING.—
4 Subsection (c) of section 6405 of the Farm Security and
5 Rural Investment Act of 2002 (7 U.S.C. 2655) is amended
6 by striking "2007" and inserting "2006".

7 (b) CANCELLATION OF UNOBLIGATED PRIOR-YEAR
8 FUNDS.—The authority to obligate funds previously made
9 available under such section for a fiscal year and unobli10 gated as of October 1, 2006, is hereby cancelled effective on
11 that date.

12 Subtitle E—Research

13 SEC. 1501. INITIATIVE FOR FUTURE FOOD AND AGRI-14CULTURE SYSTEMS.

(a) TERMINATION OF FISCAL YEAR 2007, 2008, AND
2009 TRANSFERS.—Subsection (b)(3)(D) of section 401 of
the Agricultural Research, Extension, and Education Reform Act of 1998 (7 U.S.C. 7621) is amended by striking
"2006" and inserting "2009".

20 (b) TERMINATION OF MULTI-YEAR AVAILABILITY OF
21 FISCAL YEAR 2006 FUNDS.—Paragraph (6) of subsection
22 (f) of such section is amended to read as follows:

23 "(6) AVAILABILITY OF FUNDS.—

24 "(A) TWO-YEAR AVAILABILITY.—Except as
25 provided in subparagraph (B), funds for grants
26 under this section shall be available to the Sec-

retary for obligation for a 2-year period begin ning on the date of the transfer of the funds
 under subsection (b).
 "(B) EXCEPTION FOR FISCAL YEAR 2006

5 TRANSFER.—In the case of the funds required to
6 be transferred by subsection (b)(3)(C), the funds
7 shall be available to the Secretary for obligation
8 for the 1-year period beginning on October 1,
9 2005."

10 TITLE II—HOUSING AND DE11 POSIT INSURANCE PROVI12 SIONS

13 Subtitle A—FHA Asset Disposition

14 SEC. 2001. DEFINITIONS.

15 For purposes of this subtitle, the following definitions16 shall apply:

17 (1) The term "affordability requirements" means
18 any requirements or restrictions imposed by the Sec19 retary, at the time of sale, on a multifamily real
20 property or a multifamily loan, such as use restric21 tions, rent restrictions, and rehabilitation require22 ments.

(2) The term "discount sale" means the sale of
a multifamily real property in a transaction, such as
a negotiated sale, in which the sale price is lower

1	than the property market value and is set outside of
2	a competitive bidding process that has no afford-
3	ability requirements.
4	(3) The term "discount loan sale" means the sale
5	of a multifamily loan in a transaction, such as a ne-
6	gotiated sale, in which the sale price is lower than the
7	loan market value and is set outside of a competitive
8	bidding process that has no affordability require-
9	ments.
10	(4) The term "loan market value" means the
11	value of a multifamily loan, without taking into ac-
12	count any affordability requirements.
13	(5) The term "multifamily real property" means
14	any rental or cooperative housing project of 5 or more
15	units owned by the Secretary that prior to acquisition
16	by the Secretary was security for a loan or loans in-
17	sured under title II of the National Housing Act.
18	(6) The term "multifamily loan" means a loan
19	held by the Secretary and secured by a multifamily
20	rental or cooperative housing project of 5 or more
21	units that was formerly insured under title II of the
22	National Housing Act.
23	(7) The term "property market value" means the

24 value of a multifamily real property for its current

1	use, without taking into account any affordability re-
2	quirements.

3 (8) The term "Secretary" means the Secretary of
4 Housing and Urban Development.

5 SEC. 2002. APPROPRIATED FUNDS REQUIREMENT FOR
6 BELOW-MARKET SALES.

7 (a) DISCOUNT SALES.—Notwithstanding any other 8 provision of law, except for affordability requirements for 9 the elderly and disabled required by statute, disposition by 10 the Secretary of a multifamily real property during fiscal years 2006 through 2010 through a discount sale under sec-11 tions 207(l) or 246 of the National Housing Act (12 U.S.C. 12 13 1713(l), 1715z-11), section 203 of the Housing and Community Development Amendments of 1978 (12 U.S.C. 14 15 1701z-11), or section 204 of the Departments of Veterans 16 Affairs and Housing and Urban Development, and Independent Agencies Appropriations Act, 1997 (12 U.S.C. 17 18 1715z-11a), shall be subject to the availability of appropriations to the extent that the property market value ex-19 ceeds the sale proceeds. If the multifamily real property is 20 21 sold, during such fiscal years, for an amount equal to or greater than the property market value then the transaction 22 23 is not subject to the availability of appropriations.

(b) DISCOUNT LOAN SALES.—Notwithstanding any
other provision of law and in accordance with the Federal

Credit Reform Act of 1990 (2 U.S.C. 661 et seq.), a discount 1 loan sale during fiscal years 2006 through 2010 under sec-2 tion 207(k) of the National Housing Act (12 U.S.C. 3 4 1713(k), section 203(k) of the Housing and Community Development Amendments of 1978 (12 U.S.C. 1701z-11(k)), 5 or section 204(a) of the Departments of Veterans Affairs 6 and Housing and Urban Development, and Independent 7 8 Agencies Appropriations Act, 1997 (12 U.S.C. 1715z-9 11a(a), shall be subject to the availability of appropria-10 tions to the extent that the loan market value exceeds the sale proceeds. If the multifamily loan is sold, during such 11 fiscal years, for an amount equal to or greater than the 12 13 loan market value then the transaction is not subject to the availability of appropriations. 14

(c) APPLICABILITY.—This section shall not apply to
any transaction that formally commences within one year
prior to the enactment of this section.

18 SEC. 2003. UP-FRONT GRANTS.

(a) 1997 ACT.—Section 204(a) of the Departments of
Veterans Affairs and Housing and Urban Development, and
Independent Agencies Appropriations Act, 1997 (12 U.S.C.
1715z-11a(a)) is amended by adding at the end the following new sentence: "A grant provided under this subsection during fiscal years 2006 through 2010 shall be
available only to the extent that appropriations are made

in advance for such purposes and shall not be derived from
 the General Insurance Fund.".

3 (b) 1978 ACT.—Section 203(f)(4) of the Housing and
4 Community Development Amendments of 1978 (12 U.S.C.
5 1701z-11(f)(4)) is amended by adding at the end the fol6 lowing new sentence: "This paragraph shall be effective dur7 ing fiscal years 2006 through 2010 only to the extent that
8 such budget authority is made available for use under this
9 paragraph in advance in appropriation acts.".

10 (c) APPLICABILITY.—The amendments made by this 11 section shall not apply to any transaction that formally 12 commences within one year prior to the enactment of this 13 section.

14 Subtitle B—Deposit Insurance

15 SEC. 2101. SHORT TITLE.

16 This subtitle may be cited as the "Federal Deposit In17 surance Reform Act of 2005".

18 SEC. 2102. MERGING THE BIF AND SAIF.

19 (a) IN GENERAL.—

- 20 (1) MERGER.—The Bank Insurance Fund and
- 21 the Savings Association Insurance Fund shall be
- 22 merged into the Deposit Insurance Fund.
- 23 (2) DISPOSITION OF ASSETS AND LIABILITIES.—
- 24 All assets and liabilities of the Bank Insurance Fund

2transferred to the Deposit Insurance Fund.3(3) NO SEPARATE EXISTENCE.—The separate ex-4istence of the Bank Insurance Fund and the Savings5Association Insurance Fund shall cease on the effec-6tive date of the merger thereof under this section.7(b) REPEAL OF OUTDATED MERGER PROVISION.—Sec-8tion 2704 of the Deposit Insurance Funds Act of 1996 (129U.S.C. 1821 note) is repealed.10(c) EFFECTIVE DATE.—This section shall take effect11no later than the first day of the first calendar quarter that12begins after the end of the 90-day period beginning on the13date of the enactment of this Act.14SEC 2103. INCREASE IN DEPOSIT INSURANCE COVERAGE.15(a) IN GENERAL.—Section 11(a)(1) of the Federal De-16posit Insurance Act (12 U.S.C. 1821(a)(1)) is amended—17(1) by striking subparagraph (B) and inserting18the following new subparagraph:19"(B) NET AMOUNT OF INSURED DEPOSIT.—20The net amount due to any depositor at an in-21sured depository institution shall not exceed the22standard maximum deposit insurance amount as23determined in accordance with subparagraphs24(C), (D), (E) and (F) and paragraph (3)."; and	1	and the Savings Association Insurance Fund shall be		
4istence of the Bank Insurance Fund and the Savings5Association Insurance Fund shall cease on the effec-6tive date of the merger thereof under this section.7(b) REPEAL OF OUTDATED MERGER PROVISION.—Sec-8tion 2704 of the Deposit Insurance Funds Act of 1996 (129U.S.C. 1821 note) is repealed.10(c) EFFECTIVE DATE.—This section shall take effect11no later than the first day of the first calendar quarter that12begins after the end of the 90-day period beginning on the13date of the enactment of this Act.14SEC. 2103. INCREASE IN DEPOSIT INSURANCE COVERAGE.15(a) IN GENERAL.—Section 11(a)(1) of the Federal De-16posit Insurance Act (12 U.S.C. 1821(a)(1)) is amended—17(1) by striking subparagraph (B) and inserting18the following new subparagraph:19"(B) NET AMOUNT OF INSURED DEPOSIT.—20The net amount due to any depositor at an in-21sured depository institution shall not exceed the22standard maximum deposit insurance amount as23determined in accordance with subparagraphs	2	transferred to the Deposit Insurance Fund.		
5 Association Insurance Fund shall cease on the effec- 6 tive date of the merger thereof under this section. 7 (b) REPEAL OF OUTDATED MERGER PROVISION.—Sec- 8 tion 2704 of the Deposit Insurance Funds Act of 1996 (12 9 U.S.C. 1821 note) is repealed. 10 (c) EFFECTIVE DATE.—This section shall take effect 11 no later than the first day of the first calendar quarter that 12 begins after the end of the 90-day period beginning on the 13 date of the enactment of this Act. 14 SEC. 2103. INCREASE IN DEPOSIT INSURANCE COVERAGE. 15 (a) IN GENERAL.—Section 11(a)(1) of the Federal De- 16 posit Insurance Act (12 U.S.C. 1821(a)(1)) is amended— 17 (1) by striking subparagraph (B) and inserting 18 the following new subparagraph: 19 "(B) NET AMOUNT OF INSURED DEPOSIT.— 20 The net amount due to any depositor at an in- 21 sured depository institution shall not exceed the 22 standard maximum deposit insurance amount as 23 determined in accordance with subparagraphs	3	(3) NO SEPARATE EXISTENCE.—The separate ex-		
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 (1) by striking subparagraph (B) and inserting the following new subparagraph: "(B) NET AMOUNT OF INSURED DEPOSIT.— The net amount due to any depositor at an in- sured depository institution shall not exceed the standard maximum deposit insurance amount as determined in accordance with subparagraphs 	15	(a) IN GENERAL.—Section 11(a)(1) of the Federal De-		
 the following new subparagraph: "(B) NET AMOUNT OF INSURED DEPOSIT.— The net amount due to any depositor at an in- sured depository institution shall not exceed the standard maximum deposit insurance amount as determined in accordance with subparagraphs 	16	posit Insurance Act (12 U.S.C. 1821(a)(1)) is amended—		
19"(B) NET AMOUNT OF INSURED DEPOSIT.—20The net amount due to any depositor at an in-21sured depository institution shall not exceed the22standard maximum deposit insurance amount as23determined in accordance with subparagraphs	17	(1) by striking subparagraph (B) and inserting		
20The net amount due to any depositor at an in-21sured depository institution shall not exceed the22standard maximum deposit insurance amount as23determined in accordance with subparagraphs	18	the following new subparagraph:		
 sured depository institution shall not exceed the standard maximum deposit insurance amount as determined in accordance with subparagraphs 	19	"(B) Net amount of insured deposit.—		
 standard maximum deposit insurance amount as determined in accordance with subparagraphs 	20	The net amount due to any depositor at an in-		
23 determined in accordance with subparagraphs	21	sured depository institution shall not exceed the		
	22	standard maximum deposit insurance amount as		
24 (C) , (D) , (E) and (F) and paragraph (3)."; and	23	determined in accordance with subparagraphs		
	24	(C), (D), (E) and (F) and paragraph (3)."; and		

1	(2) by adding at the end the following new sub-
2	paragraphs:
3	"(E) Standard maximum deposit insur-
4	ANCE AMOUNT DEFINED.—For purposes of this
5	Act, the term 'standard maximum deposit insur-
6	ance amount' means \$100,000, adjusted as pro-
7	vided under subparagraph (F) after March 31,
8	2010.
9	"(F) INFLATION ADJUSTMENT.—
10	"(i) In general.—By April 1 of
11	2010, and the 1st day of each subsequent 5-
12	year period, the Board of Directors and the
13	National Credit Union Administration
14	Board shall jointly consider the factors set
15	forth under clause (v), and, upon deter-
16	mining that an inflation adjustment is ap-
17	propriate, shall jointly prescribe the amount
18	by which the standard maximum deposit
19	insurance amount and the standard max-
20	imum share insurance amount (as defined
21	in section 207(k) of the Federal Credit
22	Union Act) applicable to any depositor at
23	an insured depository institution shall be
24	increased by calculating the product of—
25	"(I) \$100,000; and

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1	"(II) the ratio of the published
2	annual value of the Personal Consump-
3	tion Expenditures Chain-Type Price
4	Index (or any successor index thereto),
5	published by the Department of Com-
6	merce, for the calendar year preceding
7	the year in which the adjustment is
8	calculated under this clause, to the
9	published annual value of such index
10	for the calendar year preceding the
11	date this subparagraph takes effect
12	under the Federal Deposit Insurance
13	Reform Act of 2005.
14	The values used in the calculation under
15	subclause (II) shall be, as of the date of the
16	calculation, the values most recently pub-
17	lished by the Department of Commerce.
18	"(ii) ROUNDING.—If the amount deter-
19	mined under clause (ii) for any period is
20	not a multiple of \$10,000, the amount so
21	determined shall be rounded down to the
22	nearest \$10,000.
23	"(iii) Publication and report to
24	THE CONGRESS.—Not later than April 5 of
25	any calendar year in which an adjustment

1	is required to be calculated under clause (i)
2	to the standard maximum deposit insurance
3	amount and the standard maximum share
4	insurance amount under such clause, the
5	Board of Directors and the National Credit
6	Union Administration Board shall—
7	((I) publish in the Federal Reg-
8	ister the standard maximum deposit
9	insurance amount, the standard max-
10	imum share insurance amount, and
11	the amount of coverage under para-
12	graph (3)(A) and section $207(k)(3)$ of
13	the Federal Credit Union Act, as so
14	calculated; and
15	``(II) jointly submit a report to
16	the Congress containing the amounts
17	described in subclause (I).
18	"(iv) 6-month implementation pe-
19	RIOD.—Unless an Act of Congress enacted
20	before July 1 of the calendar year in which
21	an adjustment is required to be calculated
22	under clause (i) provides otherwise, the in-
23	crease in the standard maximum deposit
24	insurance amount and the standard max-
25	imum share insurance amount shall take ef-

1 fect on January 1 of the year immediately 2 succeeding such calendar year. "(v) INFLATION ADJUSTMENT CONSID-3 4 ERATION.—In making any determination under clause (i) to increase the standard 5 6 maximum deposit insurance amount and 7 the standard maximum share insurance 8 amount, the Board of Directors and the Na-9 tional Credit Union Administration Board 10 shall jointly consider— 11 "(I) the overall state of the De-12 posit Insurance Fund and the eco-13 nomic conditions affecting insured de-14 *pository institutions;* 15 "(II) potential problems affecting insured depository institutions; or 16 17 "(III) whether the increase will 18 cause the reserve ratio of the fund to 19 fall below 1.15 percent of estimated in-20 sured deposits.".

(b) COVERAGE FOR CERTAIN EMPLOYEE BENEFIT
PLAN DEPOSITS.—Section 11(a)(1)(D) of the Federal Deposit Insurance Act (12 U.S.C. 1821(a)(1)(D)) is amended
to read as follows:

18

1	"(D) Coverage for certain employee
2	BENEFIT PLAN DEPOSITS.—
3	"(i) PASS-THROUGH INSURANCE.—The
4	Corporation shall provide pass-through de-
5	posit insurance for the deposits of any em-
6	ployee benefit plan.
7	"(ii) Prohibition on acceptance of
8	BENEFIT PLAN DEPOSITS.—An insured de-
9	pository institution that is not well capital-
10	ized or adequately capitalized may not ac-
11	cept employee benefit plan deposits.
12	"(iii) Definitions.—For purposes of
13	this subparagraph, the following definitions
14	shall apply:
15	"(I) CAPITAL STANDARDS.—The
16	terms 'well capitalized' and 'ade-
17	quately capitalized' have the same
18	meanings as in section 38.
19	"(II) Employee benefit
20	PLAN.—The term 'employee benefit
21	plan' has the same meaning as in
22	paragraph $(5)(B)(ii)$, and includes any
23	eligible deferred compensation plan de-
24	scribed in section 457 of the Internal
25	Revenue Code of 1986.

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1	"(III) PASS-THROUGH DEPOSIT
2	INSURANCE.—The term 'pass-through
3	deposit insurance' means, with respect
4	to an employee benefit plan, deposit
5	insurance coverage based on the inter-
6	est of each participant, in accordance
7	with regulations issued by the Corpora-
8	tion.".

9 (c) Increased Amount of Deposit Insurance for CERTAIN RETIREMENT ACCOUNTS.—Section 11(a)(3)(A) of 10 11 the Federal Deposit Insurance Act U.S.C.(12)1821(a)(3)(A)) is amended by striking "\$100,000" and in-12 13 serting "\$250,000 (which amount shall be subject to inflation adjustments as provided in paragraph (1)(F), except 14 15 that \$250,000 shall be substituted for \$100,000 wherever such term appears in such paragraph)". 16

17 (d) EFFECTIVE DATE.—This section and the amend-18 ments made by this section shall take effect on the date the final regulations required under section 9(a)(2) take effect. 19 20 SEC. 2104. SETTING ASSESSMENTS AND REPEAL OF SPE-21 CIAL RULES RELATING TO MINIMUM ASSESS-22 MENTS AND FREE DEPOSIT INSURANCE. 23 (a) SETTING ASSESSMENTS.—Section 7(b)(2) of the Federal Deposit Insurance Act (12 U.S.C. 1817(b)(2)) is 24

25 amended—

1	(1) by striking subparagraphs (A) and (B) and
2	inserting the following new subparagraphs:
3	"(A) IN GENERAL.—The Board of Directors
4	shall set assessments for insured depository insti-
5	tutions in such amounts as the Board of Direc-
6	tors may determine to be necessary or appro-
7	priate, subject to subparagraph (D).
8	"(B) Factors to be considered.—In set-
9	ting assessments under subparagraph (A) , the
10	Board of Directors shall consider the following
11	factors:
12	"(i) The estimated operating expenses
13	of the Deposit Insurance Fund.
14	"(ii) The estimated case resolution ex-
15	penses and income of the Deposit Insurance
16	Fund.
17	"(iii) The projected effects of the pay-
18	ment of assessments on the capital and
19	earnings of insured depository institutions.
20	"(iv) The risk factors and other factors
21	taken into account pursuant to paragraph
22	(1) under the risk-based assessment system,
23	including the requirement under such para-
24	graph to maintain a risk-based system.

1	"(v) Any other factors the Board of Di-
2	rectors may determine to be appropriate.";
3	and
4	(2) by inserting after subparagraph (C) the fol-
5	lowing new subparagraph:
6	"(D) NO DISCRIMINATION BASED ON
7	SIZE.—No insured depository institution shall be
8	barred from the lowest-risk category solely be-
9	cause of size.".
10	(b) Assessment Recordkeeping Period Short-
11	ENED.—Paragraph (5) of section 7(b) of the Federal De-
12	posit Insurance Act (12 U.S.C. 1817(b)) is amended to read
12	
12	as follows:
13	as follows:
13 14	as follows: "(5) Depository institution required to
13 14 15	as follows: "(5) Depository institution required to MAINTAIN ASSESSMENT-RELATED RECORDS.—Each
13 14 15 16	as follows: "(5) DEPOSITORY INSTITUTION REQUIRED TO MAINTAIN ASSESSMENT-RELATED RECORDS.—Each insured depository institution shall maintain all
 13 14 15 16 17 	as follows: "(5) DEPOSITORY INSTITUTION REQUIRED TO MAINTAIN ASSESSMENT-RELATED RECORDS.—Each insured depository institution shall maintain all records that the Corporation may require for
 13 14 15 16 17 18 	as follows: "(5) DEPOSITORY INSTITUTION REQUIRED TO MAINTAIN ASSESSMENT-RELATED RECORDS.—Each insured depository institution shall maintain all records that the Corporation may require for verifying the correctness of any assessment on the in-
 13 14 15 16 17 18 19 	as follows: "(5) DEPOSITORY INSTITUTION REQUIRED TO MAINTAIN ASSESSMENT-RELATED RECORDS.—Each insured depository institution shall maintain all records that the Corporation may require for verifying the correctness of any assessment on the in- sured depository institution under this subsection
 13 14 15 16 17 18 19 20 	as follows: "(5) DEPOSITORY INSTITUTION REQUIRED TO MAINTAIN ASSESSMENT-RELATED RECORDS.—Each insured depository institution shall maintain all records that the Corporation may require for verifying the correctness of any assessment on the in- sured depository institution under this subsection until the later of—
 13 14 15 16 17 18 19 20 21 	as follows: "(5) DEPOSITORY INSTITUTION REQUIRED TO MAINTAIN ASSESSMENT-RELATED RECORDS.—Each insured depository institution shall maintain all records that the Corporation may require for verifying the correctness of any assessment on the in- sured depository institution under this subsection until the later of— "(A) the end of the 3-year period beginning

2	final determination of any such dispute.".
3	(c) Increase in Fees for Late Assessment Pay-
4	MENTS.—Subsection (h) of section 18 of the Federal Deposit
5	Insurance Act (12 U.S.C. 1828(h)) is amended to read as
6	follows:
7	"(h) Penalty for Failure to Timely Pay Assess-
8	MENTS.—
9	"(1) In General.—Subject to paragraph (3),
10	any insured depository institution which fails or re-
11	fuses to pay any assessment shall be subject to a pen-
12	alty in an amount of not more than 1 percent of the
13	amount of the assessment due for each day that such
14	violation continues.
15	"(2) Exception in case of dispute.—Para-
16	graph (1) shall not apply if—
17	"(A) the failure to pay an assessment is due
18	to a dispute between the insured depository insti-
19	tution and the Corporation over the amount of
20	such assessment; and
21	(B) the insured depository institution de-
22	posits security satisfactory to the Corporation for
23	payment upon final determination of the issue.
24	"(3) Special rule for small assessment

25 AMOUNTS.—If the amount of the assessment which an

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with respect to such assessment, the date of a

1	insured depository institution fails or refuses to pay
2	is less than \$10,000 at the time of such failure or re-
3	fusal, the amount of any penalty to which such insti-
4	tution is subject under paragraph (1) shall not exceed
5	\$100 for each day that such violation continues.
6	"(4) AUTHORITY TO MODIFY OR REMIT PEN-
7	ALTY.—The Corporation, in the sole discretion of the
8	Corporation, may compromise, modify or remit any
9	penalty which the Corporation may assess or has al-
10	ready assessed under paragraph (1) upon a finding
11	that good cause prevented the timely payment of an
12	assessment.".
13	(d) Statute of Limitations for Assessment Ac-
14	TIONS.—Subsection (g) of section 7 of the Federal Deposit
15	Insurance Act (12 U.S.C. $1817(g)$) is amended to read as
16	follows:
17	"(g) Assessment Actions.—
18	"(1) In general.—The Corporation, in any
19	court of competent jurisdiction, shall be entitled to re-
20	cover from any insured depository institution the
21	amount of any unpaid assessment lawfully payable
22	by such insured depository institution.
23	"(2) Statute of limitations.—The following

24 provisions shall apply to actions relating to assess-

ments, notwithstanding any other provision in Fed-
eral law, or the law of any State:
"(A) Any action by an insured depository
institution to recover from the Corporation the
overpaid amount of any assessment shall be
brought within 3 years after the date the assess-
ment payment was due, subject to the exception
$in \ subparagraph \ (E).$
"(B) Any action by the Corporation to re-
cover from an insured depository institution the
underpaid amount of any assessment shall be
brought within 3 years after the date the assess-
ment payment was due, subject to the exceptions
in subparagraphs (C) and (E).
"(C) If an insured depository institution
has made a false or fraudulent statement with
intent to evade any or all of its assessment, the
Corporation shall have until 3 years after the
date of discovery of the false or fraudulent state-
ment in which to bring an action to recover the
underpaid amount.
``(D) Except as provided in subparagraph
(C), assessment deposit information contained in

24 records no longer required to be maintained pur-

1	suant to subsection $(b)(4)$ shall be considered
2	conclusive and not subject to change.
3	((E) Any action for the underpaid or over-
4	paid amount of any assessment that became due
5	before the amendment to this subsection under
6	the Federal Deposit Insurance Reform Act of
7	2005 took effect shall be subject to the statute of
8	limitations for assessments in effect at the time
9	the assessment became due.".
10	(e) EFFECTIVE DATE.—This section and the amend-
11	ments made by this section shall take effect on the date that
12	the final regulations required under section $9(a)(5)$ take ef-
14	
	fect.
13	fect. SEC. 2105. REPLACEMENT OF FIXED DESIGNATED RESERVE
13 14	SEC. 2105. REPLACEMENT OF FIXED DESIGNATED RESERVE
13 14 15	SEC. 2105. REPLACEMENT OF FIXED DESIGNATED RESERVE RATIO WITH RESERVE RANGE.
13 14 15 16	SEC. 2105. REPLACEMENT OF FIXED DESIGNATED RESERVE RATIO WITH RESERVE RANGE. (a) IN GENERAL.—Section 7(b)(3) of the Federal De-
13 14 15 16 17	SEC. 2105. REPLACEMENT OF FIXED DESIGNATED RESERVE RATIO WITH RESERVE RANGE. (a) IN GENERAL.—Section 7(b)(3) of the Federal De- posit Insurance Act (12 U.S.C. 1817(b)(3)) is amended to
 13 14 15 16 17 18 	SEC. 2105. REPLACEMENT OF FIXED DESIGNATED RESERVE RATIO WITH RESERVE RANGE. (a) IN GENERAL.—Section 7(b)(3) of the Federal De- posit Insurance Act (12 U.S.C. 1817(b)(3)) is amended to read as follows:
 13 14 15 16 17 18 19 20 	SEC. 2105. REPLACEMENT OF FIXED DESIGNATED RESERVE RATIO WITH RESERVE RANGE. (a) IN GENERAL.—Section 7(b)(3) of the Federal De- posit Insurance Act (12 U.S.C. 1817(b)(3)) is amended to read as follows: "(3) DESIGNATED RESERVE RATIO.—
 13 14 15 16 17 18 19 	SEC. 2105. REPLACEMENT OF FIXED DESIGNATED RESERVE RATIO WITH RESERVE RANGE. (a) IN GENERAL.—Section 7(b)(3) of the Federal De- posit Insurance Act (12 U.S.C. 1817(b)(3)) is amended to read as follows: "(3) DESIGNATED RESERVE RATIO.— "(A) ESTABLISHMENT.—
 13 14 15 16 17 18 19 20 21 	SEC. 2105. REPLACEMENT OF FIXED DESIGNATED RESERVE RATIO WITH RESERVE RANGE. (a) IN GENERAL.—Section 7(b)(3) of the Federal De- posit Insurance Act (12 U.S.C. 1817(b)(3)) is amended to read as follows: "(3) DESIGNATED RESERVE RATIO.— "(A) ESTABLISHMENT.— "(i) IN GENERAL.—Before the begin-

surance Fund and publish the reserve ratio
so designated.
"(ii) RULEMAKING REQUIREMENT.—
Any change to the designated reserve ratio
shall be made by the Board of Directors by
regulation after notice and opportunity for
comment.
"(B) RANGE.—The reserve ratio designated
by the Board of Directors for any year—
"(i) may not exceed 1.5 percent of esti-
mated insured deposits; and
"(ii) may not be less than 1.15 percent
of estimated insured deposits.
"(C) FACTORS.—In designating a reserve
ratio for any year, the Board of Directors
shall—
"(i) take into account the risk of losses
to the Deposit Insurance Fund in such year
and future years, including historic experi-
ence and potential and estimated losses
from insured depository institutions;
"(ii) take into account economic condi-
tions generally affecting insured depository
institutions so as to allow the designated re-
serve ratio to increase during more favor-

1	able economic conditions and to decrease
2	during less favorable economic conditions,
3	notwithstanding the increased risks of loss
4	that may exist during such less favorable
5	conditions, as determined to be appropriate
6	by the Board of Directors;
7	"(iii) seek to prevent sharp swings in
8	the assessment rates for insured depository
9	institutions; and
10	"(iv) take into account such other fac-
11	tors as the Board of Directors may deter-
12	mine to be appropriate, consistent with the
13	requirements of this subparagraph.
14	"(D) PUBLICATION OF PROPOSED CHANGE
15	IN RATIO.—In soliciting comment on any pro-
16	posed change in the designated reserve ratio in
17	accordance with subparagraph (A), the Board of
18	Directors shall include in the published proposal
19	a thorough analysis of the data and projections
20	on which the proposal is based.".
21	(b) EFFECTIVE DATE.—This section and the amend-
22	ments made by this section shall take effect on the date that
23	the final regulations required under section $9(a)(1)$ take ef-
24	fect.

1	SEC. 2106. REQUIREMENTS APPLICABLE TO THE RISK-
2	BASED ASSESSMENT SYSTEM.
3	Section 7(b)(1) of the Federal Deposit Insurance Act
4	(12 U.S.C. 1817(b)(1)) is amended by adding at the end
5	the following new subparagraphs:
6	"(E) INFORMATION CONCERNING RISK OF
7	LOSS AND ECONOMIC CONDITIONS.—
8	"(i) Sources of information.—For
9	purposes of determining risk of losses at in-
10	sured depository institutions and economic
11	conditions generally affecting depository in-
12	stitutions, the Corporation shall collect in-
13	formation, as appropriate, from all sources
14	the Board of Directors considers appro-
15	priate, such as reports of condition, inspec-
16	tion reports, and other information from all
17	Federal banking agencies, any information
18	available from State bank supervisors, State
19	insurance and securities regulators, the Se-
20	curities and Exchange Commission (includ-
21	ing information described in section 35),
22	the Secretary of the Treasury, the Com-
23	modity Futures Trading Commission, the
24	Farm Credit Administration, the Federal
25	Trade Commission, any Federal reserve
26	bank or Federal home loan bank, and other

1	regulators of financial institutions, and any
2	information available from credit rating en-
3	tities, and other private economic or busi-
4	ness analysts.
5	"(ii) Consultation with federal
6	BANKING AGENCIES.—
7	"(I) IN GENERAL.—Except as pro-
8	vided in subclause (II), in assessing the
9	risk of loss to the Deposit Insurance
10	Fund with respect to any insured de-
11	pository institution, the Corporation
12	shall consult with the appropriate Fed-
13	eral banking agency of such institu-
14	tion.
15	"(II) TREATMENT ON AGGREGATE
16	BASIS.—In the case of insured deposi-
17	tory institutions that are well capital-
18	ized (as defined in section 38) and, in
19	the most recent examination, were
20	found to be well managed, the consulta-
21	tion under subclause (I) concerning the
22	assessment of the risk of loss posed by
23	such institutions may be made on an
24	aggregate basis.

1	"(iii) Rule of construction.—No
2	provision of this paragraph shall be con-
3	strued as providing any new authority for
4	the Corporation to require submission of in-
5	formation by insured depository institutions
6	to the Corporation.
7	"(F) Modifications to the RISK-based
8	ASSESSMENT SYSTEM ALLOWED ONLY AFTER NO-
9	tice and comment.—In revising or modifying
10	the risk-based assessment system at any time
11	after the date of the enactment of the Federal De-
12	posit Insurance Reform Act of 2005, the Board
13	of Directors may implement such revisions or
14	modification in final form only after notice and
15	opportunity for comment.".
16	SEC. 2107. REFUNDS, DIVIDENDS, AND CREDITS FROM DE-
17	POSIT INSURANCE FUND.
18	(a) IN GENERAL.—Subsection (e) of section 7 of the
19	Federal Deposit Insurance Act (12 U.S.C. 1817(e)) is
20	amended to read as follows:
21	"(e) Refunds, Dividends, and Credits.—
22	"(1) Refunds of overpayments.—In the case
23	of any payment of an assessment by an insured de-
24	pository institution in excess of the amount due to the

1	"(A) refund the amount of the excess pay-
2	ment to the insured depository institution; or
3	``(B) credit such excess amount toward the
4	payment of subsequent assessments until such
5	credit is exhausted.
6	"(2) Dividends from excess amounts in de-
7	POSIT INSURANCE FUND.—
8	"(A) Reserve ratio in excess of 1.5
9	PERCENT OF ESTIMATED INSURED DEPOSITS.—
10	If, at the end of a calendar year, the reserve
11	ratio of the Deposit Insurance Fund exceeds 1.5
12	percent of estimated insured deposits, the Cor-
13	poration shall declare the amount in the Fund
14	in excess of the amount required to maintain the
15	reserve ratio at 1.5 percent of estimated insured
16	deposits, as dividends to be paid to insured de-
17	pository institutions.
18	"(B) Reserve ratio equal to or in ex-
19	CESS OF 1.35 PERCENT OF ESTIMATED INSURED
20	DEPOSITS AND NOT MORE THAN 1.5 PERCENT
21	If, at the end of a calendar year, the reserve
22	ratio of the Deposit Insurance Fund equals or
23	exceeds 1.35 percent of estimated insured deposits
24	and is not more than 1.5 percent of such depos-
25	its, the Corporation shall declare the amount in

1	the Fund that is equal to 50 percent of the
2	amount in excess of the amount required to
3	maintain the reserve ratio at 1.35 percent of the
4	estimated insured deposits as dividends to be
5	paid to insured depository institutions.
6	"(C) BASIS FOR DISTRIBUTION OF DIVI-
7	DENDS.—
8	"(i) In general.—Solely for the pur-
9	poses of dividend distribution under this
10	paragraph, the Corporation shall determine
11	each insured depository institution's rel-
12	ative contribution to the Deposit Insurance
13	Fund (or any predecessor deposit insurance
14	fund) for calculating such institution's
15	share of any dividend declared under this
16	paragraph, taking into account the factors
17	described in clause (ii).
18	"(ii) Factors for distribution.—In
19	implementing this paragraph in accordance
20	with regulations, the Corporation shall take
21	into account the following factors:
22	((I) The ratio of the assessment
23	base of an insured depository institu-
24	tion (including any predecessor) on
25	December 31, 1996, to the assessment

1	base of all eligible incurred depository
	base of all eligible insured depository
2	institutions on that date.
3	"(II) The total amount of assess-
4	ments paid on or after January 1,
5	1997, by an insured depository institu-
6	tion (including any predecessor) to the
7	Deposit Insurance Fund (and any
8	predecessor deposit insurance fund).
9	"(III) That portion of assessments
10	paid by an insured depository institu-
11	tion (including any predecessor) that
12	reflects higher levels of risk assumed by
13	such institution.
14	"(IV) Such other factors as the
15	Corporation may determine to be ap-
16	propriate.
17	"(D) Notice and opportunity for com-
18	MENT.—The Corporation shall prescribe by regu-
19	lation, after notice and opportunity for com-
20	ment, the method for the calculation, declaration,
21	and payment of dividends under this paragraph.
22	"(E) LIMITATION.—The Board of Directors
23	may suspend or limit dividends paid under sub-
24	paragraph (B), if the Board determines in writ-
25	ing that—

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1	"(i) a significant risk of losses to the
2	Deposit Insurance Fund exists over the next
3	1-year period; and
4	"(ii) it is likely that such losses will be
5	sufficiently high as to justify a finding by
6	the Board that the reserve ratio should tem-
7	porarily be allowed—
8	((I) to grow without requiring
9	dividends under subparagraph (B) ; or
10	"(II) to exceed the maximum
11	amount established under subsection
12	(b)(3)(B)(i).
13	"(F) Considerations.—In making a de-
14	termination under subparagraph (E), the Board
15	shall consider—
16	"(i) national and regional conditions
17	and their impact on insured depository in-
18	stitutions;
19	"(ii) potential problems affecting in-
20	sured depository institutions or a specific
21	group or type of depository institution;
22	"(iii) the degree to which the contin-
23	gent liability of the Corporation for antici-
24	pated failures of insured institutions ade-

1	quately addresses concerns over funding lev-
2	els in the Deposit Insurance Fund; and
3	"(iv) any other factors that the Board
4	determines are appropriate.
5	"(G) Review of determination.—
6	"(i) ANNUAL REVIEW.—A determina-
7	tion to suspend or limit dividends under
8	subparagraph (E) shall be reviewed by the
9	Board of Directors annually.
10	"(ii) ACTION BY BOARD.—Based on
11	each annual review under clause (i), the
12	Board of Directors shall either renew or re-
13	move a determination to suspend or limit
14	dividends under subparagraph (E) , or shall
15	make a new determination in accordance
16	with this paragraph. Unless justified under
17	the terms of the renewal or new determina-
18	tion, the Corporation shall be required to
19	provide cash dividends under subparagraph
20	(A) or (B), as appropriate.
21	"(3) ONE-TIME CREDIT BASED ON TOTAL AS-
22	SESSMENT BASE AT YEAR-END 1996.—
23	"(A) IN GENERAL.—Before the end of the
24	270-day period beginning on the date of the en-
25	actment of the Federal Deposit Insurance Reform
1	Act of 2005, the Board of Directors shall, by reg-
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2	ulation after notice and opportunity for com-
3	ment, provide for a credit to each eligible insured
4	depository institution (or a successor insured de-
5	pository institution), based on the assessment
6	base of the institution on December 31, 1996, as
7	compared to the combined aggregate assessment
8	base of all eligible insured depository institu-
9	tions, taking into account such factors as the
10	Board of Directors may determine to be appro-
11	priate.
12	"(B) CREDIT LIMIT.—The aggregate
13	amount of credits available under subparagraph
14	(A) to all eligible insured depository institutions
15	shall equal the amount that the Corporation
16	could collect if the Corporation imposed an as-
17	sessment of 10.5 basis points on the combined as-
18	sessment base of the Bank Insurance Fund and
19	the Savings Association Insurance Fund as of
20	December 31, 2001.
21	"(C) Eligible insured depository in-
22	STITUTION DEFINED.—For purposes of this para-
23	graph, the term 'eligible insured depository insti-
24	tution' means any insured depository institution

that—

1 "(i) was in existence on December 31, 2 1996, and paid a deposit insurance assess-3 ment prior to that date; or 4 "(ii) is a successor to any insured depository institution described in clause (i). 5 "(D) APPLICATION OF CREDITS.— 6 7 "(i) IN GENERAL.—Subject to clause 8 (ii), the amount of a credit to any eligible 9 insured depository institution under this 10 paragraph shall be applied by the Corpora-11 tion, subject to subsection (b)(3)(E), to the 12 assessments imposed on such institution 13 under subsection (b) that become due for as-14 sessment periods beginning after the effec-15 tive date of regulations prescribed under 16 subparagraph (A). 17 "(ii) TEMPORARY RESTRICTION ON USE 18 OF CREDITS.—The amount of a credit to 19 any eligible insured depository institution 20 under this paragraph may not be applied to 21 more than 90 percent of the assessments im-22 posed on such institution under subsection 23 (b) that become due for assessment periods 24 beginning in fiscal years 2008, 2009, and

38

2010.

1	"(iii) Regulations.—The regulations
2	prescribed under subparagraph (A) shall es-
3	tablish the qualifications and procedures
4	governing the application of assessment
5	credits pursuant to clause (i).
6	"(E) LIMITATION ON AMOUNT OF CREDIT
7	FOR CERTAIN DEPOSITORY INSTITUTIONS.—In
8	the case of an insured depository institution that
9	exhibits financial, operational, or compliance
10	weaknesses ranging from moderately severe to
11	unsatisfactory, or is not adequately capitalized
12	(as defined in section 38) at the beginning of an
13	assessment period, the amount of any credit al-
14	lowed under this paragraph against the assess-
15	ment on that depository institution for such pe-
16	riod may not exceed the amount calculated by
17	applying to that depository institution the aver-
18	age assessment rate on all insured depository in-
19	stitutions for such assessment period.
20	"(F) Successor defined.—The Corpora-
21	tion shall define the term 'successor' for purposes
22	of this paragraph, by regulation, and may con-
23	sider any factors as the Board may deem appro-
24	priate.
25	"(4) Administrative review.—

40 "(A) IN GENERAL.—The regulations pre-

1	"(A) IN GENERAL.—The regulations pre-
2	scribed under paragraphs $(2)(D)$ and (3) shall
3	include provisions allowing an insured deposi-
4	tory institution a reasonable opportunity to
5	challenge administratively the amount of the
6	credit or dividend determined under paragraph
7	(2) or (3) for such institution.
8	"(B) Administrative review.—Any re-
9	view under subparagraph (A) of any determina-
10	tion of the Corporation under paragraph (2) or
11	(3) shall be final and not subject to judicial re-
12	view.".
13	(b) Definition of Reserve Ratio.—Section 3(y) of
14	the Federal Deposit Insurance Act (12 U.S.C. 1813(y)) (as
15	amended by section 2105(b) of this subtitle) is amended by
16	adding at the end the following new paragraph:
17	"(3) Reserve ratio.—The term 'reserve ratio',
18	when used with regard to the Deposit Insurance Fund
19	other than in connection with a reference to the des-
20	ignated reserve ratio, means the ratio of the net worth
21	of the Deposit Insurance Fund to the value of the ag-
22	gregate estimated insured deposits.".

1	SEC. 2108. DEPOSIT INSURANCE FUND RESTORATION
2	PLANS.
3	Section 7(b)(3) of the Federal Deposit Insurance Act
4	(12 U.S.C. 1817(b)(3)) (as amended by section 2105(a) of
5	this subtitle) is amended by adding at the end the following
6	new subparagraph:
7	"(E) DIF RESTORATION PLANS.—
8	"(i) In general.—Whenever—
9	"(I) the Corporation projects that
10	the reserve ratio of the Deposit Insur-
11	ance Fund will, within 6 months of
12	such determination, fall below the min-
13	imum amount specified in subpara-
14	graph (B)(ii) for the designated reserve
15	ratio; or
16	"(II) the reserve ratio of the De-
17	posit Insurance Fund actually falls
18	below the minimum amount specified
19	in subparagraph $(B)(ii)$ for the des-
20	ignated reserve ratio without any de-
21	$termination \ under \ subclause \ (I) \ having$
22	been made,
23	the Corporation shall establish and imple-
24	ment a Deposit Insurance Fund restoration
25	plan within 90 days that meets the require-
26	ments of clause (ii) and such other condi-

tions as the Corporation determines to be appropriate.

"(ii) Requirements of restoration 3 4 PLAN.—A Deposit Insurance Fund restoration plan meets the requirements of this 5 6 clause if the plan provides that the reserve 7 ratio of the Fund will meet or exceed the 8 minimum amount specified in subpara-9 qraph (B)(ii) for the designated reserve 10 ratio before the end of the 5-year period be-11 ginning upon the implementation of the 12 plan (or such longer period as the Corpora-13 tion may determine to be necessary due to 14 extraordinary circumstances).

15"(iii) RESTRICTION ON ASSESSMENT16CREDITS.—As part of any restoration plan17under this subparagraph, the Corporation18may elect to restrict the application of as-19sessment credits provided under subsection20(e)(3) for any period that the plan is in ef-21fect.

22 "(iv) LIMITATION ON RESTRICTION.—
23 Notwithstanding clause (iii), while any res24 toration plan under this subparagraph is in
25 effect, the Corporation shall apply credits

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1	provided to an insured depository institu-
2	tion under subsection (e)(3) against any as-
3	sessment imposed on the institution for any
4	assessment period in an amount equal to
5	the lesser of—
6	``(I) the amount of the assessment;
7	or
8	"(II) the amount equal to 3 basis
9	points of the institution's assessment
10	base.
11	"(v) TRANSPARENCY.—Not more than
12	30 days after the Corporation establishes
13	and implements a restoration plan under
14	clause (i), the Corporation shall publish in
15	the Federal Register a detailed analysis of
16	the factors considered and the basis for the
17	actions taken with regard to the plan.".
18	SEC. 2109. REGULATIONS REQUIRED.
19	(a) IN GENERAL.—Not later than 270 days after the
20	date of the enactment of this Act, the Board of Directors
21	of the Federal Deposit Insurance Corporation shall pre-
22	scribe final regulations, after notice and opportunity for
23	comment—
24	(1) designating the reserve ratio for the Deposit
25	Insurance Fund in accordance with section $7(b)(3)$ of

1	the Federal Deposit Insurance Act (as amended by
2	section 2105 of this subtitle);
3	(2) implementing increases in deposit insurance
4	coverage in accordance with the amendments made by
5	section 2103 of this subtitle;
6	(3) implementing the dividend requirement
7	under section 7(e)(2) of the Federal Deposit Insurance
8	Act (as amended by section 2107 of this subtitle);
9	(4) implementing the 1-time assessment credit to
10	certain insured depository institutions in accordance
11	with section 7(e)(3) of the Federal Deposit Insurance
12	Act, as amended by section 2107 of this subtitle, in-
13	cluding the qualifications and procedures under
14	which the Corporation would apply assessment cred-
15	its; and
16	(5) providing for assessments under section $7(b)$
17	of the Federal Deposit Insurance Act, as amended by
18	this subtitle.
19	(b) TRANSITION PROVISIONS.—
20	(1) Continuation of existing assessment
21	REGULATIONS.—No provision of this subtitle or any
22	amendment made by this subtitle shall be construed
23	as affecting the authority of the Corporation to set or
24	collect deposit insurance assessments pursuant to any

1	regulations in effect before the effective date of the
2	final regulations prescribed under subsection (a).
3	(2) TREATMENT OF DIF MEMBERS UNDER EXIST-
4	ING REGULATIONS.—As of the date of the merger of
5	the Bank Insurance Fund and the Savings Associa-
6	tion Insurance Fund pursuant to section 2102, the
7	assessment regulations in effect immediately before the
8	date of the enactment of this Act shall continue to
9	apply to all members of the Deposit Insurance Fund,
10	until such regulations are modified by the Corpora-
11	tion, notwithstanding that such regulations may refer
12	to "Bank Insurance Fund members" or "Savings As-
13	sociation Insurance Fund members".
14	TITLE III—DIGITAL TELEVISION
15	TRANSITION AND PUBLIC
16	SAFETY

17 SEC. 3001. SHORT TITLE; DEFINITION.

18 (a) SHORT TITLE.—This title may be cited as the
19 "Digital Television Transition and Public Safety Act of
20 2005".

(b) DEFINITION.—As used in this Act, the term "Assistant Secretary" means the Assistant Secretary for Communications and Information of the Department of Commerce.

1	SEC. 3002. ANALOG SPECTRUM RECOVERY: FIRM DEADLINE.
2	(a) Amendments.—Section 309(j)(14) of the Commu-
3	nications Act of 1934 (47 U.S.C. 309(j)(14)) is amended—
4	(1) in subparagraph (A)—
5	(A) by inserting "full-power" before "tele-
6	vision broadcast license"; and
7	(B) by striking "December 31, 2006" and
8	inserting "February 17, 2009";
9	(2) by striking subparagraph (B);
10	(3) in subparagraph (C)(i)(I), by striking "or
11	<i>(B)</i> ";
12	(4) in subparagraph (D), by striking "subpara-
13	graph (C)(i)" and inserting "subparagraph (B)(i)";
14	and
15	(5) by redesignating subparagraphs (C) and (D)
16	as subparagraphs (B) and (C), respectively.
17	(b) Terminations of Analog Licenses and Broad-
18	CASTING.—The Federal Communications Commission shall
19	take such actions as are necessary—
20	(1) to terminate all licenses for full-power tele-
21	vision stations in the analog television service, and to
22	require the cessation of broadcasting by full-power
23	stations in the analog television service, by February
24	18, 2009; and
25	(2) to require by February 18, 2009, that all
26	broadcasting by Class A stations, whether in the ana-
	† S 1932 EAS

1	log television service or digital television service, and
2	all broadcasting by full-power stations in the digital
3	television service, occur only on channels between
4	channels 2 and 36, inclusive, or 38 and 51, inclusive
5	(between frequencies 54 and 698 megahertz, inclu-
6	sive).
7	(c) Conforming Amendments.—
8	(1) Section 337(e) of the Communications Act of
9	1934 (47 U.S.C. 337(e)) is amended—
10	(A) in paragraph (1)—
11	(i) by striking "CHANNELS 60 TO 69"
12	and inserting "CHANNELS 52 TO 69";
13	(ii) by striking "person who" and in-
14	serting "full-power television station li-
15	censee that";
16	(iii) by striking "746 and 806 mega-
17	hertz" and inserting "698 and 806 mega-
18	hertz"; and
19	(iv) by striking "the date on which the
20	digital television service transition period
21	terminates, as determined by the Commis-
22	sion" and inserting "February 17, 2009";
23	and
24	(B) in paragraph (2), by striking "746
25	megahertz" and inserting "698 megahertz".

1 SEC. 3003. AUCTION OF RECOVERED SPECTRUM.

2 (a) DEADLINE FOR AUCTION.—Section 309(j) of the
3 Communications Act of 1934 (47 U.S.C. 309(j)) is
4 amended—

5 (1) by redesignating the second paragraph (15)
6 of such section (as added by section 203(b) of the
7 Commercial Spectrum Enhancement Act (Pub. L.
8 108–494; 118 Stat. 3993)), as paragraph (16) of such
9 section; and

(2) in the first paragraph (15) of such section
(as added by section 3(a) of the Auction Reform Act
of 2002 (Pub. L. 107–195; 116 Stat. 716)), by adding
at the end of subparagraph (C) the following new
clauses:

15 "(v) Additional deadlines for re-16 SPECTRUM.—Notwith-COVERED ANALOG 17 standing subparagraph (B), the Commis-18 sion shall conduct the auction of the licenses 19 for recovered analog spectrum by com-20 mencing the bidding not later than January 21 28, 2008, and shall deposit the proceeds of 22 such auction in accordance with paragraph 23 (8)(E)(ii) not later than June 30, 2008. 24 (vi)Recovered ANALOG SPEC-

25 TRUM.—For purposes of clause (v), the term
26 'recovered analog spectrum' means the spec-

1	trum between channels 52 and 69, inclusive
2	(between frequencies 698 and 806 mega-
3	hertz, inclusive) reclaimed from analog tele-
4	vision service broadcasting under para-
5	graph (14), other than—
6	((I) the spectrum required by sec-
7	tion 337 to be made available for pub-
8	lic safety services; and
9	"(II) the spectrum auctioned
10	prior to the date of enactment of the
11	Digital Television Transition and Pub-
12	lic Safety Act of 2005.".
13	(b) EXTENSION OF AUCTION AUTHORITY.—Section
14	309(j)(11) of such Act (47 U.S.C. $309(j)(11)$) is amended
15	by striking "2007" and inserting "2011".
16	SEC. 3004. RESERVATION OF AUCTION PROCEEDS.
17	Section 309(j)(8) of the Communications Act of 1934
18	(47 U.S.C. 309(j)(8)) is amended—
19	(1) in subparagraph (A), by striking "subpara-
20	graph (B) or subparagraph (D)" and inserting "sub-
21	paragraphs (B), (D), and (E)";
22	(2) in subparagraph (C)(i), by inserting before
23	the semicolon at the end the following: ", except as
24	otherwise provided in subparagraph $(E)(ii)$ "; and

1	(3) by adding at the end the following new sub-
2	paragraph:
3	"(E) TRANSFER OF RECEIPTS.—
4	"(i) Establishment of fund.—There
5	is established in the Treasury of the United
6	States a fund to be known as the Digital
7	Television Transition and Public Safety
8	Fund.
9	"(ii) Proceeds for funds.—Not-
10	withstanding subparagraph (A) , the pro-
11	ceeds (including deposits and upfront pay-
12	ments from successful bidders) from the use
13	of a competitive bidding system under this
14	subsection with respect to recovered analog
15	spectrum shall be deposited in the Digital
16	Television Transition and Public Safety
17	Fund.
18	"(iii) Transfer of amount to
19	TREASURY.—On September 30, 2009, the
20	Secretary shall transfer \$7,363,000,000
21	from the Digital Television Transition and
22	Public Safety Fund to the general fund of
23	the Treasury.
24	"(iv) Recovered analog spec-
25	TRUM.—For purposes of clause (i), the term

'recovered analog spectrum' has the mean ing provided in paragraph (15)(C)(vi).".

3 SEC. 3005. DIGITAL-TO-ANALOG CONVERTER BOX PROGRAM.

4 (a) CREATION OF PROGRAM.—The Assistant Secretary
5 shall—

6 (1) implement and administer a program
7 through which households in the United States may
8 obtain coupons that can be applied toward the pur9 chase of digital-to-analog converter boxes; and

10 (2)make payments of not toexceed 11 \$990,000,000, in the aggregate, through fiscal year 12 2009 to carry out that program from the Digital Tele-13 vision Transition and Public Safety Fund established 14 under section 309(j)(8)(E) of the Communications Act 15 of 1934 (47 U.S.C. 309(j)(8)(E)).

(b) CREDIT.—The Assistant Secretary may borrow
from the Treasury beginning on October 1, 2006 such sums
as may be necessary, but not to exceed \$1,500,000,000, to
implement this section. The Assistant Secretary shall reimburse the Treasury, without interest, as funds are deposited
into the Digital Television Transition and Public Safety
Fund.

- 23 (c) PROGRAM SPECIFICATIONS.—
- 24 (1) LIMITATIONS.—

1	(A) Two-per-household maximum.—A
2	household may obtain coupons by making a re-
3	quest as required by the regulations under this
4	section between January 1, 2008, and March 31,
5	2009, inclusive. The Assistant Secretary shall en-
6	sure that each requesting household receives, via
7	the United States Postal Service, no more than
8	two coupons.
9	(B) No combinations of coupons.—Two
10	coupons may not be used in combination toward
11	the purchase of a single digital-to-analog con-
12	verter box.
13	(C) DURATION.—All coupons shall expire 3
14	months after issuance.
15	(2) DISTRIBUTION OF COUPONS.—The Assistant
16	Secretary shall expend not more than \$100,000,000
17	on administrative expenses and shall ensure that the
18	sum of—
19	(A) all administrative expenses for the pro-
20	gram, including not more than \$5,000,000 for
21	consumer education concerning the digital tele-
22	vision transition and the availability of the dig-
23	ital-to-analog converter box program; and

1	(B) the total maximum value of all the cou-
2	pons redeemed, and issued but not expired, does
3	not exceed \$990,000,000.
4	(3) Use of additional amount.—If the Assist-
5	ant Secretary transmits to the Committee on Energy
6	and Commerce of the House of Representatives and
7	Committee on Commerce, Science, and Transpor-
8	tation of the Senate a statement certifying that the
9	sum permitted to be expended under paragraph (2)
10	will be insufficient to fulfill the requests for coupons
11	from eligible households—
12	(A) paragraph (2) shall be applied—
13	(i) by substituting "\$160,000,000" for
14	"\$100,000,000"; and
15	(<i>ii</i>) by substituting "\$1,500,000,000"
16	for '`\$990,000,000'';
17	(B) subsection $(a)(2)$ shall be applied by
18	substituting "\$1,500,000,000" for
19	"\$990,000,000"; and
20	(C) the additional amount permitted to be
21	expended shall be available 60 days after the As-
22	sistant Secretary sends such statement.
23	(4) COUPON VALUE.—The value of each coupon
24	shall be \$40.

1 (d) Definition of Digital-to-Analog Converter 2 BOX.—For purposes of this section, the term "digital-toanalog converter box" means a stand-alone device that does 3 4 not contain features or functions except those necessary to 5 enable a consumer to convert any channel broadcast in the digital television service into a format that the consumer 6 7 can display on television receivers designed to receive and 8 display signals only in the analog television service, but 9 may also include a remote control device.

10sec. 3006. PUBLIC SAFETY INTEROPERABLE COMMUNICA-11TIONS.

(a) CREATION OF PROGRAM.—The Assistant Secretary, in consultation with the Secretary of the Department of Homeland Security—

15 (1) may take such administrative action as is 16 necessary to establish and implement a grant pro-17 gram to assist public safety agencies in the acquisi-18 tion of, deployment of, or training for the use of 19 interoperable communications systems that utilize, or 20 enable interoperability with communications systems 21 that can utilize, reallocated public safety spectrum for 22 radio communication; and

(2) shall make payments of not to exceed
\$1,000,000,000, in the aggregate, through fiscal year
2010 to carry out that program from the Digital Tele-

4 (b) CREDIT.—The Assistant Secretary may borrow
5 from the Treasury beginning on October 1, 2006 such sums
6 as may be necessary, but not to exceed \$1,000,000,000, to
7 implement this section. The Assistant Secretary shall reim8 burse the Treasury, without interest, as funds are deposited
9 into the Digital Television Transition and Public Safety
10 Fund.

(c) CONDITION OF GRANTS.—In order to obtain a
grant under the grant program, a public safety agency shall
agree to provide, from non-Federal sources, not less than
20 percent of the costs of acquiring and deploying the interoperable communications systems funded under the grant
program.

17 (d) DEFINITIONS.—For purposes of this section:

18 (1) PUBLIC SAFETY AGENCY.—The term "public 19 safety agency" means any State, local, or tribal gov-20 ernment entity, or nongovernmental organization au-21 thorized by such entity, whose sole or principal pur-22 pose is to protect the safety of life, health, or property. 23 (2)INTEROPERABLE **COMMUNICATIONS** SVS-24 TEMS.—The term "interoperable communications systems" means communications systems which enable 25

public safety agencies to share information amongst
 local, State, Federal, and tribal public safety agencies
 in the same area via voice or data signals.

4 (3) REALLOCATED PUBLIC SAFETY SPECTRUM.—
5 The term "reallocated public safety spectrum" means
6 the bands of spectrum located at 764–776 megahertz
7 and 794–806 megahertz, inclusive.

8 SEC. 3007. NYC 9/11 DIGITAL TRANSITION.

9 (a) FUNDS AVAILABLE.—From the Digital Television Transition and Public Safety Fund established under sec-10 tion 309(j)(8)(E) of the Communications Act of 1934 (47) 11 12 U.S.C. 309(j)(8)(E)) the Assistant Secretary shall make 13 payments of not to exceed \$30,000,000, in the aggregate, which shall be available to carry out this section for fiscal 14 15 years 2007 through 2008. The Assistant Secretary may borrow from the Treasury beginning October 1, 2006 such sums 16 as may be necessary not to exceed \$30,000,000 to implement 17 and administer the program in accordance with this sec-18 tion. The Assistant Secretary shall reimburse the Treasury, 19 without interest, as funds are deposited into the Digital Tel-20 21 evision Transition and Public Safety Fund.

(b) USE OF FUNDS.—The sums available under subsection (a) shall be made available by the Assistant Secretary by grant to be used to reimburse the Metropolitan
Television Alliance for costs incurred in the design and de-

ployment of a temporary digital television broadcast system
 to ensure that, until a permanent facility atop the Freedom
 Tower is constructed, the members of the Metropolitan Tele vision Alliance can provide the New York City area with
 an adequate digital television signal as determined by the
 Federal Communications Commission.

7 (c) DEFINITIONS.—For purposes of this section:

8 (1) METROPOLITAN TELEVISION ALLIANCE.—The 9 term "Metropolitan Television Alliance" means the 10 organization formed by New York City television 11 broadcast station licensees to locate new shared facili-12 ties as a result of the attacks on September 11, 2001 13 and the loss of use of shared facilities that housed 14 broadcast equipment.

15 (2) NEW YORK CITY AREA.—The term "New York
16 City area" means the five counties comprising New
17 York City and counties of northern New Jersey in im18 mediate proximity to New York City (Bergen, Essex,
19 Union, and Hudson Counties).

20 SEC. 3008. LOW-POWER TELEVISION AND TRANSLATOR DIG-

- 21
- ITAL-TO-ANALOG CONVERSION.

(a) CREATION OF PROGRAM.—The Assistant Secretary
shall make payments of not to exceed \$10,000,000, in the
aggregate, during the fiscal year 2008 and 2009 period from
the Digital Television Transition and Public Safety Fund

established under section 309(j)(8)(E) of the Communica-1 2 tions Act of 1934 (47 U.S.C. 309(j)(8)(E)) to implement 3 and administer a program through which each eligible low-4 power television station may receive compensation toward 5 the cost of the purchase of a digital-to-analog conversion device that enables it to convert the incoming digital signal 6 7 of its corresponding full-power television station to analog 8 format for transmission on the low-power television sta-9 tion's analog channel. An eligible low-power television sta-10 tion may receive such compensation only if it submits a request for such compensation on or before February 17, 11 2009. Priority compensation shall be given to eligible low-12 13 power television stations in which the license is held by a non-profit corporation and eligible low-power television sta-14 15 tions that serve rural areas of fewer than 10,000 viewers. 16 (b) CREDIT.—The Assistant Secretary may borrow from the Treasury beginning October 1, 2006 such sums as 17 may be necessary, but not to exceed \$10,000,000, to imple-18 ment this section. The Assistant Secretary shall reimburse 19 the Treasury, without interest, as funds are deposited into 20 21 the Digital Television Transition and Public Safety Fund. 22 (c) ELIGIBLE STATIONS.—For purposes of this section, 23 the term "eligible low-power television station" means a 24 low-power television broadcast station, Class A television

station, television translator station, or television booster
 station—

3 (1) that is itself broadcasting exclusively in ana4 log format; and

5 (2) that has not purchased a digital-to-analog
6 conversion device prior to the date of enactment of the
7 Digital Television Transition and Public Safety Act
8 of 2005.

9 SEC. 3009. LOW-POWER TELEVISION AND TRANSLATOR UP10 GRADE PROGRAM.

11 (a) ESTABLISHMENT.—The Assistant Secretary shall 12 make payments of not to exceed \$65,000,000, in the aggregate, during fiscal year 2009 the Digital Television Transi-13 tion and Public Safety Fund established under section 14 15 309(j)(8)(E) of the Communications Act of 1934 (47 U.S.C. 309(j)(8)(E)) to implement and administer a program 16 through which each licensee of an eligible low-power tele-17 18 vision station may receive reimbursement for equipment to upgrade low-power television stations from analog to digital 19 in eligible rural communities, as that term is defined in 20 21 section 610(b)(2) of the Rural Electrification Act of 1937 22 (7 U.S.C. 950bb(b)(2)). Such reimbursements shall be issued 23 to eligible stations no earlier than October 1, 2010. Priority 24 reimbursements shall be given to eligible low-power tele-25 vision stations in which the license is held by a non-profit

corporation and eligible low-power television stations that
 serve rural areas of fewer than 10,000 viewers.

3 (b) ELIGIBLE STATIONS.—For purposes of this section,
4 the term "eligible low-power television station" means a
5 low-power television broadcast station, Class A television
6 station, television translator station, or television booster
7 station—

8 (1) that is itself broadcasting exclusively in ana9 log format; and

(2) that has not converted from analog to digital
operations prior to the date of enactment of the Digital Television Transition and Public Safety Act of
2005.

14 SEC. 3010. NATIONAL ALERT AND TSUNAMI WARNING PRO15 GRAM.

16 The Assistant Secretary shall make payments of not to exceed \$156,000,000, in the aggregate, during the fiscal 17 year 2007 through 2012 period from the Digital Television 18 19 Transition and Public Safety Fund established under sec-20 tion 309(j)(8)(E) of the Communications Act of 1934 (47) 21 U.S.C. 309(j)(8)(E)) to implement a unified national alert 22 system capable of alerting the public, on a national, re-23 gional, or local basis to emergency situations by using a 24 variety of communications technologies. The Assistant Secretary shall use \$50,000,000 of such amounts to implement
 a tsunami warning and coastal vulnerability program.

3 SEC. 3011. ENHANCE 911.

4 The Assistant Secretary shall make payments of not
5 to exceed \$43,500,000, in the aggregate, from the Digital
6 Television Transition and Public Safety Fund established
7 under section 309(j)(8)(E) of the Communications Act of
8 1934 (47 U.S.C. 309(j)(8)(E)) to implement the ENHANCE
9 911 Act of 2004.

10 SEC. 3012. ESSENTIAL AIR SERVICE PROGRAM.

11 (a) IN GENERAL.—If the amount appropriated to 12 carry out the essential air service program under subchapter II of chapter 417 of title 49, United States Code, 13 equals or exceeds \$110,000,000 for fiscal year 2007 or 2008, 14 15 then the Secretary of Commerce shall make \$15,000,000 available, from the Digital Television Transition and Pub-16 lic Safety Fund established by section 309(j)(8)(E) of the 17 Communications Act of 1934 (47 U.S.C. 309(j)(8)(E)), to 18 19 the Secretary of Transportation for use in carrying out the essential air service program for that fiscal year. 20

(b) APPLICATION WITH OTHER FUNDS.—Amounts
made available under subsection (a) for any fiscal year
shall be in addition to any amounts—

24 (1) appropriated for that fiscal year; or

(2) derived from fees collected pursuant to section
 45301(a)(1) of title 49, United States Code, that are
 made available for obligation and expenditure to
 carry out the essential air service program for that
 fiscal year.

6 (c) ADVANCES.—The Secretary of Transportation may 7 borrow from the Treasury such sums as may be necessary, 8 but not to exceed \$30,000,000 on a temporary and reim-9 bursable basis to implement subsection (a). The Secretary 10 of Transportation shall reimburse the Treasury, without interest, as funds are deposited into the Digital Television 11 12 Transition and Public Safety Fund under section 309(j)(8)(E) of the Communications Act of 1934 (47 U.S.C. 13 309(i)(8)(E)) and made available to the Secretary under 14 15 subsection (a).

16 SEC. 3013. SUPPLEMENTAL LICENSE FEES.

In addition to any fees assessed under the Communications Act of 1934 (47 U.S.C. 151 et seq.), the Federal Communications Commission shall assess extraordinary fees for
licenses in the aggregate amount of \$10,000,000, which shall
be deposited in the Treasury during fiscal year 2006 as offsetting receipts.

TITLE IV—TRANSPORTATION PROVISIONS 2

3 SEC. 4001. EXTENSION OF VESSEL TONNAGE DUTIES.

1

4 (a) EXTENSION OF DUTIES.—Section 36 of the Act en-5 titled "An Act to provide revenue, equalize duties and encourage the industries of the United States, and for other 6 purposes", approved August 5, 1909 (36 Stat. 111; 46 7 U.S.C. App. 121), is amended— 8

9 (1) by striking "9 cents per ton" and all that fol-10 lows through "2002," the first place it appears and 11 inserting "4.5 cents per ton, not to exceed in the ag-12 gregate 22.5 cents per ton in any one year, for fiscal 13 years 2006 through 2010,"; and

14 (2) by striking "27 cents per ton" and all that follows through "2002," and inserting "13.5 cents per 15 16 ton, not to exceed 67.5 cents per ton per annum, for 17 fiscal years 2006 through 2010.".

(b) CONFORMING AMENDMENT.—The Act entitled "An 18 Act concerning tonnage duties on vessels entering otherwise 19 20 than by sea", approved March 8, 1910 (36 Stat. 234; 46 21 U.S.C. App. 132), is amended by striking "9 cents per ton" and all that follows through "and 2 cents" and inserting 22 23 "4.5 cents per ton, not to exceed in the aggregate 22.5 cents 24 per ton in any one year, for fiscal years 2006 through 2010, 25 and 2 cents".

1	TITLE V—MEDICARE
2	Subtitle A—Provisions Relating to
3	Part A
4	SEC. 5001. HOSPITAL QUALITY IMPROVEMENT.
5	(a) SUBMISSION OF HOSPITAL DATA.—Section
6	1886(b)(3)(B) of the Social Security Act (42 U.S.C.
7	1395ww(b)(3)(B)) is amended—
8	(1) in clause (i)—
9	(A) in subclause (XIX), by striking "2007"
10	and inserting "2006"; and
11	(B) in subclause (XX), by striking "for fis-
12	cal year 2008 and each subsequent fiscal year,"
13	and inserting "for each subsequent fiscal year,
14	subject to clause (viii),";
15	(2) in clause (vii)—
16	(A) in subclause (I), by striking "for each
17	of fiscal years 2005 through 2007" and inserting
18	"for fiscal years 2005 and 2006"; and
19	(B) in subclause (II), by striking "Each"
20	and inserting "For fiscal years 2005 and 2006,
21	each"; and
22	(3) by adding at the end the following new
23	clauses:
24	"(viii)(I) For purposes of clause (i) for
25	fiscal year 2007 and each subsequent fiscal

1	year, in the case of a subsection (d) hospital
2	that does not submit, to the Secretary in ac-
3	cordance with this clause, data required to
4	be submitted on measures selected under this
5	clause with respect to such a fiscal year, the
6	applicable percentage increase under clause
7	(i) for such fiscal year shall be reduced by
8	2.0 percentage points. Such reduction shall
9	apply only with respect to the fiscal year
10	involved and the Secretary shall not take
11	into account such reduction in computing
12	the applicable percentage increase under
13	clause (i) for a subsequent fiscal year, and
14	the Secretary and the Medicare Payment
15	Advisory Commission shall carry out the re-
16	quirements under section 5001(b) of the Def-
17	icit Reduction Act of 2005.
18	``(II) Each subsection (d) hospital shall
19	submit data on measures selected under this
20	clause to the Secretary in a form and man-
21	ner, and at a time, specified by the Sec-
22	retary for purposes of this clause.
23	"(III) The Secretary shall expand, be-
24	yond the measures specified under clause
25	(vii)(II) and consistent with the succeeding

1	subclauses, the set of measures that the Sec-
2	retary determines to be appropriate for the
3	measurement of the quality of care fur-
4	nished by hospitals in inpatient settings.
5	"(IV) Effective for payments beginning
6	with fiscal year 2007, in expanding the
7	number of measures under subclause (III),
8	the Secretary shall begin to adopt the base-
9	line set of performance measures as set forth
10	in the November 2005 report by the Insti-
11	tute of Medicine of the National Academy of
12	Sciences under section 238(b) of the Medi-
13	care Prescription Drug, Improvement, and
14	Modernization Act of 2003.
15	"(V) Effective for payments beginning
16	with fiscal year 2008, the Secretary shall
17	add other measures that reflect consensus
18	among affected parties and, to the extent
19	feasible and practicable, shall include meas-
20	ures set forth by one or more national con-
21	sensus building entities.
22	"(VI) For purposes of this clause and
23	clause (vii), the Secretary may replace any
24	measures or indicators in appropriate cases,
25	such as where all hospitals are effectively in

compliance or the measures or indicators have been subsequently shown not to represent the best clinical practice.

4 "(VII) The Secretary shall establish procedures for making data submitted 5 under this clause available to the public. 6 7 Such procedures shall ensure that a hospital 8 has the opportunity to review the data that 9 are to be made public with respect to the 10 hospital prior to such data being made pub-11 lic. The Secretary shall report quality meas-12 ures of process, structure, outcome, patients' 13 perspectives on care, efficiency, and costs of 14 care that relate to services furnished in in-15 patient settings in hospitals on the Internet 16 website of the Centers for Medicare & Med-17 icaid Services.".

18 (b) PLAN FOR HOSPITAL VALUE BASED PURCHASING
19 PROGRAM.—

(1) IN GENERAL.—The Secretary of Health and
Human Services shall develop a plan to implement a
value based purchasing program for payments under
the Medicare program for subsection (d) hospitals beginning with fiscal year 2009.

1

2

1	(2) DETAILS.—Such a plan shall include consid-
2	eration of the following issues:
3	(A) The on-going development, selection,
4	and modification process for measures of quality
5	and efficiency in hospital inpatient settings.
6	(B) The reporting, collection, and valida-
7	tion of quality data.
8	(C) The structure of value based payment
9	adjustments, including the determination of
10	thresholds or improvements in quality that
11	would substantiate a payment adjustment, the
12	size of such payments, and the sources of funding
13	for the value based payments.
14	(D) The disclosure of information on hos-
15	pital performance.
16	In developing such a plan, the Secretary shall consult
17	with relevant affected parties and shall consider expe-
18	rience with such demonstrations that are relevant to
19	the value based purchasing program under this sub-
20	section.
21	(c) QUALITY ADJUSTMENT IN DRG PAYMENTS FOR
22	Certain Hospital Acquired Infections.—
23	(1) IN GENERAL.—Section 1886(d)(4) of the So-
24	cial Security Act (42 U.S.C. $1395ww(d)(4)$) is

amended by adding at the end the following new sub paragraph:

3 "(D)(i) For discharges occurring on or after October
4 1, 2008, the diagnosis-related group to be assigned under
5 this paragraph for a discharge described in clause (ii) shall
6 be a diagnosis-related group that does not result in higher
7 payment based on the presence of a secondary diagnosis
8 code described in clause (iv).

9 "(ii) A discharge described in this clause is a discharge
10 which meets the following requirements:

"(I) The discharge includes a condition identified by a diagnosis code selected under clause (iv) as
a secondary diagnosis.

"(II) But for clause (i), the discharge would have
been classified to a diagnosis-related group that results in a higher payment based on the presence of a
secondary diagnosis code selected under clause (iv).

18 "(III) At the time of admission, no code selected
19 under clause (iv) was present.

"(iii) As part of the information required to be reported by a hospital with respect to a discharge of an individual in order for payment to be made under this subsection, for discharges occurring on or after October 1, 2007,
the information shall include the secondary diagnosis of the
individual at admission.

1	"(iv) By not later than October 1, 2007, the Secretary
2	shall select diagnosis codes associated with at least two con-
3	ditions, each of which codes meets all of the following re-
4	quirements (as determined by the Secretary):
5	"(I) Cases described by such code have a high
6	cost or high volume, or both, under this title.
7	"(II) The code results in the assignment of a case
8	to a diagnosis-related group that has a higher pay-
9	ment when the code is present as a secondary diag-
10	nosis.
11	"(III) The code describes such conditions that
12	could reasonably have been prevented through the ap-
13	plication of evidence-based guidelines.
14	The Secretary may from time to time revise (through addi-
15	tion or deletion of codes) the diagnosis codes selected under
16	this clause so long as there are diagnosis codes associated
17	with at least two conditions selected for discharges occur-
18	ring during any fiscal year.
19	(v) In selecting and revising diagnosis codes under
20	clause (iv), the Secretary shall consult with the Centers for
21	Disease Control and Prevention and other appropriate enti-
22	ties.
23	"(vi) Any change resulting from the application of this

"(vi) Any change resulting from the application of this 23 24 subparagraph shall not be taken into account in adjusting the weighting factors under subparagraph (C)(i) or in ap plying budget neutrality under subparagraph (C)(iii).".

3 No (2)JUDICIAL REVIEW.—Section such 4 1886(d)(7)(B)ofAct (42)U.S.C.1395ww(d)(7)(B) is amended by inserting before the 5 period the following: ", including the selection and re-6 7 vision of codes under paragraph (4)(D)".

8 SEC. 5002. CLARIFICATION OF DETERMINATION OF MED-9 ICAID PATIENT DAYS FOR DSH COMPUTA-10 TION.

(a) IN GENERAL.—Section 1886(d)(5)(F)(vi) of the
Social Security Act (42 U.S.C. 1395ww(d)(5)(F)(vi)) is
amended by adding after and below subclause (II) the following:

15 "In determining under subclause (II) the number of the hospital's patient days for such period which consist of pa-16 tients who (for such days) were eligible for medical assist-17 ance under a State plan approved under title XIX, the Sec-18 retary may, to the extent and for the period the Secretary 19 determines appropriate, include patient days of patients 20 21 not so eligible but who are regarded as such because they 22 receive benefits under a demonstration project approved 23 under title XI.".

24 (b) RATIFICATION AND PROSPECTIVE APPLICATION OF
25 PREVIOUS REGULATIONS.—

1	(1) IN GENERAL.—Subject to paragraph (2), reg-
2	ulations described in paragraph (3), insofar as such
3	regulations provide for the treatment of individuals
4	eligible for medical assistance under a demonstration
5	project approved under title XI of the Social Security
6	Act under section $1886(d)(5)(F)(vi)$ of such Act, are
7	hereby ratified, effective as of the date of their respec-
8	tive promulgations.
9	(2) NO APPLICATION TO CLOSED COST RE-
10	PORTS.—Paragraph (1) shall not be applied in a
11	manner that requires the reopening of any cost re-
12	ports which are closed as of the date of the enactment
13	of this Act.
14	(3) Regulations described.—For purposes of
15	paragraph (1), the regulations described in this para-
16	graph are as follows:
17	(A) 2000 REGULATION.—Regulations pro-
18	mulgated on January 20, 2000, at 65 Federal
19	Register 3136 et seq., including the policy in
20	such regulations regarding discharges occurring
21	prior to January 20, 2000.
22	(B) 2003 REGULATION.—Regulations pro-
23	mulgated on August 1, 2003, at 68 Federal Reg-
24	ister 45345 et seq.
1	SEC. 5003. IMPROVEMENTS TO THE MEDICARE-DEPENDENT
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2	HOSPITAL (MDH) PROGRAM.
3	(a) 5-Year Extension.—
4	(1) EXTENSION OF PAYMENT METHODOLOGY.—
5	Section $1886(d)(5)(G)$ of the Social Security Act (42)
6	U.S.C. 1395ww(d)(5)(G)) is amended—
7	(A) in clause (i), by striking "October 1,
8	2006" and inserting "October 1, 2011"; and
9	(B) in clause (ii)(II)—
10	(i) by striking "October 1, 2006" and
11	inserting "October 1, 2011"; and
12	(ii) by inserting "or for discharges in
13	the fiscal year" after "for the cost reporting
14	period".
15	(2) Conforming Amendments.—
16	(A) EXTENSION OF TARGET AMOUNT.—Sec-
17	tion $1886(b)(3)(D)$ of such Act (42 U.S.C.
18	1395ww(b)(3)(D)) is amended—
19	(i) in the matter preceding clause (i)—
20	(I) by striking 'beginning" and
21	inserting "occurring"; and
22	(II) by striking "October 1, 2006"
23	and inserting "October 1, 2011"; and
24	(ii) in clause (iv), by striking "through
25	fiscal year 2005" and inserting "through
26	fiscal year 2011".

1	(B) Permitting hospitals to decline
2	Reclassification.—Section $13501(e)(2)$ of the
3	Omnibus Budget Reconciliation Act of 1993 (42
4	U.S.C. 1395 ww note) is amended by striking
5	"through fiscal year 2005" and inserting
6	"through fiscal year 2011".
7	(b) Option To Use 2002 as Base Year.—Section
8	1886(b)(3) of such Act (42 U.S.C. $1395ww(b)(3)$) is
9	amended—
10	(1) in subparagraph (D), by inserting "subject to
11	subparagraph (K)," after "(d)(5)(G)),"; and
12	(2) by adding at the end the following new sub-
13	paragraph:
14	(K)(i) With respect to discharges occurring on or
15	after October 1, 2006, in the case of a medicare-dependent,
16	small rural hospital, for purposes of applying subpara-
17	graph(D)—
18	``(I) there shall be substituted for the base cost re-
19	porting period described in subparagraph $(D)(i)$ the
20	12-month cost reporting period beginning during fis-
21	cal year 2002; and
22	``(II) any reference in such subparagraph to the
23	'first cost reporting period' described in such subpara-
24	graph is deemed a reference to the first cost reporting
25	period beginning on or after October 1, 2006.

"(ii) This subparagraph shall only apply to a hospital
 if the substitution described in clause (i)(I) results in an
 increase in the target amount under subparagraph (D) for
 the hospital.".

5 (c) Enhanced Payment for Amount by Which the 6 TARGET EXCEEDS PPS RATE.—Section THE7 1886(d)(5)(G)(ii)(H)ofsuch Act (42)U.S.C.8 1395ww(d)(5)(G)(iv)(H) is amended by inserting "(or 75) 9 percent in the case of discharges occurring on or after October 1, 2006)" after "50 percent". 10

11 (d) Enhanced Disproportionate Share Hospital (DSH) TREATMENT FOR MEDICARE-DEPENDENT HOS-12 13 PITALS.—Section 1886(d)(5)(F)(xiv)(II) of such Act (42) U.S.C. 1395ww(d)(5)(F)(xiv)(II)) is amended by inserting 14 15 "or, in the case of discharges occurring on or after October 1, 2006, as a medicare-dependent, small rural hospital 16 under subparagraph (G)(iv)" before the period at the end. 17 18 SEC. 5004. REDUCTION IN PAYMENTS TO SKILLED NURSING

19

FACILITIES FOR BAD DEBT.

20 (a) IN GENERAL.—Section 1861(v)(1) of the Social Se21 curity Act (42 U.S.C. 1395x(v)(1)) is amended by adding
22 at the end the following new subparagraph:

"(V) In determining such reasonable costs for skilled
nursing facilities with respect to cost reporting periods beginning on or after October 1, 2005, the amount of bad

debts otherwise treated as allowed costs which are attrib-1 2 utable to the coinsurance amounts under this title for individuals who are entitled to benefits under part A and— 3 4 "(i) not described in section are 5 1935(c)(6)(A)(ii) shall be reduced by 30 percent of 6 such amount otherwise allowable; and 7 "(ii) are described in such section shall not be re-8 duced.".

9 (b) TECHNICAL AMENDMENT.—Section 1861(v)(1)(T)
10 of such Act (42 U.S.C. 1395x(v)(1)(T)) is amended by strik11 ing "section 1833(t)(5)(B)" and inserting "section
12 1833(t)(8)(B)".

13 SEC. 5005. EXTENDED PHASE-IN OF THE INPATIENT REHA-14BILITATION FACILITY CLASSIFICATION CRI-15TERIA.

16 (a)IN GENERAL.—Notwithstanding section 412.23(b)(2) of title 42, Code of Federal Regulations, the 17 Secretary of Health and Human Services shall apply the 18 applicable percent specified in subsection (b) in the classi-19 fication criterion used under the IRF regulation (as defined 20 21 in subsection (c)) to determine whether a hospital or unit 22 of a hospital is an inpatient rehabilitation facility under 23 the Medicare program under title XVIII of the Social Secu-24 rity Act.

1 (b) APPLICABLE PERCENT.—For purposes of sub-2 section (a), the applicable percent specified in this sub-3 section for cost reporting periods— 4 (1) beginning during the 12-month period begin-5 ning on July 1, 2006, is 60 percent; 6 (2) beginning during the 12-month period begin-7 ning on July 1, 2007, is 65 percent; and 8 (3) beginning on or after July 1, 2008, is 75 9 percent. 10 (c) IRF REGULATION.—For purposes of subsection (a), 11 the term "IRF regulation" means the rule published in the Federal Register on May 7, 2004, entitled "Medicare Pro-12 gram; Final Rule; Changes to the Criteria for Being Classi-13 fied as an Inpatient Rehabilitation Facility" (69 Fed. Reg. 14 15 25752). 16 SEC. 5006. DEVELOPMENT OF A STRATEGIC PLAN REGARD-17 ING PHYSICIAN INVESTMENT IN SPECIALTY 18 HOSPITALS. 19 (a) DEVELOPMENT.— 20 (1) IN GENERAL.—The Secretary of Health and Human Services (in this section referred to as the 21 22 "Secretary") shall develop a strategic and imple-23 menting plan to address issues described in para-24 graph (2) regarding physician investment in spe-

1	of the Social Security Act (42 U.S.C.
2	1395nn(h)(7)(A)).
3	(2) Issues described.—The issues described in
4	this paragraph are the following:
5	(A) Proportionality of investment return.
6	(B) Bona fide investment.
7	(C) Annual disclosure of investment infor-
8	mation.
9	(D) The provision by specialty hospitals
10	of—
11	(i) care to patients who are eligible for
12	medical assistance under a State plan ap-
13	proved under title XIX of the Social Secu-
14	rity Act, including patients not so eligible
15	but who are regarded as such because they
16	receive benefits under a demonstration
17	project approved under title XI of such Act;
18	and
19	(ii) charity care.
20	(E) Appropriate enforcement.
21	(b) Reports.—
22	(1) INTERIM REPORT.—Not later than 3 months
23	after the date of the enactment of this Act, the Sec-
24	retary shall submit an interim report to the appro-
25	priate committees of jurisdiction of Congress on the

status of the development of the plan under subsection
 (a).

3	(2) FINAL REPORT.—Not later than six months
4	after the date of the enactment of this Act, the Sec-
5	retary shall submit a final report to the appropriate
6	committees of jurisdiction of Congress on the plan de-
7	veloped under subsection (a) together with rec-
8	ommendations for such legislation and administrative
9	actions as the Secretary considers appropriate.
10	(c) Continuation of Suspension on Enroll-
11	MENT.—
12	(1) IN GENERAL.—Subject to paragraph (2), the
13	Secretary shall continue the suspension on enrollment
14	of new specialty hospitals (as so defined) under title
15	XVIII of the Social Security Act until the earlier of—
16	(A) the date that the Secretary submits the
17	final report under subsection (b)(2); or
18	(B) the date that is six months after the
19	date of the enactment of this Act.
20	(2) Extension of suspension.—If the Sec-
21	retary fails to submit the final report described in
22	subsection (b)(2) by the date required under such sub-
23	section, the Secretary shall—

1	(A) extend the suspension on enrollment
2	under paragraph (1) for an additional two
3	months; and
4	(B) provide a certification to the appro-
5	priate committees of jurisdiction of Congress of
6	such failure.
7	(d) WAIVER.—In developing the plan and report re-
8	quired under this section, the Secretary may waive such
9	requirements of section 553 of title 5, United States Code,
10	as the Secretary determines necessary.
11	(e) FUNDING.—Out of any funds in the Treasury not
12	otherwise appropriated, there are appropriated to the Sec-
13	retary for fiscal year 2006, \$2,000,000 to carry out this
14	section.
15	SEC. 5007. MEDICARE DEMONSTRATION PROJECTS TO PER-

MIT GAINSHARING ARRANGEMENTS.

17 (a) ESTABLISHMENT.—The Secretary shall establish 18 under this section a qualified gainsharing demonstration program under which the Secretary shall approve dem-19 onstration projects by not later than November 1, 2006, to 20 test and evaluate methodologies and arrangements between 21 22 hospitals and physicians designed to govern the utilization of inpatient hospital resources and physician work to im-23 prove the quality and efficiency of care provided to Medi-24 25 care beneficiaries and to develop improved operational and

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financial hospital performance with sharing of remunera tion as specified in the project. Such projects shall be oper ational by not later than January 1, 2007.

4 (b) REQUIREMENTS DESCRIBED.—A demonstration
5 project under this section shall meet the following require6 ments for purposes of maintaining or improving quality
7 while achieving cost savings:

8 (1)ARRANGEMENT FOR REMUNERATION AS9 SHARE OF SAVINGS.—The demonstration project shall 10 involve an arrangement between a hospital and a 11 physician under which the hospital provides remu-12 neration to the physician that represents solely a 13 share of the savings incurred directly as a result of 14 collaborative efforts between the hospital and the physician. 15

16 (2) WRITTEN PLAN AGREEMENT.—The dem17 onstration project shall be conducted pursuant to a
18 written agreement that—

(A) is submitted to the Secretary prior to
implementation of the project; and

21 (B) includes a plan outlining how the
22 project will achieve improvements in quality and
23 efficiency.

24 (3) PATIENT NOTIFICATION.—The demonstration
25 project shall include a notification process to inform

patients who are treated in a hospital participating
 in the project of the participation of the hospital in
 such project.

4 (4) MONITORING QUALITY AND EFFICIENCY OF
5 CARE.—The demonstration project shall provide
6 measures to ensure that the quality and efficiency of
7 care provided to patients who are treated in a hos8 pital participating in the demonstration project is
9 continuously monitored to ensure that such quality
10 and efficiency is maintained or improved.

(5) INDEPENDENT REVIEW.—The demonstration
project shall certify, prior to implementation, that the
elements of the demonstration project are reviewed by
an organization that is not affiliated with the hospital or the physician participating in the project.

16 (6) REFERRAL LIMITATIONS.—The demonstra17 tion project shall not be structured in such a manner
18 as to reward any physician participating in the
19 project on the basis of the volume or value of referrals
20 to the hospital by the physician.

21 (c) WAIVER OF CERTAIN RESTRICTIONS.—

(1) IN GENERAL.—An incentive payment made
by a hospital to a physician under and in accordance
with a demonstration project shall not constitute—

1	(A) remuneration for purposes of section
2	1128B of the Social Security Act (42 U.S.C.
3	1320a-7b);
4	(B) a payment intended to induce a physi-
5	cian to reduce or limit services to a patient enti-
6	tled to benefits under Medicare or a State plan
7	approved under title XIX of such Act in viola-
8	tion of section 1128A of such Act (42 U.S.C.
9	1320a–7a); or
10	(C) a financial relationship for purposes of
11	section 1877 of such Act (42 U.S.C. 1395nn).
12	(2) PROTECTION FOR EXISTING ARRANGE-
13	MENTS.—In no case shall the failure to comply with
14	the requirements described in paragraph (1) affect a
15	finding made by the Inspector General of the Depart-
16	ment of Health and Human Services prior to the date
17	of the enactment of this Act that an arrangement be-
18	tween a hospital and a physician does not violate
19	paragraph (1) or (2) of section 1128A(a) of the Social
20	Security Act (42 U.S.C. 1320a-7(a)).
21	(d) Program Administration.—

(1) SOLICITATION OF APPLICATIONS.—By not
later than 90 days after the date of the enactment of
this Act, the Secretary shall solicit applications for
approval of a demonstration project, in such form

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and manner, and at such time specified by the Sec-

2	retary.
3	(2) Number of projects approved.—The Sec-
4	retary shall approve not more than 6 demonstration
5	projects, at least 2 of which shall be located in a rural
6	area.
7	(3) DURATION.—The qualified gainsharing dem-
8	onstration program under this section shall be con-
9	ducted for the period beginning on January 1, 2007,
10	and ending on December 31, 2009.
11	(e) Reports.—
12	(1) INITIAL REPORT.—By not later than Decem-
13	ber 1, 2006, the Secretary shall submit to Congress a
14	report on the number of demonstration projects that
15	will be conducted under this section.
16	(2) PROJECT UPDATE.—By not later than De-
17	cember 1, 2007, the Secretary shall submit to Con-
18	gress a report on the details of such projects (includ-
19	ing the project improvements towards quality and ef-
20	ficiency described in subsection $(b)(2)(B)$.
21	(3) QUALITY IMPROVEMENT AND SAVINGS.—By
22	not later than December 1, 2008, the Secretary shall
23	submit to Congress a report on quality improvement
24	and savings achieved as a result of the qualified

1	gainsharing demonstration program established under
2	subsection (a).
3	(4) FINAL REPORT.—By not later than May 1,
4	2010, the Secretary shall submit to Congress a final
5	report on the information described in paragraph (3).
6	(f) FUNDING.—
7	(1) IN GENERAL.—Out of any funds in the
8	Treasury not otherwise appropriated, there are ap-
9	propriated to the Secretary for fiscal year 2006
10	\$6,000,000, to carry out this section.
11	(2) AVAILABILITY.—Funds appropriated under
12	paragraph (1) shall remain available for expenditure
13	through fiscal year 2010.
14	(g) DEFINITIONS.—For purposes of this section:
15	(1) Demonstration project.—The term "dem-
16	onstration project" means a project implemented
17	under the qualified gainsharing demonstration pro-
18	gram established under subsection (a).
19	(2) HOSPITAL.—The term "hospital" means a
20	hospital that receives payment under section $1886(d)$
21	of the Social Security Act (42 U.S.C. $1395ww(d)$),
22	and does not include a critical access hospital (as de-
23	fined in section 1861(mm) of such Act (42 U.S.C.
24	1395x(mm))).

(3) MEDICARE.—The term "Medicare" means the
 programs under title XVIII of the Social Security
 Act.

4 (4) PHYSICIAN.—The term "physician" means, 5 with respect to a demonstration project, a physician 6 described in paragraph (1) or (3) of section 1861(r)7 of the Social Security Act (42 U.S.C. 1395x(r)) who 8 is licensed as such a physician in the area in which 9 the project is located and meets requirements to pro-10 vide services for which benefits are provided under 11 Medicare. Such term shall be deemed to include a 12 practitioner described in section 1842(e)(18)(C) of 13 such Act (42 U.S.C. 1395u(e)(18)(C)). 14 (5) SECRETARY.—The term "Secretary" means 15 the Secretary of Health and Human Services. 16 SEC. 5008. POST-ACUTE CARE PAYMENT REFORM DEM-

- 17 ONSTRATION PROGRAM.
- 18 (a) ESTABLISHMENT.—

(1) IN GENERAL.—By not later than January 1,
20 2008, the Secretary of Health and Human Services
21 (in this section referred to as the "Secretary") shall
22 establish a demonstration program for purposes of
23 understanding costs and outcomes across different
24 post-acute care sites. Under such program, with re25 spect to diagnoses specified by the Secretary, an indi-

1	vidual who receives treatment from a provider for
2	such a diagnosis shall receive a single comprehensive
3	assessment on the date of discharge from a subsection
4	(d) hospital (as defined in section $1886(d)(1)(B)$ of
5	the Social Security Act (42 U.S.C. $1395ww(d)(1)(B))$)
6	of the needs of the patient and the clinical character-
7	istics of the diagnosis to determine the appropriate
8	placement of such patient in a post-acute care site.
9	The Secretary shall use a standardized patient assess-
10	ment instrument across all post-acute care sites to
11	measure functional status and other factors during
12	the treatment and at discharge from each provider.
13	Participants in the program shall provide informa-
14	tion on the fixed and variable costs for each indi-
15	vidual. An additional comprehensive assessment shall
16	be provided at the end of the episode of care.
17	(2) NUMBER OF SITES.—The Secretary shall
18	conduct the demonstration program under this section
19	with sufficient numbers to determine statistically reli-
20	able results.
21	(3) DURATION.—The Secretary shall conduct the
22	demonstration program under this section for a 3 -
23	year period.
24	(b) WAIVER AUTHORITY.—The Secretary may waive

25 such requirements of titles XI and XVIII of the Social Secu-

rity Act (42 U.S.C. 1301 et seq.; 42 U.S.C. 1395 et seq.)
 as may be necessary for the purpose of carrying out the
 demonstration program under this section.

4 (c) REPORT.—Not later than 6 months after the com5 pletion of the demonstration program under this section,
6 the Secretary shall submit to Congress a report on such pro7 gram, that includes the results of the program and rec8 ommendations for such legislation and administrative ac9 tion as the Secretary determines to be appropriate.

(d) FUNDING.—The Secretary shall provide for the
transfer from the Federal Hospital Insurance Trust Fund
established under section 1817 of the Social Security Act
(42 U.S.C. 1395i), \$6,000,000 for the costs of carrying out
the demonstration program under this section.

15 Subtitle B—Provisions Relating to 16 Part B

17 CHAPTER 1—PAYMENT PROVISIONS

18 SEC. 5101. BENEFICIARY OWNERSHIP OF CERTAIN DURA-

19 BLE MEDICAL EQUIPMENT (DME).

20 (a) DME.—

(1) IN GENERAL.—Section 1834(a)(7)(A) of the
Social Security Act (42 U.S.C. 1395m(a)(7)(A)) is
amended to read as follows:

24 "(A) PAYMENT.—In the case of an item of
25 durable medical equipment not described in

1	paragraphs (2) through (6), the following rules
2	shall apply:
3	"(i) Rental.—
4	"(I) IN GENERAL.—Except as pro-
5	vided in clause (iii), payment for the
6	item shall be made on a monthly basis
7	for the rental of the item during the
8	period of medical need (but payments
9	under this clause may not extend over
10	a period of continuous use (as deter-
11	mined by the Secretary) of longer than
12	36 months).
13	"(II) PAYMENT AMOUNT.—Subject
14	to subparagraph (B) , the amount rec-
15	ognized for the item, for each of the
16	first 3 months of such period, is 10
17	percent of the purchase price recog-
18	nized under paragraph (8) with respect
19	to the item, and, for each of the re-
20	maining months of such period, is 7.5
21	percent of such purchase price.

22 "(ii) OWNERSHIP AFTER RENTAL.—On
23 the first day that begins after the 36th con24 tinuous month during which payment is
25 made for the rental of an item under clause

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1	(i), the supplier of the item shall transfer
2	title to the item to the individual.
3	"(iii) Purchase agreement option
4	FOR POWER-DRIVEN WHEELCHAIRS.—In the
5	case of a power-driven wheelchair, at the
6	time the supplier furnishes the item, the
7	supplier shall offer the individual the option
8	to purchase the item, and payment for such
9	item shall be made on a lump-sum basis if
10	the individual exercises such option.
11	"(iv) Maintenance and servicing.—
12	After the supplier transfers title to the item
13	under clause (ii) or in the case of a power-
14	driven wheelchair for which a purchase
15	agreement has been entered into under
16	clause (iii), maintenance and servicing pay-
17	ments shall, if the Secretary determines
18	such payments are reasonable and nec-
19	essary, be made (for parts and labor not
20	covered by the supplier's or manufacturer's
21	warranty, as determined by the Secretary to
22	be appropriate for the particular type of
23	durable medical equipment), and such pay-
24	ments shall be in an amount determined to
25	be appropriate by the Secretary.".

1	(2) EFFECTIVE DATE.—The amendment made by
2	paragraph (1) shall apply to items furnished for
3	which the first rental month occurs on or after Janu-
4	ary 1, 2006.
5	(b) Oxygen Equipment.—
6	(1) IN GENERAL.—Section $1834(a)(5)$ of such
7	Act (42 U.S.C. 1395m(a)(5)) is amended—
8	(A) in subparagraph (A), by striking "and
9	(E)" and inserting "(E), and (F)"; and
10	(B) by adding at the end the following new
11	subparagraph:
12	"(F) Ownership of Equipment.—
13	"(i) In general.—Payment for oxy-
14	gen equipment (including portable oxygen
15	equipment) under this paragraph may not
16	extend over a period of continuous use (as
17	determined by the Secretary) of longer than
18	36 months.
19	"(ii) Ownership.—
20	"(I) TRANSFER OF TITLE.—On
21	the first day that begins after the 36th
22	continuous month during which pay-
23	ment is made for the equipment under
24	this paragraph, the supplier of the

1	equipment shall transfer title to the
2	equipment to the individual.
3	"(II) PAYMENTS FOR OXYGEN AND
4	MAINTENANCE AND SERVICING.—After
5	the supplier transfers title to the equip-
6	ment under subclause (I)—
7	"(aa) payments for oxygen
8	shall continue to be made in the
9	amount recognized for oxygen
10	under paragraph (9) for the pe-
11	riod of medical need; and
12	"(bb) maintenance and serv-
13	icing payments shall, if the Sec-
14	retary determines such payments
15	are reasonable and necessary, be
16	made (for parts and labor not
17	covered by the supplier's or manu-
18	facturer's warranty, as deter-
19	mined by the Secretary to be ap-
20	propriate for the equipment), and
21	such payments shall be in an
22	amount determined to be appro-
23	priate by the Secretary.".
24	(2) Effective date.—

4	(B) APPLICATION TO CERTAIN INDIVID-
5	UALS.—In the case of an individual receiving
6	oxygen equipment on December 31, 2005, for
7	which payment is made under section 1834(a) of
8	the Social Security Act (42 U.S.C. 1395m(a)),
9	the 36-month period described in paragraph
10	(5)(F)(i) of such section, as added by paragraph
11	(1), shall begin on January 1, 2006.
12	SEC. 5102. ADJUSTMENTS IN PAYMENT FOR IMAGING SERV-
13	ICES.
14	(a) Multiple Procedure Payment Reduction for
15	IMAGING EXEMPTED FROM BUDGET NEUTRALITY.—Sec-
16	tion $1848(c)(2)(B)$ of the Social Security Act (42 U.S.C.
17	1395w–4(c)(2)(B)) is amended—
18	(1) in clause (ii)(II), by striking "clause (iv)"
19	and inserting "clauses (iv) and (v)";
20	(2) in clause (iv) in the heading, by inserting
21	"OF CERTAIN ADDITIONAL EXPENDITURES" after "EX-
22	EMPTION"; and

23 (3) by adding at the end the following new24 clause:

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1	"(v) Exemption of certain reduced
2	EXPENDITURES FROM BUDGET-NEUTRALITY
3	CALCULATION.—The following reduced ex-
4	penditures, as estimated by the Secretary,
5	shall not be taken into account in applying
6	clause (ii)(II):
7	"(I) REDUCED PAYMENT FOR
8	MULTIPLE IMAGING PROCEDURES.—Ef-
9	fective for fee schedules established be-
10	ginning with 2007, reduced expendi-
11	tures attributable to the multiple pro-
12	cedure payment reduction for imaging
13	under the final rule published by the
14	Secretary in the Federal Register on
15	November 21, 2005 (42 CFR 405, et
16	al.) insofar as it relates to the physi-
17	cian fee schedules for 2006 and 2007.".
18	(b) Reduction in Physician Fee Schedule to
19	OPD PAYMENT AMOUNT FOR IMAGING SERVICES.—Section
20	1848 of such Act (42 U.S.C. 1395w–4) is amended—
21	(1) in subsection (b), by adding at the end the
22	following new paragraph:
23	"(4) Special rule for imaging services.—

- "(A) IN GENERAL.—In the case of imaging 1 2 services described in subparagraph (B) furnished on or after January 1, 2007, if— 3 4 "(i) the technical component (including the technical component portion of a 5 6 global fee) of the service established for a 7 year under the fee schedule described in 8 paragraph (1) without application of the 9 geographic adjustment factor described in 10 paragraph (1)(C), exceeds 11 "(ii) the Medicare OPD fee schedule 12 amount established under the prospective 13 payment system for hospital outpatient de-14 partment services under paragraph (3)(D)15 of section 1833(t) for such service for such 16 year, determined without regard to geo-17 graphic adjustment under paragraph (2)(D)18 of such section, 19 the Secretary shall substitute the amount de-20 scribed in clause (ii), adjusted by the geographic 21 adjustment factor described in paragraph (1)(C), 22 for the fee schedule amount for such technical 23 component for such year. "(B) IMAGING SERVICES DESCRIBED.—For 24
- 25 purposes of subparagraph (A), imaging services

1	described in this subparagraph are imaging and
2	computer-assisted imaging services, including X-
3	ray, ultrasound (including echocardiography),
4	nuclear medicine (including positron emission
5	tomography), magnetic resonance imaging, com-
6	puted tomography, and fluoroscopy, but exclud-
7	ing diagnostic and screening mammography.";
8	and
9	(2) in subsection $(c)(2)(B)(v)$, as added by sub-
10	section (a)(3), by adding at the end the following new
11	subclause:
12	"(II) OPD payment cap for im-
13	AGING SERVICES.—Effective for fee
14	schedules established beginning with
15	2007, reduced expenditures attributable
16	to subsection $(b)(4)$.".
17	SEC. 5103. LIMITATION ON PAYMENTS FOR PROCEDURES IN
18	AMBULATORY SURGICAL CENTERS.
19	Section $1833(i)(2)$ of the Social Security Act (42)
20	U.S.C. 1395l(i)(2)) is amended—
21	(1) in subparagraph (A), by inserting "subject to
22	subparagraph (E)," after "subparagraph (D),";
23	(2) in subparagraph (D)(ii), by inserting before
24	the period at the end the following: "and taking into
25	account reduced expenditures that would apply if sub-

1	paragraph (E) were to continue to apply, as esti-
2	mated by the Secretary"; and
3	(3) by adding at the end the following new sub-
4	paragraph:
5	``(E) With respect to surgical procedures furnished on
6	or after January 1, 2007, and before the effective date of
7	the implementation of a revised payment system under sub-
8	paragraph (D), if—
9	``(i) the standard overhead amount under sub-
10	paragraph (A) for a facility service for such proce-
11	dure, without the application of any geographic ad-
12	justment, exceeds
13	"(ii) the Medicare OPD fee schedule amount es-
14	tablished under the prospective payment system for
15	hospital outpatient department services under para-
16	graph $(3)(D)$ of section $1833(t)$ for such service for
17	such year, determined without regard to geographic
18	$adjustment \ under \ paragraph \ (2)(D) \ of \ such \ section,$
19	the Secretary shall substitute under subparagraph (A) the
20	amount described in clause (ii) for the standard overhead
21	amount for such service referred to in clause (i).".
22	SEC. 5104. UPDATE FOR PHYSICIANS' SERVICES FOR 2006.
23	(a) UPDATE FOR 2006.—Section 1848(d) of the Social
24	Security Act (42 U.S.C. 1395w–4(d)) is amended—

1	(1) in paragraph (4)(B), in the matter preceding
2	clause (i), by striking "paragraph (5)" and inserting
3	"paragraphs (5) and (6)"; and
4	(2) by adding at the end the following new para-
5	graph:
6	"(6) UPDATE FOR 2006.—The update to the sin-
7	gle conversion factor established in paragraph $(1)(C)$
8	for 2006 shall be 0 percent.".
9	(b) Not Treated as Change in Law and Regula-
10	tion in Sustainable Growth Rate Determination.—
11	The amendments made by subsection (a) shall not be treated
12	as a change in law for purposes of applying section
13	1848(f)(2)(D) of the Social Security Act (42 U.S.C. 1395w-
14	4(f)(2)(D)).
15	(c) MedPAC Report.—
16	(1) IN GENERAL.—By not later than March 1,
17	2007, the Medicare Payment Advisory Commission
18	shall submit a report to Congress on mechanisms that
19	could be used to replace the sustainable growth rate
20	system under section 1848(f) of the Social Security
21	Act (42 U.S.C. $1395w-4(f)$).
22	(2) Requirements.—The report required under
23	paragraph (1) shall—
24	(A) identify and examine alternative meth-
25	ods for assessing volume growth;

1	(B) review options to control the volume of
2	physicians' services under the Medicare program
3	while maintaining access to such services by
4	Medicare beneficiaries;
5	(C) examine the application of volume con-
6	trols under the Medicare physician fee schedule
7	under section 1848 of the Social Security Act (42
8	$U.S.C. \ 1395w-4);$
9	(D) identify levels of application of volume
10	controls, such as group practice, hospital medical
11	staff, type of service, geographic area, and
12	outliers;
13	(E) examine the administrative feasibility
14	of implementing the options reviewed under sub-
15	paragraph (B), including the availability of
16	data and time lags;
17	(F) examine the extent to which the alter-
18	native methods identified and examined under
19	subparagraph (A) should be specified in such sec-
20	tion 1848; and
21	(G) identify the appropriate level of discre-
22	tion for the Secretary of Health and Human
23	Services to change payment rates under the
24	Medicare physician fee schedule or otherwise take
25	steps that affect physician behavior.

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1	Such report shall include such recommendations on
2	alternative mechanisms to replace the sustainable
3	growth rate system as the Medicare Payment Advi-
4	sory Commission determines appropriate.
5	(3) FUNDING.—Out of any funds in the Treas-
6	ury not otherwise appropriated, there are appro-
7	priated to the Medicare Payment Advisory Commis-
8	sion \$550,000, to carry out this subsection.
9	SEC. 5105. THREE-YEAR TRANSITION OF HOLD HARMLESS
10	PAYMENTS FOR SMALL RURAL HOSPITALS
11	UNDER THE PROSPECTIVE PAYMENT SYSTEM
12	FOR HOSPITAL OUTPATIENT DEPARTMENT
13	SERVICES.
14	Section $1833(t)(7)(D)(i)$ of the Social Security Act (42)
15	U.S.C. 1395l(t)(7)(D)(i)) is amended—
16	(1) by inserting "(I)" before "In the case"; and
17	(2) by adding at the end the following new sub-
18	clause:
19	"(II) In the case of a hospital located
20	in a rural area and that has not more than
21	100 beds and that is not a sole community
22	hospital (as defined in section
23	1886(d)(5)(D)(iii)), for covered OPD serv-
24	ices furnished on or after January 1, 2006,

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1	PPS amount is less than the pre-BBA
2	amount, the amount of payment under this
3	subsection shall be increased by the applica-
4	ble percentage of the amount of such dif-
5	ference. For purposes of the previous sen-
6	tence, with respect to covered OPD services
7	furnished during 2006, 2007, or 2008, the
8	applicable percentage shall be 95 percent,
9	90 percent, and 85 percent, respectively.".
10	SEC. 5106. UPDATE TO THE COMPOSITE RATE COMPONENT
11	OF THE BASIC CASE-MIX ADJUSTED PROSPEC-
12	TIVE PAYMENT SYSTEM FOR DIALYSIS SERV-
13	ICES.
14	Section $1881(b)(12)$ of the Social Security Act (42)
15	U.S.C. 1395rr(b)(12)) is amended—
16	(1) in subparagraph (F), in the flush matter at
17	the end, by striking "Nothing" and inserting "Except
18	as provided in subparagraph (G), nothing";
19	(2) by redesignating subparagraph (G) as sub-
20	paragraph (H); and
21	(3) by inserting after subparagraph (F) the fol-
22	lowing new subparagraph:
23	(G) The Secretary shall increase the amount of the
24	composite rate component of the basic case-mix adjusted
25	system under subparagraph (B) for dialysis services fur-

1	nished on or after January 1, 2006, by 1.6 percent above
2	the amount of such composite rate component for such serv-
3	ices furnished on December 31, 2005.".
4	SEC. 5107. REVISIONS TO PAYMENTS FOR THERAPY SERV-
5	ICES.
6	(a) Exception to Caps for 2006.—
7	(1) In General.—Section $1833(g)$ of the Social
8	Security Act (42 U.S.C. 1395l(g)) is amended—
9	(A) in each of paragraphs (1) and (3) , by
10	striking "paragraph (4)" and inserting "para-
11	graphs (4) and (5)"; and
12	(B) by adding at the end the following new
13	paragraph:
14	"(5) With respect to expenses incurred during 2006 for
15	services, the Secretary shall implement a process under
16	which an individual enrolled under this part may, upon
17	request of the individual or a person on behalf of the indi-
18	vidual, obtain an exception from the uniform dollar limita-
19	tion specified in paragraph (2), for services described in
20	paragraphs (1) and (3) if the provision of such services is
21	determined to be medically necessary. Under such process,
22	if the Secretary does not make a decision on such a request
23	for an exception within 10 business days of the date of the
24	Secretary's receipt of the request, the Secretary shall be

deemed to have found the services to be medically nec essary.".

3	(2) TIMELY IMPLEMENTATION.—The Secretary of
4	Health and Human Services shall waive such provi-
5	sions of law and regulation (including those described
6	in section 110(c) of Pub. L. 108–173) as are nec-
7	essary to implement the amendments made by para-
8	graph (1) on a timely basis and, notwithstanding any
9	other provision of law, may implement such amend-
10	ments by program instruction or otherwise. There
11	shall be no administrative or judicial review under
12	section 1869 or section 1878 of the Social Security
13	Act (42 U.S.C. 1395ff and 139500), or otherwise of the
14	process (including the establishment of the process)
15	under section $1833(g)(5)$ of such Act, as added by
16	paragraph (1).

17 (b) Implementation of Clinically Appropriate CODE EDITS IN ORDER TO IDENTIFY AND ELIMINATE IM-18 PROPER PAYMENTS FOR THERAPY SERVICES.—By not later 19 20 than July 1, 2006, the Secretary of Health and Human Services shall implement clinically appropriate code edits 21 22 with respect to payments under part B of title XVIII of the Social Security Act for physical therapy services, occu-23 pational therapy services, and speech-language pathology 24 25 services in order to identify and eliminate improper pay-

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1	ments for such services, including edits of clinically illogical
2	combinations of procedure codes and other edits to control
3	inappropriate billings.
4	CHAPTER 2—MISCELLANEOUS
5	SEC. 5111. ACCELERATED IMPLEMENTATION OF INCOME-
6	RELATED REDUCTION IN PART B PREMIUM
7	SUBSIDY.
8	Section $1839(i)(3)(B)$ of the Social Security Act (42)
9	U.S.C. 1395r(i)(3)(B)) is amended—
10	(1) in the heading, by striking "5-YEAR" and in-
11	serting "3-YEAR";
12	(2) in the matter preceding clause (i), by strik-
13	ing "2011" and inserting "2009";
14	(3) in clause (i), by striking "20 percent" and
15	inserting "33 percent";
16	(4) in clause (ii), by striking "40 percent" and
17	inserting "67 percent"; and
18	(5) by striking clauses (iii) and (iv).
19	SEC. 5112. MEDICARE COVERAGE OF ULTRASOUND SCREEN-
20	ING FOR ABDOMINAL AORTIC ANEURYSMS.
21	(a) IN GENERAL.—Section 1861 of the Social Security
22	Act (42 U.S.C. 1395x) is amended—
23	(1) in subsection $(s)(2)$ —
24	(A) by striking "and" at the end of sub-
25	paragraph (Y);

1	(B) by adding "and" at the end of subpara-
2	graph (Z) and moving such subparagraph 2 ems
3	to the left; and
4	(C) by adding at the end the following new
5	subparagraph:
6	"(AA) ultrasound screening for abdominal aortic
7	aneurysm (as defined in subsection (bbb)) for an
8	individual—
9	''(i) who receives a referral for such an
10	ultrasound screening as a result of an initial
11	preventive physical examination (as defined in
12	section 1861(ww)(1));
13	"(ii) who has not been previously furnished
14	such an ultrasound screening under this title;
15	and
16	"(iii) who—
17	``(I) has a family history of abdominal
18	aortic aneurysm; or
19	"(II) manifests risk factors included in
20	a beneficiary category recommended for
21	screening by the United States Preventive
22	Services Task Force regarding abdominal
23	aortic aneurysms;"; and
24	(2) by adding at the end the following new sub-
25	section:

"Ultrasound Screening for Abdominal Aortic Aneurysm
 "(bbb) The term 'ultrasound screening for abdominal
 aortic aneurysm' means—

4 "(1) a procedure using sound waves (or such
5 other procedures using alternative technologies, of
6 commensurate accuracy and cost, that the Secretary
7 may specify) provided for the early detection of ab8 dominal aortic aneurysm; and

9 "(2) includes a physician's interpretation of the
10 results of the procedure.".

(b) INCLUSION OF ULTRASOUND SCREENING FOR AB12 DOMINAL AORTIC ANEURYSM IN INITIAL PREVENTIVE
13 PHYSICAL EXAMINATION.—Section 1861(ww)(2) of such
14 Act (42 U.S.C. 1395x(ww)(2)) is amended by adding at the
15 end the following new subparagraph:

16 "(L) Ultrasound screening for abdominal aortic
17 aneurysm as defined in section 1861(bbb).".

(c) PAYMENT FOR ULTRASOUND SCREENING FOR ABDOMINAL AORTIC ANEURYSM.—Section 1848(j)(3) of such
Act (42 U.S.C. 1395w-4(j)(3)) is amended by inserting
"(2)(AA)," after "(2)(W),".

22 (d) FREQUENCY.—Section 1862(a)(1) of such Act (42
23 U.S.C. 1395y(a)(1)) is amended—

24 (1) by striking "and" at the end of subpara25 graph (L);

1	(2) by striking the semicolon at the end of sub-
2	paragraph (M) and inserting ", and"; and
3	(3) by adding at the end the following new sub-
4	paragraph:
5	``(N) in the case of ultrasound screening for ab-
6	dominal aortic aneurysm which is performed more
7	frequently than is provided for under section
8	1861(s)(2)(AA);".
9	(e) Non-Application of Part B Deductible.—Sec-
10	tion 1833(b) of such Act (42 U.S.C. 1395l(b)) is amended
11	in the first sentence—
12	(1) by striking "and" before "(6)"; and
13	(2) by inserting ", and (7) such deductible shall
14	not apply with respect to ultrasound screening for ab-
15	dominal aortic aneurysm (as defined in section
16	1861(bbb))" before the period at the end.
17	(f) EFFECTIVE DATE.—The amendments made by this
18	section shall apply to services furnished on or after January
19	1, 2007.
20	
	SEC. 5113. IMPROVING PATIENT ACCESS TO, AND UTILIZA-
21	SEC. 5113. IMPROVING PATIENT ACCESS TO, AND UTILIZA- TION OF, COLORECTAL CANCER SCREENING.
21 22	
	TION OF, COLORECTAL CANCER SCREENING.

amended by section 5112(e), is amended in the first
 sentence—
 (1) by striking "and" before "(7)"; and

4 (2) by inserting ", and (8) such deductible shall
5 not apply with respect to colorectal cancer screening
6 tests (as described in section 1861(pp)(1))" before the
7 period at the end.

8 (b) CONFORMING AMENDMENTS.—Paragraphs
9 (2)(C)(ii) and (3)(C)(ii) of section 1834(d) of such Act (42
10 U.S.C. 1395m(d)) are each amended—

(1) by striking "DEDUCTIBLE AND" in the heading; and

13 (2) in subclause (I), by striking "deductible or"
14 each place it appears.

(c) EFFECTIVE DATE.—The amendments made by this
section shall apply to services furnished on or after January
1, 2007.

18 SEC. 5114. DELIVERY OF SERVICES AT FEDERALLY QUALI-

- 19 FIED HEALTH CENTERS.
- 20 (a) COVERAGE.—

21 (1) IN GENERAL.—Section 1861(aa)(3) of the So22 cial Security Act (42 U.S.C. 1395x(aa)(3)) is
23 amended—
1	(A) in subparagraph (A), by striking ",
2	and" and inserting "and services described in
3	subsections (qq) and (vv); and";
4	(B) in subparagraph (B) , by striking "sec-
5	tions 329, 330, and 340" and inserting "section
6	330"; and
7	(C) in the flush matter at the end, by in-
8	serting "by the center or by a health care profes-
9	sional under contract with the center" after
10	"outpatient of a Federally qualified health cen-
11	ter".
12	(2) Consolidated Billing.—The first sentence
13	of section $1842(b)(6)(F)$ of such Act (42 U.S.C.
14	1395u(b)(6)(F)) is amended—
15	(A) by striking "and (G)" and inserting
16	"(G)"; and
17	(B) by inserting before the period at the end
18	the following: ", and (H) in the case of services
19	described in section $1861(aa)(3)$ that are fur-
20	nished by a health care professional under con-
21	tract with a Federally qualified health center,
22	payment shall be made to the center".
23	(b) TECHNICAL CORRECTIONS.—Clauses (i) and
24	(ii)(II) of section $1861(aa)(4)(A)$ of such Act (42 U.S.C.

1 1395x(aa)(4)(A)) are each amended by striking "(other
 2 than subsection (h))".

3 (c) EFFECTIVE DATES.—The amendments made by
4 this section shall apply to services furnished on or after
5 January 1, 2006.

6 SEC. 5115. WAIVER OF PART B LATE ENROLLMENT PENALTY
7 FOR CERTAIN INTERNATIONAL VOLUNTEERS.
8 (a) IN GENERAL.—

9 (1) WAIVER OF PENALTY.—Section 1839(b) of 10 the Social Security Act (42 U.S.C. 1395r(b)) is 11 amended in the second sentence by inserting the fol-12 lowing before the period at the end: "or months for 13 which the individual can demonstrate that the indi-14 vidual was an individual described in section 15 1837(k)(3)".

16 (2) SPECIAL ENROLLMENT PERIOD.—
17 (A) IN GENERAL.—Section 1837 of such Act
18 (42 U.S.C. 1395p) is amended by adding at the
19 end the following new subsection:

20 (k)(1) In the case of an individual who—

21 "(A) at the time the individual first satisfies
22 paragraph (1) or (2) of section 1836, is described in
23 paragraph (3), and has elected not to enroll (or to be
24 deemed enrolled) under this section during the indi25 vidual's initial enrollment period; or

``(B) has terminated enrollment under this sec-
tion during a month in which the individual is de-
scribed in paragraph (3),
there shall be a special enrollment period described in para-
graph (2).
"(2) The special enrollment period described in this
paragraph is the 6-month period beginning on the first day
of the month which includes the date that the individual
is no longer described in paragraph (3).
"(3) For purposes of paragraph (1), an individual de-
scribed in this paragraph is an individual who—
``(A) is serving as a volunteer outside of the
United States through a program—
"(i) that covers at least a 12-month period;
and
"(ii) that is sponsored by an organization
described in section $501(c)(3)$ of the Internal
Revenue Code of 1986 and exempt from taxation
under section 501(a) of such Code; and
``(B) demonstrates health insurance coverage
while serving in the program.".
(B) Coverage period.—Section 1838 of
such Act (42 U.S.C. $1395q$) is amended by add-
ing at the end the following new subsection:

"(f) Notwithstanding subsection (a), in the case of an
 individual who enrolls during a special enrollment period
 pursuant to section 1837(k), the coverage period shall begin
 on the first day of the month following the month in which
 the individual so enrolls.".

6 (b) EFFECTIVE DATE.—The amendment made by sub7 section (a)(1) shall apply to months beginning with Janu8 ary 2007 and the amendments made by subsection (a)(2)
9 shall take effect on January 1, 2007.

10 Subtitle C—Provisions Relating to 11 Parts A and B

12 SEC. 5201. HOME HEALTH PAYMENTS.

13 (a) 2006 UPDATE.—Section 1895(b)(3)(B)(ii) of the
14 Social Security Act (42 U.S.C. 1395fff(b)(3)(B)(ii)) is
15 amended—

16 (1) in subclause (III), by striking "each of 2005
17 and 2006" and inserting "all of 2005";

(2) by striking "or" at the end of subclause (III);
(3) in subclause (IV), by striking "2007 and"
and by redesignating such subclause as subclause (V);
and

(4) by inserting after subclause (III) the following new subclause:

24 "(IV) 2006, 0 percent; and".

(b) APPLYING RURAL ADD-ON POLICY FOR 2006.—
 Section 421(a) of Medicare Prescription Drug, Improve ment, and Modernization Act of 2003 (Pub. L. 108–173;
 117 Stat. 2283) is amended by inserting "and episodes and
 visits beginning on or after January 1, 2006, and before
 January 1, 2007," after "April 1, 2005,".
 (c) HOME HEALTH CARE QUALITY IMPROVEMENT.—

8 Section 1895(b)(3)(B) of the Social Security Act (42 U.S.C.
9 1395fff(b)(3)(B)) is amended—

10 (1) in clause (ii)(V), as redesignated by sub11 section (a)(3), by inserting "subject to clause (v),"
12 after "subsequent year,"; and

13 (2) by adding at the end the following new14 clause:

15 "(v) Adjustment if quality data
16 Not submitted.—

17 "(I) ADJUSTMENT.—For purposes 18 of clause (ii)(V), for 2007 and each 19 subsequent year, in the case of a home 20 health agency that does not submit 21 data to the Secretary in accordance 22 with subclause (II) with respect to such 23 a year, the home health market basket 24 percentage increase applicable under 25 such clause for such year shall be re-

1	duced by 2 percentage points. Such re-
2	duction shall apply only with respect
3	to the year involved, and the Secretary
4	shall not take into account such reduc-
5	tion in computing the prospective pay-
6	ment amount under this section for a
7	subsequent year, and the Medicare
8	Payment Advisory Commission shall
9	carry out the requirements under sec-
10	tion 5201(d) of the Deficit Reduction
11	Act of 2005.
12	"(II) SUBMISSION OF QUALITY
13	DATA.—For 2007 and each subsequent
14	year, each home health agency shall
15	submit to the Secretary such data that
16	the Secretary determines are appro-
17	priate for the measurement of health
18	care quality. Such data shall be sub-
19	mitted in a form and manner, and at
20	a time, specified by the Secretary for
21	purposes of this clause.
22	"(III) PUBLIC AVAILABILITY OF
23	DATA SUBMITTED.—The Secretary
24	shall establish procedures for making
25	data submitted under subclause (II)

1	available to the public. Such proce-
2	dures shall ensure that a home health
3	agency has the opportunity to review
4	the data that is to be made public with
5	respect to the agency prior to such data
6	being made public.".
7	(d) MEDPAC REPORT ON VALUE BASED PUR-
8	CHASING.—
9	(1) IN GENERAL.—Not later than June 1, 2007,
10	the Medicare Payment Advisory Commission shall
11	submit to Congress a report that includes rec-
12	ommendations on a detailed structure of value based
13	payment adjustments for home health services under
14	the Medicare program under title XVIII of the Social
15	Security Act. Such report shall include recommenda-
16	tions concerning the determination of thresholds, the
17	size of such payments, sources of funds, and the rela-
18	tionship of payments for improvement and attain-
19	ment of quality.
20	(2) FUNDING.—Out of any funds in the Treas-
21	ury not otherwise appropriated, there are appro-
22	priated to the Medicare Payment Advisory Commis-
23	sion \$550,000, to carry out this subsection.

1	SEC. 5202. REVISION OF PERIOD FOR PROVIDING PAYMENT
2	FOR CLAIMS THAT ARE NOT SUBMITTED
3	ELECTRONICALLY.
4	(a) REVISION.—
5	(1) PART A.—Section $1816(c)(3)(B)(ii)$ of the
6	Social Security Act (42 U.S.C. $1395h(c)(3)(B)(ii))$ is
7	amended by striking "26 days" and inserting "28
8	days".
9	(2) PART B.—Section $1842(c)(3)(B)(ii)$ of such
10	Act (42 U.S.C. $1395u(c)(3)(B)(ii)$) is amended by
11	striking "26 days" and inserting "28 days".
12	(b) EFFECTIVE DATE.—The amendments made by this
13	section shall apply to claims submitted on or after January
14	1, 2006.
15	SEC. 5203. TIMEFRAME FOR PART A AND B PAYMENTS.
16	Notwithstanding sections $1816(c)$ and $1842(c)(2)$ of the
17	Social Security Act or any other provision of law—
18	(1) any payment from the Federal Hospital In-
19	surance Trust Fund under section 1817 of the Social
20	Security Act (42 U.S.C. 1395i) or from the Federal
21	Supplementary Medical Insurance Trust Fund under
22	section 1841 of such Act (42 U.S.C. 1395t) for claims
23	submitted under part A or B of title XVIII of such
24	Act for items and services furnished under such part
25	A or B , respectively, that would otherwise be payable
26	during the period beginning on September 22, 2006,
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1	and ending on September 30, 2006, shall be paid on
2	the first business day of October 2006; and
3	(2) no interest or late penalty shall be paid to
4	an entity or individual for any delay in a payment
5	by reason of the application of paragraph (1).
6	SEC. 5204. MEDICARE INTEGRITY PROGRAM FUNDING.
7	Section $1817(k)(4)$ of the Social Security Act (42)
8	U.S.C. 1395i(k)(4)) is amended—
9	(1) in subparagraph (B), by striking "The
10	amount" and inserting "Subject to subparagraph (C),
11	the amount"; and
12	(2) by adding at the end the following new sub-
13	paragraph:
14	"(C) Adjustments.—The amount appro-
15	priated under subparagraph (A) for a fiscal year
16	is increased as follows:
17	"(i) For fiscal year 2006,
18	\$100,000,000.".

Subtitle D—Provisions Relating to Part C

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3 SEC. 5301. PHASE-OUT OF RISK ADJUSTMENT BUDGET NEU-4 TRALITY IN DETERMINING THE AMOUNT OF 5 PAYMENTS TO MEDICARE ADVANTAGE ORGA-6 NIZATIONS. 7 (a) IN GENERAL.—Section 1853 of the Social Security 8 Act (42 U.S.C. 1395w-23) is amended— 9 (1) in subsection (j)(1)— 10 (A) in subparagraph (A)— (i) by inserting "(or, beginning with 11 12 2007, 1/12 of the applicable amount deter-13 mined under subsection (k)(1)" after 14 "1853(c)(1)"; and 15 (ii) by inserting "(for years before 16 2007)" after "adjusted as appropriate"; 17 (B) in subparagraph (B), by inserting "(for 18 years before 2007)" after "adjusted as appro-19 priate"; and 20 (2) by adding at the end the following new sub-21 section: 22 "(k) DETERMINATION OF APPLICABLE AMOUNT FOR 23 Purposes CALCULATING Benchmark OFTHE24 AMOUNTS.—

1	"(1) Applicable amount defined.—For pur-
2	poses of subsection (j), subject to paragraph (2), the
3	term 'applicable amount' means for an area—
4	"(A) for 2007—
5	"(i) if such year is not specified under
6	subsection $(c)(1)(D)(ii)$, an amount equal to
7	the amount specified in subsection $(c)(1)(C)$
8	for the area for 2006—
9	((I) first adjusted by the rescaling
10	factor for 2006 for the area (as made
11	available by the Secretary in the an-
12	nouncement of the rates on April 4,
13	2005, under subsection $(b)(1)$, but ex-
14	cluding any national adjustment fac-
15	tors for coding intensity and risk ad-
16	justment budget neutrality that were
17	included in such factor); and
18	"(II) then increased by the na-
19	tional per capita MA growth percent-
20	age, described in subsection $(c)(6)$ for
21	2007, but not taking into account any
22	adjustment under $subparagraph$ (C) of
23	such subsection for a year before 2004;

1	"(ii) if such year is specified under
2	subsection $(c)(1)(D)(ii)$, an amount equal to
3	the greater of—
4	``(I) the amount determined under
5	clause (i) for the area for the year; or
6	"(II) the amount specified in sub-
7	section $(c)(1)(D)$ for the area for the
8	year; and
9	"(B) for a subsequent year—
10	"(i) if such year is not specified under
11	subsection $(c)(1)(D)(ii)$, an amount equal to
12	the amount determined under this para-
13	graph for the area for the previous year (de-
14	termined without regard to paragraph (2)),
15	increased by the national per capita MA
16	growth percentage, described in subsection
17	(c)(6) for that succeeding year, but not tak-
18	ing into account any adjustment under sub-
19	paragraph (C) of such subsection for a year
20	before 2004; and
21	"(ii) if such year is specified under
22	subsection $(c)(1)(D)(ii)$, an amount equal to
23	the greater of—
24	``(I) the amount determined under
25	clause (i) for the area for the year; or

"(II) the amount specified in sub-
section $(c)(1)(D)$ for the area for the
year.
"(2) Phase-out of budget neutrality fac-
TOR.—
"(A) IN GENERAL.—Except as provided in
subparagraph (D), in the case of 2007 through
2010, the applicable amount determined under
paragraph (1) shall be multiplied by a factor
equal to 1 plus the product of—
"(i) the percent determined under sub-
paragraph (B) for the year; and
"(ii) the applicable phase-out factor for
the year under subparagraph (C) .
"(B) Percent determined.—
"(i) In general.—For purposes of
subparagraph (A)(i), $subject$ to clause (iv),
the percent determined under this subpara-
graph for a year is a percent equal to a
fraction the numerator of which is described
in clause (ii) and the denominator of which
is described in clause (iii).
"(ii) NUMERATOR BASED ON DIF-
FERENCE BETWEEN DEMOGRAPHIC RATE
AND RISK RATE.—

1	"(I) IN GENERAL.—The numer-
2	ator described in this clause is an
3	amount equal to the amount by which
4	the demographic rate described in sub-
5	clause (II) exceeds the risk rate de-
6	scribed in subclause (III).
7	"(II) Demographic rate.—The
8	demographic rate described in this sub-
9	clause is the Secretary's estimate of the
10	total payments that would have been
11	made under this part in the year if all
12	the monthly payment amounts for all
13	MA plans were equal to $\frac{1}{12}$ of the an-
14	nual MA capitation rate under sub-
15	section $(c)(1)$ for the area and year,
16	adjusted pursuant to subsection
17	(a)(1)(C).
18	"(III) RISK RATE.—The risk rate
19	described in this subclause is the Sec-
20	retary's estimate of the total payments
21	that would have been made under this
22	part in the year if all the monthly
23	payment amounts for all MA plans
24	were equal to the amount described in
25	subsection $(j)(1)(A)$ (determined as if

1	this paragraph had not applied) under
2	subsection (j) for the area and year,
2	adjusted pursuant to subsection
4	(a)(1)(C).
5	"(iii) DENOMINATOR BASED ON RISK
6	RATE.—The denominator described in this
7	clause is equal to the total amount esti-
8	mated for the year under clause (ii)(III).
9	"(iv) Requirements.—In estimating
10	the amounts under the previous clauses, the
11	Secretary shall—
12	((I) use a complete set of the most
13	recent and representative Medicare Ad-
14	vantage risk scores under subsection
15	(a)(3) that are available from the risk
16	adjustment model announced for the
17	year;
18	"(II) adjust the risk scores to re-
19	flect changes in treatment and coding
20	practices in the fee-for-service sector;
21	"(III) adjust the risk scores for
22	differences in coding patterns between
23	Medicare Advantage plans and pro-
24	viders under the original Medicare fee-
25	for-service program under parts A and

1	B to the extent that the Secretary has
2	identified such differences, as required
3	in subsection $(a)(1)(C)$;
4	"(IV) as necessary, adjust the risk
5	scores for late data submitted by Medi-
6	care Advantage organizations;
7	((V) as necessary, adjust the risk
8	scores for lagged cohorts; and
9	"(VI) as necessary, adjust the risk
10	scores for changes in enrollment in
11	Medicare Advantage plans during the
12	year.
13	"(v) AUTHORITY.—In computing such
14	amounts the Secretary may take into ac-
15	count the estimated health risk of enrollees
16	in preferred provider organization plans
17	(including MA regional plans) for the year.
18	"(C) Applicable phase-out factor.—
19	For purposes of subparagraph $(A)(ii)$, the term
20	'applicable phase-out factor' means—
21	"(i) for 2007, 0.55;
22	"(<i>ii</i>) for 2008, 0.40;
23	"(iii) for 2009, 0.25; and
24	"(<i>iv</i>) for 2010, 0.05.

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"(D) TERMINATION OF APPLICATION.—Sub-
paragraph (A) shall not apply in a year if the
amount estimated under subparagraph
(B)(ii)(III) for the year is equal to or greater
than the amount estimated under subparagraph
(B)(ii)(II) for the year.
"(3) No revision in percent.—
"(A) IN GENERAL.—The Secretary may not
make any adjustment to the percent determined
under paragraph $(2)(B)$ for any year.
"(B) RULE OF CONSTRUCTION.—Nothing in
this subsection shall be construed to limit the au-
thority of the Secretary to make adjustments to
the applicable amounts determined under para-
graph (1) as appropriate for purposes of updat-
ing data or for purposes of adopting an im-
proved risk adjustment methodology.".
(b) REFINEMENTS TO HEALTH STATUS ADJUST-
MENT.—Section $1853(a)(1)(C)$ of such Act (42 U.S.C.
1395w–23) is amended—
(1) by designating the matter after the heading
as a clause (i) with the following heading: "IN GEN-
ERAL.—" and indenting appropriately; and
(2) by adding at the end the following:

1	"(ii) Application during phase-out
2	OF BUDGET NEUTRALITY FACTOR.—For
3	2006 through 2010:
4	``(I) In applying the adjustment
5	under clause (i) for health status to
6	payment amounts, the Secretary shall
7	ensure that such adjustment reflects
8	changes in treatment and coding prac-
9	tices in the fee-for-service sector and re-
10	flects differences in coding patterns be-
11	tween Medicare Advantage plans and
12	providers under part A and B to the
13	extent that the Secretary has identified
14	such differences.
15	"(II) In order to ensure payment
16	accuracy, the Secretary shall conduct
17	an analysis of the differences described
18	in subclause (I). The Secretary shall
19	complete such analysis by a date nec-
20	essary to ensure that the results of such
21	analysis are incorporated into the risk
22	scores only for 2008, 2009, and 2010.
23	In conducting such analysis, the Sec-
24	retary shall use data submitted with

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1	respect to 2004 and subsequent years,
2	as available.".
3	SEC. 5302. RURAL PACE PROVIDER GRANT PROGRAM.
4	(a) DEFINITIONS.—In this section:
5	(1) CMS.—The term "CMS" means the Centers
6	for Medicare & Medicaid Services.
7	(2) PACE program.—The term "PACE pro-
8	gram" has the meaning given that term in sections
9	1894(a)(2) and 1934(a)(2) of the Social Security Act
10	(42 U.S.C. 1395eee(a)(2); 1396u-4(a)(2)).
11	(3) PACE provider.—The term "PACE pro-
12	vider" has the meaning given that term in section
13	1894(a)(3) or 1934(a)(3) of the Social Security Act
14	(42 U.S.C. 1395eee(a)(3); 1396u-4(a)(3)).
15	(4) RURAL AREA.—The term "rural area" has
16	the meaning given that term in section $1886(d)(2)(D)$
17	of the Social Security Act (42 U.S.C.
18	1395ww(d)(2)(D)).
19	(5) RURAL PACE PILOT SITE.—The term "rural
20	PACE pilot site" means a PACE provider that has
21	been approved to provide services in a geographic
22	service area that is, in whole or in part, a rural area,
23	and that has received a site development grant under
24	this section.

1	(6) SECRETARY.—The term "Secretary" means
2	the Secretary of Health and Human Services.
3	(b) Site Development Grants and Technical As-
4	SISTANCE PROGRAM.—
5	(1) SITE DEVELOPMENT GRANTS.—
6	(A) IN GENERAL.—The Secretary shall es-
7	tablish a process and criteria to award site de-
8	velopment grants to qualified PACE providers
9	that have been approved to serve a rural area.
10	(B) Amount per Award.—A site develop-
11	ment grant awarded under subparagraph (A) to
12	any individual rural PACE pilot site shall not
13	exceed \$750,000.
14	(C) NUMBER OF AWARDS.—Not more than
15	15 rural PACE pilot sites shall be awarded a
16	site development grant under subparagraph (A).
17	(D) USE OF FUNDS.—Funds made available
18	under a site development grant awarded under
19	subparagraph (A) may be used for the following
20	expenses only to the extent such expenses are in-
21	curred in relation to establishing or delivering
22	PACE program services in a rural area:
23	(i) Feasibility analysis and planning.
24	(ii) Interdisciplinary team develop-
25	ment.

(iii) Development of a provider net-1 2 work, including contract development. (iv) Development or adaptation of 3 claims processing systems. 4 5 (v) Preparation of special education 6 and outreach efforts required for the PACE 7 program. 8 (vi) Development of expense reporting 9 required for calculation of outlier payments 10 or reconciliation processes. 11 (vii) Development of any special qual-12 ity of care or patient satisfaction data col-13 lection efforts. 14 (viii) Establishment of a working cap-15 ital fund to sustain fixed administrative, 16 facility, or other fixed costs until the pro-17 vider reaches sufficient enrollment size. 18 (ix) Startup and development costs in-19 curred prior to the approval of the rural 20 PACE pilot site's PACE provider applica-21 tion by CMS. 22 (x) Any other efforts determined by the 23 rural PACE pilot site to be critical to its 24 successful startup, as approved by the Sec-25 retary.

1	(E) Appropriation.—
2	(i) IN GENERAL.—Out of funds in the
3	Treasury not otherwise appropriated, there
4	are appropriated to the Secretary to carry
5	out this subsection for fiscal year 2006,
6	\$7,500,000.
7	(ii) Availability.—Funds appro-
8	priated under clause (i) shall remain avail-
9	able for expenditure through fiscal year
10	2008.
11	(2) TECHNICAL ASSISTANCE PROGRAM.—The
12	Secretary shall establish a technical assistance pro-
13	gram to provide—
14	(A) outreach and education to State agen-
15	cies and provider organizations interested in es-
16	tablishing PACE programs in rural areas; and
17	(B) technical assistance necessary to sup-
18	port rural PACE pilot sites.
19	(c) Cost Outlier Protection for Rural PACE
20	Pilot Sites.—
21	(1) Establishment of fund for reimburse-
22	MENT OF OUTLIER COSTS.—Notwithstanding any
23	other provision of law, the Secretary shall establish
24	an outlier fund to reimburse rural PACE pilot sites
25	for recognized outlier costs (as defined in paragraph

1	(3)) incurred for eligible outlier participants (as de-
2	fined in paragraph (2)) in an amount, subject to
3	paragraph (4), equal to 80 percent of the amount by
4	which the recognized outlier costs exceeds \$50,000.
5	(2) ELIGIBLE OUTLIER PARTICIPANT.—For pur-
6	poses of this subsection, the term "eligible outlier par-
7	ticipant" means a PACE program eligible individual
8	(as defined in sections $1894(a)(5)$ and $1934(a)(5)$ of
9	the Social Security Act (42 U.S.C. $1395eee(a)(5)$;
10	1396u-4(a)(5))) who resides in a rural area and with
11	respect to whom the rural PACE pilot site incurs
12	more than \$50,000 in recognized costs in a 12-month
13	period.
14	(3) Recognized outlier costs defined.—
15	(A) IN GENERAL.—For purposes of this sub-
16	section, the term "recognized outlier costs"
17	means, with respect to services furnished to an
18	eligible outlier participant by a rural PACE
19	pilot site, the least of the following (as docu-
20	mented by the site to the satisfaction of the Sec-
21	retary) for the provision of inpatient and related
22	physician and ancillary services for the eligible
23	outlier participant in a given 12-month period:
24	(i) If the services are provided under a
25	contract between the pilot site and the pro-

1	vider, the payment rate specified under the
2	contract.
3	(ii) The payment rate established
4	under the original Medicare fee-for-service
5	program for such service.
6	(iii) The amount actually paid for the
7	services by the pilot site.
8	(B) Inclusion in only one period.—Rec-
9	ognized outlier costs may not be included in
10	more than one 12-month period.
11	(3) Outlier expense payment.—
12	(A) PAYMENT FOR OUTLIER COSTS.—Sub-
13	ject to subparagraph (B), in the case of a rural
14	PACE pilot site that has incurred outlier costs
15	for an eligible outlier participant, the rural
16	PACE pilot site shall receive an outlier expense
17	payment equal to 80 percent of such costs that
18	exceed \$50,000.
19	(4) Limitations.—
20	(A) Costs incurred per eligible
21	OUTLIER PARTICIPANT.—The total amount of
22	outlier expense payments made under this sub-
23	section to a rural PACE pilot site with respect
24	to an eligible outlier participant for any 12-

1	month period shall not exceed \$100,000 for the
2	12-month period used to calculate the payment.
3	(B) Costs incurred per provider.—No
4	rural PACE pilot site may receive more than
5	\$500,000 in total outlier expense payments in a
6	12-month period.
7	(C) Limitation of outlier cost reim-
8	BURSEMENT PERIOD.—A rural PACE pilot site
9	shall only receive outlier expense payments
10	under this subsection with respect to costs in-
11	curred during the first 3 years of the site's oper-
12	ation.
13	(5) Requirement to access risk reserves
14	PRIOR TO PAYMENT.—A rural PACE pilot site shall
15	access and exhaust any risk reserves held or arranged
16	for the provider (other than revenue or reserves main-
17	tained to satisfy the requirements of section 460.80(c)
18	of title 42, Code of Federal Regulations) and any
19	working capital established through a site develop-
20	ment grant awarded under subsection (b)(1), prior to
21	receiving any payment from the outlier fund.
22	(6) APPLICATION.—In order to receive an outlier
23	expense payment under this subsection with respect to
24	an eligible outlier participant, a rural PACE pilot
25	site shall submit an application containing—

1	(A) documentation of the costs incurred
2	with respect to the participant;
3	(B) a certification that the site has com-
4	plied with the requirements under paragraph
5	(4); and
6	(C) such additional information as the Sec-
7	retary may require.
8	(7) Appropriation.—
9	(A) IN GENERAL.—Out of funds in the
10	Treasury not otherwise appropriated, there are
11	appropriated to the Secretary to carry out this
12	subsection for fiscal year 2006, \$10,000,000.
13	(B) AVAILABILITY.—Funds appropriated
14	under subparagraph (A) shall remain available
15	for expenditure through fiscal year 2010.
16	(d) EVALUATION OF PACE PROVIDERS SERVING
17	RURAL SERVICE AREAS.—Not later than 60 months after
18	the date of enactment of this Act, the Secretary shall submit
19	a report to Congress containing an evaluation of the experi-
20	ence of rural PACE pilot sites.
21	(e) Amounts in Addition to Payments Under So-
22	CIAL SECURITY ACT.—Any amounts paid under the author-
23	ity of this section to a PACE provider shall be in addition
24	to payments made to the provider under section 1894 or

1934 of the Social Security Act (42 U.S.C. 1395eee; 1396u-1 2 4). TITLE VI—MEDICAID AND SCHIP 3 Subtitle A—Medicaid 4 CHAPTER 1—PAYMENT FOR 5 **PRESCRIPTION DRUGS** 6 7 SEC. 6001. FEDERAL UPPER PAYMENT LIMIT FOR MULTIPLE 8 SOURCE DRUGS AND OTHER DRUG PAYMENT 9 **PROVISIONS.** 10 (a) Modification of Federal Upper Payment 11 Limit for Multiple Source Drugs; Definition of MULTIPLE SOURCE DRUGS.—Section 1927 of the Social Se-12 curity Act (42 U.S.C. 1396r–8) is amended— 13 14 (1) in subsection (e)(4)— 15 (A) by striking "The Secretary" and insert-16 ing "Subject to paragraph (5), the Secretary"; 17 and 18 (B) by inserting "(or, effective January 1, 19 2007, two or more)" after "three or more"; 20 (2) by adding at the end of subsection (e) the fol-21 lowing new paragraph: 22 "(5) Use of AMP in upper payment limits.— 23 Effective January 1, 2007, in applying the Federal 24 upper reimbursement limit under paragraph (4) and 25 section 447.332(b) of title 42 of the Code of Federal

1	Regulations, the Secretary shall substitute 250 percent
2	of the average manufacturer price (as computed with-
3	out regard to customary prompt pay discounts ex-
4	tended to wholesalers) for 150 percent of the published
5	price.";
6	(3) in subsection $(k)(7)(A)(i)$, in the matter pre-
7	ceding subclause (I), by striking "are 2 or more drug
8	products" and inserting "at least 1 other drug prod-
9	uct"; and
10	(4) in subclauses (I), (II), and (III) of subsection
11	(k)(7)(A)(i), by striking "are" and inserting "is" each
12	place it appears.
13	(b) Disclosure of Price Information to States
14	AND THE PUBLIC.—Subsection $(b)(3)$ of such section is
15	amended—
16	(1) in subparagraph (A)—
17	(A) in clause (i), by inserting "month of a"
18	after 'last day of each"; and
19	(B) by adding at the end the following: "Be-
20	ginning July 1, 2006, the Secretary shall provide
21	on a monthly basis to States under subpara-
22	graph (D)(iv) the most recently reported average
23	manufacturer prices for single source drugs and
24	for multiple source drugs and shall, on at least

1	a quarterly basis, update the information posted
2	on the website under subparagraph $(D)(v)$."; and
3	(2) in subparagraph (D)—
4	(A) by striking "and" at the end of clause
5	<i>(ii);</i>
6	(B) by striking the period at the end of
7	clause (iii) and inserting a comma; and
8	(C) by inserting after clause (iii) the fol-
9	lowing new clauses:
10	"(iv) to States to carry out this title,
11	and
12	"(v) to the Secretary to disclose
13	(through a website accessible to the public)
14	average manufacturer prices.".
15	(c) Definition of Average Manufacturer
16	PRICE.—
17	(1) Exclusion of customary prompt pay dis-
18	COUNTS EXTENDED TO WHOLESALERS.—Subsection
19	(k)(1) of such section is amended—
20	(A) by striking "The term" and inserting
21	the following:
22	"(A) In general.—Subject to subpara-
23	graph (B), the term";
24	(B) by striking ", after deducting cus-
25	tomary prompt pay discounts"; and

3 PAY DISCOUNTS EXTENDED TO WHOLESALERS.— 4 The average manufacturer price for a covered 5 outpatient drug shall be determined without re-6 gard to customary prompt pay discounts ex-7 tended to wholesalers.". 8 (2) Manufacturer reporting of prompt pay 9 DISCOUNTS.—Subsection (b)(3)(A)(i) of such section is amended by inserting ", customary prompt pay 10 11 discounts extended to wholesalers," after "(k)(1))". 12 (3) REQUIREMENT TO PROMULGATE REGULA-13 TION.— 14 (A) INSPECTOR GENERAL RECOMMENDA-15 TIONS.—Not later than June 1, 2006, the Inspec-16 tor General of the Department of Health and 17 Human Services shall— 18 (i) review the requirements for, and

19manner in which, average manufacturer20prices are determined under section 1927 of21the Social Security Act, as amended by this22section; and

23 (ii) shall submit to the Secretary of
24 Health and Human Services and Congress
25 such recommendations for changes in such

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1	requirements or manner as the Inspector
2	General determines to be appropriate.
3	(B) DEADLINE FOR PROMULGATION.—Not
4	later than July 1, 2007, the Secretary of Health
5	and Human Services shall promulgate a regula-
6	tion that clarifies the requirements for, and
7	manner in which, average manufacturer prices
8	are determined under section 1927 of the Social
9	Security Act, taking into consideration the rec-
10	ommendations submitted to the Secretary in ac-
11	cordance with subparagraph (A)(ii).
12	(d) Exclusion of Sales at a Nominal Price From
13	Determination of Best Price.—
14	(1) MANUFACTURER REPORTING OF SALES.—
15	Subsection $(b)(3)(A)(iii)$ of such section is amended
16	by inserting before the period at the end the following:
17	", and, for calendar quarters beginning on or after
18	January 1, 2007 and only with respect to the infor-
19	mation described in subclause (III), for covered out-
20	patient drugs".
21	(2) LIMITATION ON SALES AT A NOMINAL
22	PRICE.—Subsection (c)(1) of such section is amended
23	by adding at the end the following new subparagraph:
24	"(D) Limitation on sales at a nominal
25	PRICE.—

1	"(i) In general.—For purposes of
2	subparagraph (C)(ii)(III) and $subsection$
3	(b)(3)(A)(iii)(III), only sales by a manufac-
4	turer of covered outpatient drugs at nomi-
5	nal prices to the following shall be consid-
6	ered to be sales at a nominal price or mere-
7	ly nominal in amount:
8	((I) A covered entity described in
9	section $340B(a)(4)$ of the Public Health
10	Service Act.
11	"(II) An intermediate care facil-
12	ity for the mentally retarded.
13	"(III) A State-owned or operated
14	nursing facility.
15	"(IV) Any other facility or entity
16	that the Secretary determines is a safe-
17	ty net provider to which sales of such
18	drugs at a nominal price would be ap-
19	propriate based on the factors described
20	in clause (ii).
21	"(ii) Factors.—The factors described
22	in this clause with respect to a facility or
23	entity are the following:
24	"(I) The type of facility or entity.

1	"(II) The services provided by the
2	facility or entity.
3	"(III) The patient population
4	served by the facility or entity.
5	"(IV) The number of other facili-
6	ties or entities eligible to purchase at
7	nominal prices in the same service
8	area.
9	"(iii) Nonapplication.—Clause (i)
10	shall not apply with respect to sales by a
11	manufacturer at a nominal price of covered
12	outpatient drugs pursuant to a master
13	agreement under section 8126 of title 38,
14	United States Code.".
15	(e) Retail Survey Prices; State Payment and
16	UTILIZATION RATES; AND PERFORMANCE RANKINGS.—
17	Such section is further amended by inserting after sub-
18	section (e) the following new subsection:
19	"(f) Survey of Retail Prices; State Payment and
20	UTILIZATION RATES; AND PERFORMANCE RANKINGS.—
21	"(1) Survey of retail prices.—
22	"(A) USE OF VENDOR.—The Secretary may
23	contract services for—
24	"(i) the determination on a monthly
25	basis of retail survey prices for covered out-

1	patient drugs that represent a nationwide
2	average of consumer purchase prices for
3	such drugs, net of all discounts and rebates
4	(to the extent any information with respect
5	to such discounts and rebates is available);
6	and
7	"(ii) the notification of the Secretary
8	when a drug product that is therapeutically
9	and pharmaceutically equivalent and bio-
10	equivalent becomes generally available.
11	"(B) Secretary response to notifica-
12	TION OF AVAILABILITY OF MULTIPLE SOURCE
13	PRODUCTS.—If contractor notifies the Secretary
14	under subparagraph $(A)(ii)$ that a drug product
15	described in such subparagraph has become gen-
16	erally available, the Secretary shall make a de-
17	termination, within 7 days after receiving such
18	notification, as to whether the product is now de-
19	scribed in subsection $(e)(4)$.
20	"(C) Use of competitive bidding.—In
21	contracting for such services, the Secretary shall
22	competitively bid for an outside vendor that has
23	a demonstrated history in—
24	"(i) surveying and determining, on a
25	representative nationwide basis, retail

1	prices for ingredient costs of prescription
2	drugs;
3	"(ii) working with retail pharmacies,
4	commercial payers, and States in obtaining
5	and disseminating such price information;
6	and
7	"(iii) collecting and reporting such
8	price information on at least a monthly
9	basis.
10	In contracting for such services, the Secretary
11	may waive such provisions of the Federal Acqui-
12	sition Regulation as are necessary for the effi-
13	cient implementation of this subsection, other
14	than provisions relating to confidentiality of in-
15	formation and such other provisions as the Sec-
16	retary determines appropriate.
17	"(D) Additional provisions.—A contract
18	with a vendor under this paragraph shall in-
19	clude such terms and conditions as the Secretary
20	shall specify, including the following:
21	"(i) The vendor must monitor the mar-
22	ketplace and report to the Secretary each
23	time there is a new covered outpatient drug
24	generally available.

1	"(ii) The vendor must update the Sec-
2	retary no less often than monthly on the re-
3	tail survey prices for covered outpatient
4	drugs.
5	"(iii) The contract shall be effective for
6	a term of 2 years.
7	"(E) AVAILABILITY OF INFORMATION TO
8	STATES.—Information on retail survey prices ob-
9	tained under this paragraph, including applica-
10	ble information on single source drugs, shall be
11	provided to States on at least a monthly basis.
12	The Secretary shall devise and implement a
13	means for providing access to each State agency
14	designated under section $1902(a)(5)$ with respon-
15	sibility for the administration or supervision of
16	the administration of the State plan under this
17	title of the retail survey price determined under
18	this paragraph.
19	"(2) ANNUAL STATE REPORT.—Each State shall
20	annually report to the Secretary information on—
21	"(A) the payment rates under the State
22	plan under this title for covered outpatient
23	drugs;
24	((B) the dispensing fees paid under such
25	plan for such drugs; and
1	"(C) utilization rates for noninnovator mul-
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2	tiple source drugs under such plan.
3	"(3) ANNUAL STATE PERFORMANCE RANKINGS.—
4	"(A) Comparative analysis.—The Sec-
5	retary annually shall compare, for the 50 most
6	widely prescribed drugs identified by the Sec-
7	retary, the national retail sales price data (col-
8	lected under paragraph (1)) for such drugs with
9	data on prices under this title for each such drug
10	for each State.
11	"(B) Availability of information.—The
12	Secretary shall submit to Congress and the
13	States full information regarding the annual
14	rankings made under subparagraph (A).
15	"(4) APPROPRIATION.—Out of any funds in the
16	Treasury not otherwise appropriated, there is appro-
17	priated to the Secretary of Health and Human Serv-
18	ices \$5,000,000 for each of fiscal years 2006 through
19	2010 to carry out this subsection.".
20	(f) Miscellaneous Amendments.—
21	(1) In General.—Sections $1927(g)(1)(B)(i)(II)$
22	and $1861(t)(2)(B)(ii)(I)$ of such Act are each amend-
23	ed by inserting "(or its successor publications)" after
24	"United States Pharmacopoeia-Drug Information".

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1	(2) PAPERWORK REDUCTION.—The last sentence
2	of section $1927(g)(2)(A)(ii)$ of such Act (42 U.S.C.
3	1396r-8(g)(2)(A)(ii)) is amended by inserting before
4	the period at the end the following: ", or to require
5	verification of the offer to provide consultation or a
6	refusal of such offer".
7	(3) EFFECTIVE DATE.—The amendments made
8	by this subsection shall take effect on the date of the
9	enactment of this Act.
10	(g) EFFECTIVE DATE.—Except as otherwise provided,
11	the amendments made by this section shall take effect on
12	January 1, 2007, without regard to whether or not final
13	regulations to carry out such amendments have been pro-
15	regulations to carry out such amenaments have been pro-
13 14	mulgated by such date.
14	mulgated by such date.
14 15	mulgated by such date. SEC. 6002. COLLECTION AND SUBMISSION OF UTILIZATION
14 15 16	mulgated by such date. SEC. 6002. COLLECTION AND SUBMISSION OF UTILIZATION DATA FOR CERTAIN PHYSICIAN ADMINIS-
14 15 16 17	mulgated by such date. SEC. 6002. COLLECTION AND SUBMISSION OF UTILIZATION DATA FOR CERTAIN PHYSICIAN ADMINIS- TERED DRUGS.
14 15 16 17 18	mulgated by such date. SEC. 6002. COLLECTION AND SUBMISSION OF UTILIZATION DATA FOR CERTAIN PHYSICIAN ADMINIS- TERED DRUGS. (a) IN GENERAL.—Section 1927(a) of the Social Secu-
14 15 16 17 18 19	mulgated by such date. SEC. 6002. COLLECTION AND SUBMISSION OF UTILIZATION DATA FOR CERTAIN PHYSICIAN ADMINIS- TERED DRUGS. (a) IN GENERAL.—Section 1927(a) of the Social Secu- rity Act (42 U.S.C. 1396r–8(a)) is amended by adding at
 14 15 16 17 18 19 20 	mulgated by such date. SEC. 6002. COLLECTION AND SUBMISSION OF UTILIZATION DATA FOR CERTAIN PHYSICIAN ADMINIS- TERED DRUGS. (a) IN GENERAL.—Section 1927(a) of the Social Secu- rity Act (42 U.S.C. 1396r–8(a)) is amended by adding at the end the following new paragraph:
 14 15 16 17 18 19 20 21 	mulgated by such date. SEC. 6002. COLLECTION AND SUBMISSION OF UTILIZATION DATA FOR CERTAIN PHYSICIAN ADMINIS- TERED DRUGS. (a) IN GENERAL.—Section 1927(a) of the Social Secu- rity Act (42 U.S.C. 1396r-8(a)) is amended by adding at the end the following new paragraph: "(7) REQUIREMENT FOR SUBMISSION OF UTILI-
 14 15 16 17 18 19 20 21 22 	 mulgated by such date. SEC. 6002. COLLECTION AND SUBMISSION OF UTILIZATION DATA FOR CERTAIN PHYSICIAN ADMINIS- TERED DRUGS. (a) IN GENERAL.—Section 1927(a) of the Social Secu- rity Act (42 U.S.C. 1396r-8(a)) is amended by adding at the end the following new paragraph: "(7) REQUIREMENT FOR SUBMISSION OF UTILI- ZATION DATA FOR CERTAIN PHYSICIAN ADMINISTERED
 14 15 16 17 18 19 20 21 22 23 	mulgated by such date. SEC. 6002. COLLECTION AND SUBMISSION OF UTILIZATION DATA FOR CERTAIN PHYSICIAN ADMINIS- TERED DRUGS. (a) IN GENERAL.—Section 1927(a) of the Social Secu- rity Act (42 U.S.C. 1396r-8(a)) is amended by adding at the end the following new paragraph: "(7) REQUIREMENT FOR SUBMISSION OF UTILI- ZATION DATA FOR CERTAIN PHYSICIAN ADMINISTERED DRUGS.—

1	for a covered outpatient drug that is a single
2	source drug that is physician administered
3	under this title (as determined by the Secretary),
4	and that is administered on or after January 1,
5	2006, the State shall provide for the collection
6	and submission of such utilization data and cod-
7	ing (such as J-codes and National Drug Code
8	numbers) for each such drug as the Secretary
9	may specify as necessary to identify the manu-
10	facturer of the drug in order to secure rebates
11	under this section for drugs administered for
12	which payment is made under this title.
13	"(B) Multiple source drugs.—
14	"(i) Identification of most fre-
15	QUENTLY PHYSICIAN ADMINISTERED MUL-
16	TIPLE SOURCE DRUGS.—Not later than
17	January 1, 2007, the Secretary shall pub-
18	lish a list of the 20 physician administered
19	multiple source drugs that the Secretary de-
20	termines have the highest dollar volume of
21	physician administered drugs dispensed
22	under this title. The Secretary may modify
23	such list from year to year to reflect changes
24	in such volume.

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1	"(ii) Requirement.—In order for
2	payment to be available under section
3	1903(a) for a covered outpatient drug that
4	is a multiple source drug that is physician
5	administered (as determined by the Sec-
6	retary), that is on the list published under
7	clause (i), and that is administered on or
8	after January 1, 2008, the State shall pro-
9	vide for the submission of such utilization
10	data and coding (such as J-codes and Na-
11	tional Drug Code numbers) for each such
12	drug as the Secretary may specify as nec-
13	essary to identify the manufacturer of the
14	drug in order to secure rebates under this
15	section.
16	"(C) Use of NDC codes.—Not later than
17	January 1, 2007, the information shall be sub-
18	mitted under subparagraphs (A) and $(B)(ii)$
19	using National Drug Code codes unless the Sec-
20	retary specifies that an alternative coding system
21	should be used.
22	"(D) HARDSHIP WAIVER.—The Secretary
23	may delay the application of subparagraph (A)
24	or (B)(ii), or both, in the case of a State to pre-
25	vent hardship to States which require additional

1	time to implement the reporting system required
2	under the respective subparagraph.".
3	(b) Limitation on Payment.—Section 1903(i)(10) of
4	such Act (42 U.S.C. 1396b(i)(10)), is amended—
5	(1) by striking "and" at the end of subpara-
6	graph (A);
7	(2) by striking "or" at the end of subparagraph
8	(B) and inserting "and"; and
9	(3) by adding at the end the following new sub-
10	paragraph:
11	(C) with respect to covered outpatient
12	drugs described in section 1927(a)(7), unless in-
13	formation respecting utilization data and coding
14	on such drugs that is required to be submitted
15	under such section is submitted in accordance
16	with such section; or".
17	SEC. 6003. IMPROVED REGULATION OF DRUGS SOLD UNDER
18	A NEW DRUG APPLICATION APPROVED
19	UNDER SECTION 505(c) OF THE FEDERAL
20	FOOD, DRUG, AND COSMETIC ACT.
21	(a) Inclusion With Other Reported Average
22	MANUFACTURER AND BEST PRICES.—Section
23	1927(b)(3)(A) of the Social Security Act (42 U.S.C. 1396r-
24	8(b)(3)(A)) is amended—

1	(1) by striking clause (i) and inserting the fol-
2	lowing:
3	"(i) not later than 30 days after the
4	last day of each rebate period under the
5	agreement—
6	((I) on the average manufacturer
7	price (as defined in subsection $(k)(1)$)
8	for covered outpatient drugs for the re-
9	bate period under the agreement (in-
10	cluding for all such drugs that are sold
11	under a new drug application ap-
12	proved under section $505(c)$ of the Fed-
13	eral Food, Drug, and Cosmetic Act);
14	and
15	"(II) for single source drugs and
16	innovator multiple source drugs (in-
17	cluding all such drugs that are sold
18	under a new drug application ap-
19	proved under section $505(c)$ of the Fed-
20	eral Food, Drug, and Cosmetic Act), on
21	the manufacturer's best price (as de-
22	fined in subsection $(c)(1)(C)$ for such
23	drugs for the rebate period under the
24	agreement;"; and

1	
1	(2) in clause (ii), by inserting "(including for
2	such drugs that are sold under a new drug applica-
3	tion approved under section $505(c)$ of the Federal
4	Food, Drug, and Cosmetic Act)" after "drugs".
5	(b) Conforming Amendments.—Section 1927 of such
6	Act (42 U.S.C. 1396r–8) is amended—
7	(1) in subsection $(c)(1)(C)$ —
8	(A) in clause (i), in the matter preceding
9	subclause (I), by inserting after "or innovator
10	multiple source drug of a manufacturer" the fol-
11	lowing: "(including the lowest price available to
12	any entity for any such drug of a manufacturer
13	that is sold under a new drug application ap-
14	proved under section 505(c) of the Federal Food,
15	Drug, and Cosmetic Act)"; and
16	(B) in clause (ii)—
17	(i) in subclause (II), by striking "and"
18	at the end;
19	(ii) in subclause (III), by striking the
20	period at the end and inserting "; and";
21	and
22	(iii) by adding at the end the fol-
23	lowing:
24	"(IV) in the case of a manufac-
25	turer that approves, allows, or other-

1	wise permits any other drug of the
2	manufacturer to be sold under a new
3	drug application approved under sec-
4	tion 505(c) of the Federal Food, Drug,
5	and Cosmetic Act, shall be inclusive of
6	the lowest price for such authorized
7	drug available from the manufacturer
8	during the rebate period to any manu-
9	facturer, wholesaler, retailer, provider,
10	health maintenance organization, non-
11	profit entity, or governmental entity
12	within the United States, excluding
13	those prices described in subclauses (I)
14	through (IV) of clause (i)."; and
15	(2) in subsection (k), as amended by section
16	6001(c)(1), by adding at the end the following:
17	"(C) Inclusion of section $505(c)$
18	DRUGS.—In the case of a manufacturer that ap-
19	proves, allows, or otherwise permits any drug of
20	the manufacturer to be sold under a new drug
21	application approved under section $505(c)$ of the
22	Federal Food, Drug, and Cosmetic Act, such
23	term shall be inclusive of the average price paid
24	for such drug by wholesalers for drugs distrib-
25	uted to the retail pharmacy class of trade.".

(c) EFFECTIVE DATE.—The amendments made by this
 section take effect on January 1, 2007.

3 SEC. 6004. CHILDREN'S HOSPITAL PARTICIPATION IN SEC-4 TION 340B DRUG DISCOUNT PROGRAM.

5 (a) IN GENERAL.—Section 1927(a)(5)(B) of the Social 6 Security Act (42 U.S.C. 1396r-8(a)(5)(B)) is amended by 7 inserting before the period at the end the following: "and 8 a children's hospital described in section 1886(d)(1)(B)(iii)9 which meets the requirements of clauses (i) and (iii) of section 340B(b)(4)(L) of the Public Health Service Act and 10 11 which would meet the requirements of clause (ii) of such 12 section if that clause were applied by taking into account 13 the percentage of care provided by the hospital to patients eligible for medical assistance under a State plan under this 14 title". 15

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall apply to drugs purchased on or after the
date of the enactment of this Act.

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1	CHAPTER 2—LONG-TERM CARE UNDER
2	MEDICAID
3	Subchapter A—Reform of Asset Transfer
4	Rules
5	SEC. 6011. LENGTHENING LOOK-BACK PERIOD; CHANGE IN
6	BEGINNING DATE FOR PERIOD OF INELIGI-
7	BILITY.
8	(a) Lengthening Look-Back Period for All Dis-
9	POSALS TO 5 YEARS.—Section 1917(c)(1)(B)(i) of the So-
10	cial Security Act (42 U.S.C. 1396p(c)(1)(B)(i)) is amended
11	by inserting "or in the case of any other disposal of assets
12	made on or after the date of the enactment of the Deficit
13	Reduction Act of 2005" before ", 60 months".
14	(b) Change in Beginning Date for Period of In-
15	ELIGIBILITY.—Section 1917(c)(1)(D) of such Act (42 U.S.C.
16	1396p(c)(1)(D)) is amended—
17	(1) by striking "(D) The date" and inserting
18	(D)(i) In the case of a transfer of asset made before
19	the date of the enactment of the Deficit Reduction Act
20	of 2005, the date"; and
21	(2) by adding at the end the following new
22	clause:
23	"(ii) In the case of a transfer of asset made on or after
24	the date of the enactment of the Deficit Reduction Act of
25	2005, the date specified in this subparagraph is the first

day of a month during or after which assets have been 1 transferred for less than fair market value, or the date on 2 which the individual is eligible for medical assistance under 3 4 the State plan and would otherwise be receiving institutional level care described in subparagraph (C) based on 5 an approved application for such care but for the applica-6 7 tion of the penalty period, whichever is later, and which 8 does not occur during any other period of ineligibility 9 under this subsection.".

(c) EFFECTIVE DATE.—The amendments made by this
section shall apply to transfers made on or after the date
of the enactment of this Act.

(d) AVAILABILITY OF HARDSHIP WAIVERS.—Each
14 State shall provide for a hardship waiver process in accord15 ance with section 1917(c)(2)(D) of the Social Security Act
16 (42 U.S.C. 1396p(c)(2)(D))—

17 (1) under which an undue hardship exists when
18 application of the transfer of assets provision would
19 deprive the individual—

20 (A) of medical care such that the individ21 ual's health or life would be endangered; or

22 (B) of food, clothing, shelter, or other neces-

23 sities of life; and

24 (2) which provides for—

1	(A) notice to recipients that an undue hard-
2	ship exception exists;
3	(B) a timely process for determining wheth-
4	er an undue hardship waiver will be granted;
5	and
6	(C) a process under which an adverse deter-
7	mination can be appealed.
8	(e) Additional Provisions on Hardship Waiv-
9	ERS.—
10	(1) APPLICATION BY FACILITY.—Section
11	1917(c)(2) of the Social Security Act (42 U.S.C.
12	1396p(c)(2)) is amended—
13	(A) by striking the semicolon at the end of
14	subparagraph (D) and inserting a period; and
15	(B) by adding after and below such sub-
16	paragraph the following:
17	"The procedures established under subparagraph (D)
18	shall permit the facility in which the institutionalized
19	individual is residing to file an undue hardship
20	waiver application on behalf of the individual with
21	the consent of the individual or the personal rep-
22	resentative of the individual.".
23	(2) AUTHORITY TO MAKE BED HOLD PAYMENTS
24	FOR HARDSHIP APPLICANTS.—Such section is further
25	amended by adding at the end the following: "While

1 an application for an undue hardship waiver is 2 pending under subparagraph (D) in the case of an individual who is a resident of a nursing facility, if 3 4 the application meets such criteria as the Secretary specifies, the State may provide for payments for 5 6 nursing facility services in order to hold the bed for 7 the individual at the facility, but not in excess of 8 payments for 30 days.".

9 SEC. 6012. DISCLOSURE AND TREATMENT OF ANNUITIES.

(a) IN GENERAL.—Section 1917 of the Social Security
Act (42 U.S.C. 1396p) is amended by redesignating subsection (e) as subsection (f) and by inserting after subsection
(d) the following new subsection:

14 (e)(1) In order to meet the requirements of this section 15 for purposes of section 1902(a)(18), a State shall require, as a condition for the provision of medical assistance for 16 services described in subsection (c)(1)(C)(i) (relating to 17 long-term care services) for an individual, the application 18 19 of the individual for such assistance (including any recer-20 tification of eligibility for such assistance) shall disclose a 21 description of any interest the individual or community 22 spouse has in an annuity (or similar financial instrument, 23 as may be specified by the Secretary), regardless of whether 24 the annuity is irrevocable or is treated as an asset. Such application or recertification form shall include a statement 25

that under paragraph (2) the State becomes a remainder
 beneficiary under such an annuity or similar financial in strument by virtue of the provision of such medical assist ance.

5 (2)(A) In the case of disclosure concerning an annuity under subsection (c)(1)(F), the State shall notify the 6 7 issuer of the annuity of the right of the State under such 8 subsection as a preferred remainder beneficiary in the an-9 nuity for medical assistance furnished to the individual. 10 Nothing in this paragraph shall be construed as preventing such an issuer from notifying persons with any other re-11 mainder interest of the State's remainder interest under 12 13 such subsection.

14 "(B) In the case of such an issuer receiving notice 15 under subparagraph (A), the State may require the issuer to notify the State when there is a change in the amount 16 of income or principal being withdrawn from the amount 17 18 that was being withdrawn at the time of the most recent 19 disclosure described in paragraph (1). A State shall take such information into account in determining the amount 20 21 of the State's obligations for medical assistance or in the 22 individual's eligibility for such assistance.

23 "(3) The Secretary may provide guidance to States on
24 categories of transactions that may be treated as a transfer
25 of asset for less than fair market value.

"(4) Nothing in this subsection shall be construed as
 preventing a State from denying eligibility for medical as sistance for an individual based on the income or resources
 derived from an annuity described in paragraph (1).".

5 (b) REQUIREMENT FOR STATE TO BE NAMED AS A
6 REMAINDER BENEFICIARY.—Section 1917(c)(1) of such Act
7 (42 U.S.C. 1396p(c)(1)), is amended by adding at the end
8 the following:

9 "(F) For purposes of this paragraph, the purchase of 10 an annuity shall be treated as the disposal of an asset for 11 less than fair market value unless—

12 "(i) the State is named as the remainder bene-13 ficiary in the first position for at least the total 14 amount of medical assistance paid on behalf of the 15 annuitant under this title; or

"(ii) the State is named as such a beneficiary in
the second position after the community spouse or
minor or disabled child and is named in the first position if such spouse or a representative of such child
disposes of any such remainder for less than fair
market value.".

(c) INCLUSION OF TRANSFERS TO PURCHASE BALLOON ANNUITIES.—Section 1917(c)(1) of such Act (42
U.S.C. 1396p(c)(1)), as amended by subsection (b), is
amended by adding at the end the following:

1	"(G) For purposes of this paragraph with respect to
2	a transfer of assets, the term 'assets' includes an annuity
3	purchased by or on behalf of an annuitant who has applied
4	for medical assistance with respect to nursing facility serv-
5	ices or other long-term care services under this title unless—
6	"(i) the annuity is—
7	((I) an annuity described in subsection (b)
8	or (q) of section 408 of the Internal Revenue
9	Code of 1986; or
10	"(II) purchased with proceeds from—
11	"(aa) an account or trust described in
12	subsection (a), (c), or (p) of section 408 of
13	such Code;
14	"(bb) a simplified employee pension
15	(within the meaning of section $408(k)$ of
16	such Code); or
17	"(cc) a Roth IRA described in section
18	408A of such Code; or
19	"(ii) the annuity—
20	"(I) is irrevocable and nonassignable;
21	``(II) is actuarially sound (as determined in
22	accordance with actuarial publications of the Of-
23	fice of the Chief Actuary of the Social Security
24	Administration); and

1	"(III) provides for payments in equal
2	amounts during the term of the annuity, with no
3	deferral and no balloon payments made.".
4	(d) EFFECTIVE DATE.—The amendments made by this
5	section shall apply to transactions (including the purchase
6	of an annuity) occurring on or after the date of the enact-
7	ment of this Act.

8 SEC. 6013. APPLICATION OF "INCOME-FIRST" RULE IN AP-9 PLYING COMMUNITY SPOUSE'S INCOME BE-10 FORE ASSETS IN PROVIDING SUPPORT OF 11 COMMUNITY SPOUSE.

(a) IN GENERAL.—Section 1924(d) of the Social Security Act (42 U.S.C. 1396r-5(d)) is amended by adding at
the end the following new subparagraph:

15 "(6) APPLICATION OF 'INCOME FIRST' RULE TO 16 REVISION OF COMMUNITY SPOUSE RESOURCE ALLOW-17 ANCE.—For purposes of this subsection and sub-18 sections (c) and (e), a State must consider that all in-19 come of the institutionalized spouse that could be 20 made available to a community spouse, in accordance 21 with the calculation of the community spouse monthly 22 income allowance under this subsection, has been 23 made available before the State allocates to the com-24 munity spouse an amount of resources adequate to 25 provide the difference between the minimum monthly 3 (b) EFFECTIVE DATE.—The amendment made by sub4 section (a) shall apply to transfers and allocations made
5 on or after the date of the enactment of this Act by individ6 uals who become institutionalized spouses on or after such
7 date.

8 SEC. 6014. DISQUALIFICATION FOR LONG-TERM CARE AS9 SISTANCE FOR INDIVIDUALS WITH SUBSTAN10 TIAL HOME EQUITY.

(a) IN GENERAL.—Section 1917 of the Social Security
Act, as amended by section 6012(a), is further amended by
redesignating subsection (f) as subsection (g) and by inserting after subsection (e) the following new subsection:

15 (f)(1)(A) Notwithstanding any other provision of this title, subject to subparagraphs (B) and (C) of this para-16 graph and paragraph (2), in determining eligibility of an 17 individual for medical assistance with respect to nursing 18 facility services or other long-term care services, the indi-19 vidual shall not be eligible for such assistance if the individ-20 21 ual's equity interest in the individual's home exceeds 22 \$500,000.

"(B) A State may elect, without regard to the requirements of section 1902(a)(1) (relating to statewideness) and
section 1902(a)(10)(B) (relating to comparability), to

apply subparagraph (A) by substituting for '\$500,000', an
 amount that exceeds such amount, but does not exceed
 \$750,000.

4 "(C) The dollar amounts specified in this paragraph
5 shall be increased, beginning with 2011, from year to year
6 based on the percentage increase in the consumer price
7 index for all urban consumers (all items; United States city
8 average), rounded to the nearest \$1,000.

9 "(2) Paragraph (1) shall not apply with respect to an
10 individual if—

11 "(A) the spouse of such individual, or

12 "(B) such individual's child who is under age 13 21, or (with respect to States eligible to participate 14 in the State program established under title XVI) is 15 blind or permanently and totally disabled, or (with 16 respect to States which are not eligible to participate 17 in such program) is blind or disabled as defined in 18 section 1614,

19 is lawfully residing in the individual's home.

"(3) Nothing in this subsection shall be construed as
preventing an individual from using a reverse mortgage or
home equity loan to reduce the individual's total equity interest in the home.

"(4) The Secretary shall establish a process whereby
 paragraph (1) is waived in the case of a demonstrated hard ship.".

4 (b) EFFECTIVE DATE.—The amendment made by sub5 section (a) shall apply to individuals who are determined
6 eligible for medical assistance with respect to nursing facil7 ity services or other long-term care services based on an ap8 plication filed on or after January 1, 2006.

9 SEC. 6015. ENFORCEABILITY OF CONTINUING CARE RETIRE10 MENT COMMUNITIES (CCRC) AND LIFE CARE
11 COMMUNITY ADMISSION CONTRACTS.

12 (a) ADMISSION POLICIES OF NURSING FACILITIES.—
13 Section 1919(c)(5) of the Social Security Act (42 U.S.C.
14 1396r(c)(5)) is amended—

15 (1) in subparagraph (A)(i)(II), by inserting
16 "subject to clause (v)," after "(II)"; and

17 (2) by adding at the end of subparagraph (B)
18 the following new clause:

19"(v) TREATMENT OF CONTINUING CARE20RETIREMENT COMMUNITIES ADMISSION CON-21TRACTS.—Notwithstanding subclause (II) of22subparagraph (A)(i), subject to subsections23(c) and (d) of section 1924, contracts for ad-24mission to a State licensed, registered, cer-25tified, or equivalent continuing care retire-

ment community or life care community,
including services in a nursing facility that
is part of such community, may require
residents to spend on their care resources
declared for the purposes of admission be-
fore applying for medical assistance.".
(b) TREATMENT OF ENTRANCE FEES.—Section 1917
of such Act (42 U.S.C. 1396p), as amended by sections
6012(a) and $6014(a)$, is amended by redesignating sub-
section (g) as subsection (h) and by inserting after sub-
section (f) the following new subsection:
"(g) TREATMENT OF ENTRANCE FEES OF INDIVIDUALS
"(g) TREATMENT OF ENTRANCE FEES OF INDIVIDUALS RESIDING IN CONTINUING CARE RETIREMENT COMMU-
Residing in Continuing Care Retirement Commu-
Residing in Continuing Care Retirement Commu- Nities.—
RESIDING IN CONTINUING CARE RETIREMENT COMMU- NITIES.— "(1) IN GENERAL.—For purposes of determining
RESIDING IN CONTINUING CARE RETIREMENT COMMU- NITIES.— "(1) IN GENERAL.—For purposes of determining an individual's eligibility for, or amount of, benefits
RESIDING IN CONTINUING CARE RETIREMENT COMMU- NITIES.— "(1) IN GENERAL.—For purposes of determining an individual's eligibility for, or amount of, benefits under a State plan under this title, the rules specified
RESIDING IN CONTINUING CARE RETIREMENT COMMU- NITIES.— "(1) IN GENERAL.—For purposes of determining an individual's eligibility for, or amount of, benefits under a State plan under this title, the rules specified in paragraph (2) shall apply to individuals residing
RESIDING IN CONTINUING CARE RETIREMENT COMMU- NITIES.— "(1) IN GENERAL.—For purposes of determining an individual's eligibility for, or amount of, benefits under a State plan under this title, the rules specified in paragraph (2) shall apply to individuals residing in continuing care retirement communities or life
RESIDING IN CONTINUING CARE RETIREMENT COMMU- NITIES.— "(1) IN GENERAL.—For purposes of determining an individual's eligibility for, or amount of, benefits under a State plan under this title, the rules specified in paragraph (2) shall apply to individuals residing in continuing care retirement communities or life care communities that collect an entrance fee on ad-
RESIDING IN CONTINUING CARE RETIREMENT COMMU- NITIES.— "(1) IN GENERAL.—For purposes of determining an individual's eligibility for, or amount of, benefits under a State plan under this title, the rules specified in paragraph (2) shall apply to individuals residing in continuing care retirement communities or life care communities that collect an entrance fee on ad- mission from such individuals.

1	care community shall be considered a resource avail-
2	able to the individual to the extent that—
3	"(A) the individual has the ability to use
4	the entrance fee, or the contract provides that the
5	entrance fee may be used, to pay for care should
6	other resources or income of the individual be in-
7	sufficient to pay for such care;
8	``(B) the individual is eligible for a refund
9	of any remaining entrance fee when the indi-
10	vidual dies or terminates the continuing care re-
11	tirement community or life care community con-
12	tract and leaves the community; and
13	"(C) the entrance fee does not confer an
14	ownership interest in the continuing care retire-
15	ment community or life care community.".
16	SEC. 6016. ADDITIONAL REFORMS OF MEDICAID ASSET
17	TRANSFER RULES.
18	(a) Requirement To Impose Partial Months of
19	INELIGIBILITY.—Section $1917(c)(1)(E)$ of the Social Secu-
20	rity Act (42 U.S.C. $1396p(c)(1)(E)$) is amended by adding
21	at the end the following:
22	"(iv) A State shall not round down, or otherwise dis-
23	regard any fractional period of ineligibility determined
24	under clause (i) or (ii) with respect to the disposal of as-
25	sets.".

(b) AUTHORITY FOR STATES TO ACCUMULATE MUL TIPLE TRANSFERS INTO ONE PENALTY PERIOD.—Section
 1917(c)(1) of such Act (42 U.S.C. 1396p(c)(1)), as amended
 by subsections (b) and (c) of section 6012, is amended by
 adding at the end the following:

6 "(H) Notwithstanding the preceding provisions of this 7 paragraph, in the case of an individual (or individual's 8 spouse) who makes multiple fractional transfers of assets 9 in more than 1 month for less than fair market value on 10 or after the applicable look-back date specified in subpara-11 graph (B), a State may determine the period of ineligibility 12 applicable to such individual under this paragraph by—

"(i) treating the total, cumulative uncompensated value of all assets transferred by the individual
(or individual's spouse) during all months on or after
the look-back date specified in subparagraph (B) as 1
transfer for purposes of clause (i) or (ii) (as the case
may be) of subparagraph (E); and

"(ii) beginning such period on the earliest date
which would apply under subparagraph (D) to any
of such transfers.".

(c) INCLUSION OF TRANSFER OF CERTAIN NOTES AND
LOANS ASSETS.—Section 1917(c)(1) of such Act (42 U.S.C.
1396p(c)(1)), as amended by subsection (b), is amended by
adding at the end the following:

1	((I) For purposes of this paragraph with respect to
2	a transfer of assets, the term 'assets' includes funds used
3	to purchase a promissory note, loan, or mortgage unless
4	such note, loan, or mortgage—
5	"(i) has a repayment term that is actuarially
6	sound (as determined in accordance with actuarial
7	publications of the Office of the Chief Actuary of the
8	Social Security Administration);
9	"(ii) provides for payments to be made in equal
10	amounts during the term of the loan, with no deferral
11	and no balloon payments made; and
12	"(iii) prohibits the cancellation of the balance
13	upon the death of the lender.
14	In the case of a promissory note, loan, or mortgage that
15	does not satisfy the requirements of clauses (i) through (iii),
16	the value of such note, loan, or mortgage shall be the out-
17	standing balance due as of the date of the individual's ap-
18	$plication \ for \ medical \ assistance \ for \ services \ described \ in$
19	subparagraph (C).".
20	(d) Inclusion of Transfers To Purchase Life
21	ESTATES.—Section 1917(c)(1) of such Act (42 U.S.C.
22	1396p(c)(1)), as amended by subsection (c), is amended by
23	adding at the end the following:
24	(J) For purposes of this paragraph with respect to
~ -	

a transfer of assets, the term 'assets' includes the purchase

of a life estate interest in another individual's home unless
 the purchaser resides in the home for a period of at least
 1 year after the date of the purchase.".

4 (e) EFFECTIVE DATES.—

5	(1) IN GENERAL.—Except as provided in para-
6	graphs (2) and (3), the amendments made by this sec-
7	tion shall apply to payments under title XIX of the
8	Social Security Act (42 U.S.C. 1396 et seq.) for cal-
9	endar quarters beginning on or after the date of en-
10	actment of this Act, without regard to whether or not
11	final regulations to carry out such amendments have
12	been promulgated by such date.

13	(2) EXCEPTIONS.—The amendments	made	by
14	this section shall not apply—		

15 (A) to medical assistance provided for serv16 ices furnished before the date of enactment;
17

17 (B) with respect to assets disposed of on or
18 before the date of enactment of this Act; or

19 (C) with respect to trusts established on or
20 before the date of enactment of this Act.

21 (3) EXTENSION OF EFFECTIVE DATE FOR STATE
22 LAW AMENDMENT.—In the case of a State plan under
23 title XIX of the Social Security Act (42 U.S.C. 1396
24 et seq.) which the Secretary of Health and Human
25 Services determines requires State legislation in order

1	for the plan to meet the additional requirements im-
2	posed by the amendments made by a provision of this
3	section, the State plan shall not be regarded as failing
4	to comply with the requirements of such title solely on
5	the basis of its failure to meet these additional re-
6	quirements before the first day of the first calendar
7	quarter beginning after the close of the first regular
8	session of the State legislature that begins after the
9	date of the enactment of this Act. For purposes of the
10	previous sentence, in the case of a State that has a
11	2-year legislative session, each year of the session is
12	considered to be a separate regular session of the
13	State legislature.
13 14	State legislature. Subchapter B—Expanded Access to Certain
14	Subchapter B—Expanded Access to Certain
14 15	Subchapter B—Expanded Access to Certain Benefits
14 15 16	Subchapter B—Expanded Access to Certain Benefits SEC. 6021. EXPANSION OF STATE LONG-TERM CARE PART-
14 15 16 17	Subchapter B—Expanded Access to Certain Benefits SEC. 6021. EXPANSION OF STATE LONG-TERM CARE PART- NERSHIP PROGRAM.
14 15 16 17 18	Subchapter B—Expanded Access to Certain Benefits SEC. 6021. EXPANSION OF STATE LONG-TERM CARE PART- NERSHIP PROGRAM. (a) EXPANSION AUTHORITY.—
14 15 16 17 18 19	Subchapter B—Expanded Access to Certain Benefits SEC. 6021. EXPANSION OF STATE LONG-TERM CARE PART- NERSHIP PROGRAM. (a) EXPANSION AUTHORITY.— (1) IN GENERAL.—Section 1917(b) of the Social
 14 15 16 17 18 19 20 	Subchapter B—Expanded Access to Certain Benefits SEC. 6021. EXPANSION OF STATE LONG-TERM CARE PART- NERSHIP PROGRAM. (a) EXPANSION AUTHORITY.— (1) IN GENERAL.—Section 1917(b) of the Social Security Act (42 U.S.C. 1396p(b)) is amended—
 14 15 16 17 18 19 20 21 	Subchapter B—Expanded Access to Certain Benefits SEC. 6021. EXPANSION OF STATE LONG-TERM CARE PART- NERSHIP PROGRAM. (a) EXPANSION AUTHORITY.— (1) IN GENERAL.—Section 1917(b) of the Social Security Act (42 U.S.C. 1396p(b)) is amended— (A) in paragraph (1)(C)—
 14 15 16 17 18 19 20 21 22 	Subchapter B—Expanded Access to Certain Benefits SEC. 6021. EXPANSION OF STATE LONG-TERM CARE PART- NERSHIP PROGRAM. (a) EXPANSION AUTHORITY.— (1) IN GENERAL.—Section 1917(b) of the Social Security Act (42 U.S.C. 1396p(b)) is amended— (A) in paragraph (1)(C)— (i) in clause (ii), by inserting "and
 14 15 16 17 18 19 20 21 22 23 	Subchapter B—Expanded Access to Certain Benefits SEC. 6021. EXPANSION OF STATE LONG-TERM CARE PART- NERSHIP PROGRAM. (a) EXPANSION AUTHORITY.— (1) IN GENERAL.—Section 1917(b) of the Social Security Act (42 U.S.C. 1396p(b)) is amended— (A) in paragraph (1)(C)— (i) in clause (ii), by inserting "and which satisfies clause (iv), or which has a

1	partnership (as defined in clause (iii))"
2	after "1993,"; and
3	(ii) by adding at the end the following
4	new clauses:
5	"(iii) For purposes of this paragraph, the term
6	'qualified State long-term care insurance partnership'
7	means an approved State plan amendment under this
8	title that provides for the disregard of any assets or
9	resources in an amount equal to the insurance benefit
10	payments that are made to or on behalf of an indi-
11	vidual who is a beneficiary under a long-term care
12	insurance policy if the following requirements are
13	met:
14	"(I) The policy covers an insured who was
15	a resident of such State when coverage first be-
16	came effective under the policy.
17	"(II) The policy is a qualified long-term
18	care insurance policy (as defined in section
19	7702B(b) of the Internal Revenue Code of 1986)
20	issued not earlier than the effective date of the
21	State plan amendment.
22	"(III) The policy meets the model regula-
23	tions and the requirements of the model Act spec-
24	ified in paragraph (5).

1	"(IV) If the policy is sold to an individual
2	who—
3	"(aa) has not attained age 61 as of the
4	date of purchase, the policy provides com-
5	pound annual inflation protection;
6	"(bb) has attained age 61 but has not
7	attained age 76 as of such date, the policy
8	provides some level of inflation protection;
9	and
10	"(cc) has attained age 76 as of such
11	date, the policy may (but is not required to)
12	provide some level of inflation protection.
13	"(V) The State Medicaid agency under sec-
14	tion $1902(a)(5)$ provides information and tech-
15	nical assistance to the State insurance depart-
16	ment on the insurance department's role of as-
17	suring that any individual who sells a long-term
18	care insurance policy under the partnership re-
19	ceives training and demonstrates evidence of an
20	understanding of such policies and how they re-
21	late to other public and private coverage of long-
22	term care.
23	"(VI) The issuer of the policy provides reg-
24	ular reports to the Secretary, in accordance with
25	regulations of the Secretary, that include notifi-

1	cation regarding when benefits provided under
2	the policy have been paid and the amount of
3	such benefits paid, notification regarding when
4	the policy otherwise terminates, and such other
5	information as the Secretary determines may be
6	appropriate to the administration of such part-
7	nerships.
8	"(VII) The State does not impose any re-
9	quirement affecting the terms or benefits of such
10	a policy unless the State imposes such require-
11	ment on long-term care insurance policies with-
12	out regard to whether the policy is covered under
13	the partnership or is offered in connection with
14	such a partnership.
15	In the case of a long-term care insurance policy
16	which is exchanged for another such policy, subclause
17	(I) shall be applied based on the coverage of the first
18	such policy that was exchanged. For purposes of this
19	clause and paragraph (5), the term long-term care
20	insurance policy' includes a certificate issued under a
21	group insurance contract.
22	"(iv) With respect to a State which had a State
23	plan amendment approved as of May 14, 1993, such
24	a State satisfies this clause for purposes of clause (ii)
25	if the Secretary determines that the State plan

1 amendment provides for consumer protection stand-2 ards which are no less stringent than the consumer 3 protection standards which applied under such State 4 plan amendment as of December 31, 2005. "(v) The regulations of the Secretary required 5 6 under clause (iii)(VI) shall be promulgated after con-7 sultation with the National Association of Insurance 8 Commissioners, issuers of long-term care insurance 9 policies, States with experience with long-term care 10 insurance partnership plans, other States, and rep-11 resentatives of consumers of long-term care insurance 12 policies, and shall specify the type and format of the 13 data and information to be reported and the fre-14 quency with which such reports are to be made. The 15 Secretary, as appropriate, shall provide copies of the 16 reports provided in accordance with that clause to the 17 State involved. 18 "(vi) The Secretary, in consultation with other 19 appropriate Federal agencies, issuers of long-term

appropriate Teachar agencies, issuers of congression
care insurance, the National Association of Insurance
Commissioners, State insurance commissioners,
States with experience with long-term care insurance
partnership plans, other States, and representatives of
consumers of long-term care insurance policies, shall
develop recommendations for Congress to authorize

1	and fund a uniform minimum data set to be reported
2	electronically by all issuers of long-term care insur-
3	ance policies under qualified State long-term care in-
4	surance partnerships to a secure, centralized elec-
5	tronic query and report-generating mechanism that
6	the State, the Secretary, and other Federal agencies
7	can access."; and
8	(B) by adding at the end the following:
9	"(5)(A) For purposes of clause (iii)(III), the model reg-
10	ulations and the requirements of the model Act specified in
11	this paragraph are:
12	((i) In the case of the model regulation, the fol-
13	lowing requirements:
14	"(I) Section $6A$ (relating to guaranteed re-
15	newal or noncancellability), other than para-
16	graph (5) thereof, and the requirements of section
17	6B of the model Act relating to such section $6A$.
18	((II) Section 6B (relating to prohibitions
19	on limitations and exclusions) other than para-
20	graph (7) thereof.
21	"(III) Section 6C (relating to extension of
22	benefits).
23	$\langle \langle (\mathbf{H} \mathbf{Y}) \rangle \langle (\mathbf{x}, \mathbf{f}) \rangle = c \mathbf{D} \langle (\mathbf{x}, \mathbf{f}) \rangle \langle (\mathbf{x}, $
	((IV) Section 6D (relating to continuation

1	"(V) Section $6E$ (relating to discontinuance
2	and replacement of policies).
3	"(VI) Section 7 (relating to unintentional
4	lapse).
5	"(VII) Section 8 (relating to disclosure),
6	other than sections 8F, 8G, 8H, and 8I thereof.
7	"(VIII) Section 9 (relating to required dis-
8	closure of rating practices to consumer).
9	"(IX) Section 11 (relating to prohibitions
10	against post-claims underwriting).
11	"(X) Section 12 (relating to minimum
12	standards).
13	"(XI) Section 14 (relating to application
14	forms and replacement coverage).
15	"(XII) Section 15 (relating to reporting re-
16	quirements).
17	"(XIII) Section 22 (relating to filing re-
18	quirements for marketing).
19	"(XIV) Section 23 (relating to standards for
20	marketing), including inaccurate completion of
21	medical histories, other than paragraphs (1), (6),
22	and (9) of section 23C.
23	"(XV) Section 24 (relating to suitability).

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"(XVI) Section 25 (relating to prohibition
against preexisting conditions and probationary
periods in replacement policies or certificates).
"(XVII) The provisions of section 26 relat-
ing to contingent nonforfeiture benefits, if the
policyholder declines the offer of a nonforfeiture
provision described in paragraph (4).
"(XVIII) Section 29 (relating to standard
format outline of coverage).

"(XIX) Section 30 (relating to requirement 10 11 to deliver shopper's guide).

"(ii) In the case of the model Act, the following: 12 "(I) Section 6C (relating to preexisting con-13 ditions). 14

"(II) Section 6D (relating to prior hos-15 pitalization). 16

17 "(III) The provisions of section 8 relating 18 to contingent nonforfeiture benefits.

19 "(IV) Section 6F (relating to right to re-20 turn).

21 "(V) Section 6G (relating to outline of cov-22 erage).

"(VI) Section 6H (relating to requirements 23 24 for certificates under group plans).

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1	"(VII) Section 6J (relating to policy sum-
2	mary).
3	"(VIII) Section $6K$ (relating to monthly re-
4	ports on accelerated death benefits).
5	"(IX) Section 7 (relating to incontestability
6	period).
7	"(B) For purposes of this paragraph and paragraph
8	(1)(C)—
9	"(i) the terms 'model regulation' and 'model Act'
10	mean the long-term care insurance model regulation,
11	and the long-term care insurance model Act, respec-
12	tively, promulgated by the National Association of In-
13	surance Commissioners (as adopted as of October
14	2000);
15	"(ii) any provision of the model regulation or
16	model Act listed under subparagraph (A) shall be
17	treated as including any other provision of such regu-
18	lation or Act necessary to implement the provision;
19	and
20	"(iii) with respect to a long-term care insurance
21	policy issued in a State, the policy shall be deemed
22	to meet applicable requirements of the model regula-
23	tion or the model Act if the State plan amendment
24	under paragraph $(1)(C)(iii)$ provides that the State
25	insurance commissioner for the State certifies (in a

manner satisfactory to the Secretary) that the policy
 meets such requirements.

3 "(C) Not later than 12 months after the National Asso-4 ciation of Insurance Commissioners issues a revision, up-5 date, or other modification of a model regulation or model 6 Act provision specified in subparagraph (A), or of any pro-7 vision of such regulation or Act that is substantively related 8 to a provision specified in such subparagraph, the Secretary 9 shall review the changes made to the provision, determine whether incorporating such changes into the corresponding 10 11 provision specified in such subparagraph would improve 12 qualified State long-term care insurance partnerships, and if so, shall incorporate the changes into such provision.". 13 14 (2) STATE REPORTING REQUIREMENTS.—Noth-15 inclauses (iii)(VI)and (v)ofsection ing 1917(b)(1)(C) of the Social Security Act (as added by 16 17 paragraph (1)) shall be construed as prohibiting a 18 State from requiring an issuer of a long-term care in-19 surance policy sold in the State (regardless of whether 20 the policy is issued under a qualified State long-term 21 insurance partnership under section care 22 1917(b)(1)(C)(iii) of such Act) to require the issuer to 23 report information or data to the State that is in ad-24 dition to the information or data required under such 25 clauses.

1 (3) EFFECTIVE DATE.—A State plan amendment 2 that provides for a qualified State long-term care in-3 surance partnership under the amendments made by 4 paragraph (1) may provide that such amendment is 5 effective for long-term care insurance policies issued 6 on or after a date, specified in the amendment, that is not earlier than the first day of the first calendar 7 8 quarter in which the plan amendment was submitted 9 to the Secretary of Health and Human Services.

10 STANDARDS FOR RECIPROCAL RECOGNITION (b)Among Partnership States.—In order to permit port-11 12 ability in long-term care insurance policies purchased 13 under State long-term care insurance partnerships, the Secretary of Health and Human Services shall develop, not 14 15 later than January 1, 2007, and in consultation with the National Association of Insurance Commissioners, issuers 16 17 of long-term care insurance policies, States with experience 18 with long-term care insurance partnership plans, other 19 States, and representatives of consumers of long-term care 20 insurance policies, standards for uniform reciprocal rec-21 ognition of such policies among States with qualified State 22 long-term care insurance partnerships under which—

23 (1) benefits paid under such policies will be
24 treated the same by all such States; and
1	(2) States with such partnerships shall be subject
2	to such standards unless the State notifies the Sec-
3	retary in writing of the State's election to be exempt
4	from such standards.
5	(c) Annual Reports to Congress.—
6	(1) IN GENERAL.—The Secretary of Health and
7	Human Services shall annually report to Congress on
8	the long-term care insurance partnerships established
9	in accordance with section $1917(b)(1)(C)(ii)$ of the
10	Social Security Act (42 U.S.C. 1396p(b)(1)(C)(ii))
11	(as amended by subsection $(a)(1)$). Such reports shall
12	include analyses of the extent to which such partner-
13	ships expand or limit access of individuals to long-
14	term care and the impact of such partnerships on
15	Federal and State expenditures under the Medicare
16	and Medicaid programs. Nothing in this section shall
17	be construed as requiring the Secretary to conduct an
18	independent review of each long-term care insurance
19	policy offered under or in connection with such a
20	partnership.
21	(2) APPROPRIATION.—Out of any funds in the
22	Treasury not otherwise appropriated, there is appro-
23	priated to the Secretary of Health and Human Serv-

ices, \$1,000,000 for the period of fiscal years 2006
through 2010 to carry out paragraph (1).

1	(d) NATIONAL CLEARINGHOUSE FOR LONG-TERM
2	CARE INFORMATION.—
3	(1) ESTABLISHMENT.—The Secretary of Health
4	and Human Services shall establish a National Clear-
5	inghouse for Long-Term Care Information. The Clear-
6	inghouse may be established through a contract or
7	interagency agreement.
8	(2) DUTIES.—
9	(A) IN GENERAL.—The National Clearing-
10	house for Long-Term Care Information shall—
11	(i) educate consumers with respect to
12	the availability and limitations of coverage
13	for long-term care under the Medicaid pro-
14	gram and provide contact information for
15	obtaining State-specific information on
16	long-term care coverage, including eligi-
17	bility and estate recovery requirements
18	under State Medicaid programs;
19	(ii) provide objective information to
20	assist consumers with the decisionmaking
21	process for determining whether to purchase
22	long-term care insurance or to pursue other
23	private market alternatives for purchasing
24	long-term care and provide contact infor-

1	mation for additional objective resources on
2	planning for long-term care needs; and
3	(iii) maintain a list of States with
4	State long-term care insurance partnerships
5	under the Medicaid program that provide
6	reciprocal recognition of long-term care in-
7	surance policies issued under such partner-
8	ships.
9	(B) REQUIREMENT.—In providing informa-
10	tion to consumers on long-term care in accord-
11	ance with this subsection, the National Clearing-
12	house for Long-Term Care Information shall not
13	advocate in favor of a specific long-term care in-
14	surance provider or a specific long-term care in-
15	surance policy.
16	(3) APPROPRIATION.—Out of any funds in the
17	Treasury not otherwise appropriated, there is appro-

18 priated to carry out this subsection, \$3,000,000 for

19 each of fiscal years 2006 through 2010.

CHAPTER 3—ELIMINATING FRAUD, WASTE, AND ABUSE IN MEDICAID SEC. 6031. ENCOURAGING THE ENACTMENT OF STATE

FALSE CLAIMS ACTS.

4

5 (a) IN GENERAL.—Title XIX of the Social Security
6 Act (42 U.S.C. 1396 et seq.) is amended by inserting after
7 section 1908A the following:

8 *"STATE FALSE CLAIMS ACT REQUIREMENTS FOR*

9 INCREASED STATE SHARE OF RECOVERIES

10 "SEC. 1909. (a) IN GENERAL.—Notwithstanding sec-11 tion 1905(b), if a State has in effect a law relating to false 12 or fraudulent claims that meets the requirements of sub-13 section (b), the Federal medical assistance percentage with 14 respect to any amounts recovered under a State action 15 brought under such law, shall be decreased by 10 percentage 16 points.

17 "(b) REQUIREMENTS.—For purposes of subsection (a),
18 the requirements of this subsection are that the Inspector
19 General of the Department of Health and Human Services,
20 in consultation with the Attorney General, determines that
21 the State has in effect a law that meets the following re22 quirements:

"(1) The law establishes liability to the State for
false or fraudulent claims described in section 3729 of
title 31, United States Code, with respect to any expenditure described in section 1903(a).

1	"(2) The law contains provisions that are at
2	least as effective in rewarding and facilitating qui
3	tam actions for false or fraudulent claims as those de-
4	scribed in sections 3730 through 3732 of title 31,
5	United States Code.
6	"(3) The law contains a requirement for filing
7	an action under seal for 60 days with review by the
8	State Attorney General.
9	"(4) The law contains a civil penalty that is not
10	less than the amount of the civil penalty authorized
11	under section 3729 of title 31, United States Code.
12	"(c) Deemed Compliance.—A State that, as of Janu-
13	ary 1, 2007, has a law in effect that meets the requirements
14	of subsection (b) shall be deemed to be in compliance with
15	such requirements for so long as the law continues to meet
16	such requirements.
17	"(d) No Preclusion of Broader Laws.—Nothing
18	in this section shall be construed as prohibiting a State that
19	has in effect a law that establishes liability to the State
20	for false or fraudulent claims described in section 3729 of
21	title 31, United States Code, with respect to programs in
22	addition to the State program under this title, or with re-
23	spect to expenditures in addition to expenditures described
24	$\frac{1}{2}$

24 in section 1903(a), from being considered to be in compli-

ance with the requirements of subsection (a) so long as the
 law meets such requirements.".

3 (b) EFFECTIVE DATE.—Except as provided in section
4 6035(e), the amendments made by this section take effect
5 on January 1, 2007.

6 SEC. 6032. EMPLOYEE EDUCATION ABOUT FALSE CLAIMS
7 RECOVERY.

8 (a) IN GENERAL.—Section 1902(a) of the Social Secu9 rity Act (42 U.S.C. 1396a(a)) is amended—

10 (1) in paragraph (66), by striking "and" at the
11 end;

(2) in paragraph (67) by striking the period at
the end and inserting "; and"; and

14 (3) by inserting after paragraph (67) the fol-15 lowing:

"(68) provide that any entity that receives or
makes annual payments under the State plan of at
least \$5,000,000, as a condition of receiving such payments, shall—

20 "(A) establish written policies for all em21 ployees of the entity (including management),
22 and of any contractor or agent of the entity, that
23 provide detailed information about the False
24 Claims Act established under sections 3729
25 through 3733 of title 31, United States Code, ad-

1	ministrative remedies for false claims and state-
2	ments established under chapter 38 of title 31,
3	United States Code, any State laws pertaining
4	to civil or criminal penalties for false claims and
5	statements, and whistleblower protections under
6	such laws, with respect to the role of such laws
7	in preventing and detecting fraud, waste, and
8	abuse in Federal health care programs (as de-
9	fined in section 1128B(f));
10	"(B) include as part of such written poli-
11	cies, detailed provisions regarding the entity's
12	policies and procedures for detecting and pre-
13	venting fraud, waste, and abuse; and
14	"(C) include in any employee handbook for
15	the entity, a specific discussion of the laws de-
16	scribed in subparagraph (A), the rights of em-
17	ployees to be protected as whistleblowers, and the
18	entity's policies and procedures for detecting and
19	preventing fraud, waste, and abuse.".
20	(b) EFFECTIVE DATE.—Except as provided in section
21	6035(e), the amendments made by subsection (a) take effect
22	on January 1, 2007.

1	SEC. 6033. PROHIBITION ON RESTOCKING AND DOUBLE
2	BILLING OF PRESCRIPTION DRUGS.
3	(a) IN GENERAL.—Section 1903(i)(10) of the Social
4	Security Act (42 U.S.C. 1396b(i)), as amended by section
5	6002(b), is amended—
6	(1) in subparagraph (B), by striking "and" at
7	the end;
8	(2) in subparagraph (C), by striking "; or" at
9	the end and inserting ", and"; and
10	(3) by adding at the end the following:
11	``(D) with respect to any amount expended for
12	reimbursement to a pharmacy under this title for the
13	ingredient cost of a covered outpatient drug for which
14	the pharmacy has already received payment under
15	this title (other than with respect to a reasonable re-
16	stocking fee for such drug); or".
17	(b) EFFECTIVE DATE.—The amendments made by sub-
18	section (a) take effect on the first day of the first fiscal year
19	quarter that begins after the date of enactment of this Act.
20	SEC. 6034. MEDICAID INTEGRITY PROGRAM.
21	(a) Establishment of Medicaid Integrity Pro-
22	GRAM.—Title XIX of the Social Security Act (42 U.S.C.
23	1396 et seq.) is amended—
24	(1) by redesignating section 1936 as section
25	1937; and
26	(2) by inserting after section 1935 the following:
	† S 1932 EAS

"MEDICAID INTEGRITY PROGRAM

"SEC. 1936. (a) IN GENERAL.—There is hereby established the Medicaid Integrity Program (in this section referred to as the 'Program') under which the Secretary shall
promote the integrity of the program under this title by
entering into contracts in accordance with this section with
eligible entities to carry out the activities described in subsection (b).

9 "(b) ACTIVITIES DESCRIBED—Activities described in
10 this subsection are as follows:

11 "(1) Review of the actions of individuals or enti-12 ties furnishing items or services (whether on a fee-for-13 service, risk, or other basis) for which payment may 14 be made under a State plan approved under this title 15 (or under any waiver of such plan approved under section 1115) to determine whether fraud, waste, or 16 17 abuse has occurred, is likely to occur, or whether such 18 actions have any potential for resulting in an expend-19 iture of funds under this title in a manner which is 20 not intended under the provisions of this title.

21 "(2) Audit of claims for payment for items or
22 services furnished, or administrative services ren23 dered, under a State plan under this title,
24 including—

25 "(A) cost reports;

100
(B) consulting contracts; and
"(C) risk contracts under section $1903(m)$.
"(3) Identification of overpayments to individ-
uals or entities receiving Federal funds under this
title.
"(4) Education of providers of services, managed
care entities, beneficiaries, and other individuals with
respect to payment integrity and quality of care.
"(c) Eligible Entity and Contracting Require-
MENTS.—
"(1) IN GENERAL.—An entity is eligible to enter
into a contract under the Program to carry out any
of the activities described in subsection (b) if the enti-
ty satisfies the requirements of paragraphs (2) and
(3).
"(2) Eligibility requirements.—The require-
ments of this paragraph are the following:
"(A) The entity has demonstrated capa-
bility to carry out the activities described in sub-
section (b).

21 "(B) In carrying out such activities, the en22 tity agrees to cooperate with the Inspector Gen23 eral of the Department of Health and Human
24 Services, the Attorney General, and other law en25 forcement agencies, as appropriate, in the inves-

1	tigation and deterrence of fraud and abuse in re-
2	lation to this title and in other cases arising out
3	of such activities.
4	``(C) The entity complies with such conflict
5	of interest standards as are generally applicable
6	to Federal acquisition and procurement.
7	"(D) The entity meets such other require-
8	ments as the Secretary may impose.
9	"(3) Contracting requirements.—The entity
10	has contracted with the Secretary in accordance with
11	such procedures as the Secretary shall by regulation
12	establish, except that such procedures shall include the
13	following:
14	"(A) Procedures for identifying, evaluating,
15	and resolving organizational conflicts of interest
16	that are generally applicable to Federal acquisi-
17	tion and procurement.
18	"(B) Competitive procedures to be used—
19	"(i) when entering into new contracts
20	under this section;
21	"(ii) when entering into contracts that
22	may result in the elimination of respon-
23	sibilities under section 202(b) of the Health
24	Insurance Portability and Accountability
25	Act of 1996; and

1	"(iii) at any other time considered ap-
2	propriate by the Secretary.
3	(C) Procedures under which a contract
4	under this section may be renewed without re-
5	gard to any provision of law requiring competi-
6	tion if the contractor has met or exceeded the
7	performance requirements established in the cur-
8	rent contract.
9	The Secretary may enter into such contracts without
10	regard to final rules having been promulgated.
11	"(4) Limitation on contractor liability.—
12	The Secretary shall by regulation provide for the lim-
13	itation of a contractor's liability for actions taken to
14	carry out a contract under the Program, and such
15	regulation shall, to the extent the Secretary finds ap-
16	propriate, employ the same or comparable standards
17	and other substantive and procedural provisions as
18	are contained in section 1157.
19	"(d) Comprehensive Plan for Program Integ-
20	RITY.—
21	"(1) 5-year plan.—With respect to the 5-fiscal
22	year period beginning with fiscal year 2006, and each
23	such 5-fiscal year period that begins thereafter, the
24	Secretary shall establish a comprehensive plan for en-

1	suring the integrity of the program established under
2	this title by combatting fraud, waste, and abuse.
3	"(2) CONSULTATION.—Each 5-fiscal year plan
4	established under paragraph (1) shall be developed by
5	the Secretary in consultation with the Attorney Gen-
6	eral, the Director of the Federal Bureau of Investiga-
7	tion, the Comptroller General of the United States,
8	the Inspector General of the Department of Health
9	and Human Services, and State officials with respon-
10	sibility for controlling provider fraud and abuse
11	under State plans under this title.
12	"(e) Appropriation.—
13	"(1) IN GENERAL.—Out of any money in the
14	Treasury of the United States not otherwise appro-
15	priated, there are appropriated to carry out the Med-
16	icaid Integrity Program under this section, without
17	further appropriation—
18	"(A) for fiscal year 2006, \$5,000,000;
19	"(B) for each of fiscal years 2007 and 2008,
20	\$50,000,000; and
21	"(C) for each fiscal year thereafter,
22	\$75,000,000.
23	"(2) AVAILABILITY.—Amounts appropriated
24	pursuant to paragraph (1) shall remain available
25	until expended.

 2 PROTECTING MEDICAID PROGRAM INTEGRITY.—From 3 the amounts appropriated under paragraph (1), the 4 Secretary shall increase by 100 the number of full- 5 time equivalent employees whose duties consist solely 6 of protecting the integrity of the Medicaid program 7 established under this section by providing effective 8 support and assistance to States to combat provider 9 fraud and abuse. 10 "(4) ANNUAL REPORT.—Not later than 180 days 11 after the end of each fiscal year (beginning with fiscal 12 year 2006), the Secretary shall submit a report to
 4 Secretary shall increase by 100 the number of full- 5 time equivalent employees whose duties consist solely 6 of protecting the integrity of the Medicaid program 7 established under this section by providing effective 8 support and assistance to States to combat provider 9 fraud and abuse. 10 "(4) ANNUAL REPORT.—Not later than 180 days 11 after the end of each fiscal year (beginning with fiscal
 time equivalent employees whose duties consist solely of protecting the integrity of the Medicaid program established under this section by providing effective support and assistance to States to combat provider fraud and abuse. "(4) ANNUAL REPORT.—Not later than 180 days after the end of each fiscal year (beginning with fiscal
 6 of protecting the integrity of the Medicaid program 7 established under this section by providing effective 8 support and assistance to States to combat provider 9 fraud and abuse. 10 "(4) ANNUAL REPORT.—Not later than 180 days 11 after the end of each fiscal year (beginning with fiscal
 7 established under this section by providing effective 8 support and assistance to States to combat provider 9 fraud and abuse. 10 "(4) ANNUAL REPORT.—Not later than 180 days 11 after the end of each fiscal year (beginning with fiscal)
 8 support and assistance to States to combat providen 9 fraud and abuse. 10 "(4) ANNUAL REPORT.—Not later than 180 days 11 after the end of each fiscal year (beginning with fiscal)
 9 fraud and abuse. 10 "(4) ANNUAL REPORT.—Not later than 180 days 11 after the end of each fiscal year (beginning with fiscal)
 10 "(4) ANNUAL REPORT.—Not later than 180 days 11 after the end of each fiscal year (beginning with fiscal)
11 after the end of each fiscal year (beginning with fiscal
12 year 2006), the Secretary shall submit a report to
13 Congress which identifies—
14 "(A) the use of funds appropriated pursu-
15 <i>ant to paragraph (1); and</i>
16 (B) the effectiveness of the use of such
17 <i>funds.</i> ".
18 (b) State Requirement To Cooperate With In-
19 TEGRITY PROGRAM EFFORTS.—Section 1902(a) of such Act
20 (42 U.S.C. 1396a(a)), as amended by section 6033(a), is
21 amended—
22 (1) in paragraph (67), by striking "and" at the
23 <i>end;</i>
24 (2) in paragraph (68), by striking the period at
25 the end and inserting "; and"; and

2 lowing:

1

3 "(69) provide that the State must comply with
4 any requirements determined by the Secretary to be
5 necessary for carrying out the Medicaid Integrity
6 Program established under section 1936.".

7 (c) INCREASED FUNDING FOR MEDICAID FRAUD AND
8 ABUSE CONTROL ACTIVITIES.—

9 (1) IN GENERAL.—Out of any money in the 10 Treasury of the United States not otherwise appro-11 priated, there are appropriated to the Office of the In-12 spector General of the Department of Health and 13 Human Services, without further appropriation, 14 \$25,000,000 for each of fiscal years 2006 through 15 2010, for activities of such Office with respect to the 16 Medicaid program under title XIX of the Social Secu-17 rity Act (42 U.S.C. 1396 et seq.).

18 (2) AVAILABILITY; AMOUNTS IN ADDITION TO
19 OTHER AMOUNTS APPROPRIATED FOR SUCH ACTIVI20 TIES.—Amounts appropriated pursuant to paragraph
21 (1) shall—

(A) remain available until expended; and
(B) be in addition to any other amounts
appropriated or made available to the Office of
the Inspector General of the Department of

1	Health and Human Services for activities of
2	such Office with respect to the Medicaid pro-
3	gram.
4	(3) ANNUAL REPORT.—Not later than 180 days
5	after the end of each fiscal year (beginning with fiscal
6	year 2006), the Inspector General of the Department
7	of Health and Human Services shall submit a report
8	to Congress which identifies—
9	(A) the use of funds appropriated pursuant
10	to paragraph (1); and
11	(B) the effectiveness of the use of such funds.
12	(d) NATIONAL EXPANSION OF THE MEDICARE-MED-
13	icaid (Medi-Medi) Data Match Pilot Program.—
14	(1) Requirement of the medicare integrity
15	PROGRAM.—Section 1893 of the Social Security Act
16	(42 U.S.C. 1395ddd) is amended—
17	(A) in subsection (b), by adding at the end
18	the following:
19	"(6) The Medicare-Medicaid Data Match Pro-
20	gram in accordance with subsection (g)."; and
21	(B) by adding at the end the following:
22	"(g) Medicare-Medicaid Data Match Program.—
23	"(1) EXPANSION OF PROGRAM.—
24	"(A) IN GENERAL.—The Secretary shall
25	enter into contracts with eligible entities for the

1	purpose of ensuring that, beginning with 2006,
2	the Medicare-Medicaid Data Match Program
3	(commonly referred to as the 'Medi-Medi Pro-
4	gram') is conducted with respect to the program
5	established under this title and State Medicaid
6	programs under title XIX for the purpose of—
7	"(i) identifying program
8	vulnerabilities in the program established
9	under this title and the Medicaid program
10	established under title XIX through the use
11	of computer algorithms to look for payment
12	anomalies (including billing or billing pat-
13	terns identified with respect to service, time,
14	or patient that appear to be suspect or oth-
15	erwise implausible);
16	"(ii) working with States, the Attorney
17	General, and the Inspector General of the
18	Department of Health and Human Services
19	to coordinate appropriate actions to protect
20	the Federal and State share of expenditures
21	under the Medicaid program under title
22	XIX, as well as the program established
23	under this title; and
24	"(iii) increasing the effectiveness and
25	efficiency of both such programs through

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cost avoidance, savings, and recoupments of

fraudulent, wasteful, or abusive expendi-

3	tures.
4	"(B) REPORTING REQUIREMENTS.—The
5	Secretary shall make available in a timely man-
6	ner any data and statistical information col-
7	lected by the Medi-Medi Program to the Attorney
8	General, the Director of the Federal Bureau of
9	Investigation, the Inspector General of the De-
10	partment of Health and Human Services, and
11	the States (including a Medicaid fraud and
12	abuse control unit described in section $1903(q)$).
13	Such information shall be disseminated no less
14	frequently than quarterly.
15	"(2) Limited waiver authority.—The Sec-
16	retary shall waive only such requirements of this sec-
17	tion and of titles XI and XIX as are necessary to
18	carry out paragraph (1).".
19	(2) Funding.—Section $1817(k)(4)$ of such Act
20	(42 U.S.C. $1395i(k)(4)$), as amended by section 5204
21	of this Act, is amended—
22	(A) in subparagraph (A), by striking "sub-
23	paragraph (B)" and inserting "subparagraphs

24 (B), (C), and (D)"; and

25 (B) by adding at the end the following:

1	"(D) EXPANSION OF THE MEDICARE-MED-
2	ICAID DATA MATCH PROGRAM.—The amount ap-
3	propriated under subparagraph (A) for a fiscal
4	year is further increased as follows for purposes
5	of carrying out section 1893(b)(6) for the respec-
6	tive fiscal year:
7	"(i) \$12,000,000 for fiscal year 2006.
8	"(ii) \$24,000,000 for fiscal year 2007.
9	"(iii) \$36,000,000 for fiscal year 2008.
10	"(iv) \$48,000,000 for fiscal year 2009.
11	"(v) \$60,000,000 for fiscal year 2010
12	and each fiscal year thereafter.".
13	(e) Delayed Effective Date for Chapter.—Ex-
14	cept as otherwise provided in this chapter, in the case of
15	a State plan under title XIX of the Social Security Act
16	which the Secretary determines requires State legislation in
17	order for the plan to meet the additional requirements im-
18	posed by the amendments made by a provision of this chap-
19	ter, the State plan shall not be regarded as failing to comply
20	with the requirements of such Act solely on the basis of its
21	failure to meet these additional requirements before the first
22	day of the first calendar quarter beginning after the close
23	of the first regular session of the State legislature that be-
24	gins after the date of enactment of this Act. For purposes
25	of the previous sentence, in the case of a State that has a

1	2-year legislative session, each year of the session shall be
2	considered to be a separate regular session of the State legis-
3	lature.
4	SEC. 6035. ENHANCING THIRD PARTY IDENTIFICATION AND
5	PAYMENT.
6	(a) Clarification of Third Parties Legally Re-
7	SPONSIBLE FOR PAYMENT OF A CLAIM FOR A HEALTH
8	CARE ITEM OR SERVICE.—Section 1902(a)(25) of the So-
9	cial Security Act (42 U.S.C. 1396a(a)(25)) is amended—
10	(1) in subparagraph (A), in the matter preceding
11	clause (i)—
12	(A) by inserting ", self-insured plans" after
13	"health insurers"; and
14	(B) by striking "and health maintenance
15	organizations" and inserting "managed care or-
16	ganizations, pharmacy benefit managers, or
17	other parties that are, by statute, contract, or
18	agreement, legally responsible for payment of a
19	claim for a health care item or service"; and
20	(2) in subparagraph (G)—
21	(A) by inserting "a self-insured plan," after
22	"1974,"; and
23	(B) by striking "and a health maintenance
24	organization" and inserting "a managed care
25	organization, a pharmacy benefit manager, or

1	other party that is, by statute, contract, or agree-
2	ment, legally responsible for payment of a claim
3	for a health care item or service".
4	(b) Requirement for Third Parties To Provide
5	THE STATE WITH COVERAGE ELIGIBILITY AND CLAIMS
6	DATA.—Section 1902(a)(25) of such Act (42 U.S.C.
7	1396a(a)(25)) is amended—
8	(1) in subparagraph (G), by striking "and" at
9	the end;
10	(2) in subparagraph (H), by adding "and" after
11	the semicolon at the end; and
12	(3) by inserting after subparagraph (H), the fol-
13	lowing:
14	((I) that the State shall provide assurances
15	satisfactory to the Secretary that the State has
16	in effect laws requiring health insurers, includ-
17	ing self-insured plans, group health plans (as de-
18	fined in section 607(1) of the Employee Retire-
19	ment Income Security Act of 1974), service ben-
20	efit plans, managed care organizations, phar-
21	macy benefit managers, or other parties that are,
22	by statute, contract, or agreement, legally respon-
23	sible for payment of a claim for a health care
24	item or service, as a condition of doing business
24	tiem of service, as a condition of doing business

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"(i) provide, with respect to individ-
uals who are eligible for, or are provided,
medical assistance under the State plan,
upon the request of the State, information
to determine during what period the indi-
vidual or their spouses or their dependents
may be (or may have been) covered by a
health insurer and the nature of the cov-
erage that is or was provided by the health
insurer (including the name, address, and
identifying number of the plan) in a man-
ner prescribed by the Secretary;
"(ii) accept the State's right of recov-
ery and the assignment to the State of any
right of an individual or other entity to
payment from the party for an item or
service for which payment has been made
under the State plan;
"(iii) respond to any inquiry by the
State regarding a claim for payment for
any health care item or service that is sub-
mitted not later than 3 years after the date
of the provision of such health care item or
service; and

1	"(iv) agree not to deny a claim sub-
2	mitted by the State solely on the basis of the
3	date of submission of the claim, the type or
4	format of the claim form, or a failure to
5	present proper documentation at the point-
6	of-sale that is the basis of the claim, if—
7	((I) the claim is submitted by the
8	State within the 3-year period begin-
9	ning on the date on which the item or
10	service was furnished; and
11	"(II) any action by the State to
12	enforce its rights with respect to such
13	claim is commenced within 6 years of
14	the State's submission of such claim;".
15	(c) Effective Date.—Except as provided in section
16	6035(e), the amendments made by this section take effect
17	on January 1, 2006.
18	SEC. 6036. IMPROVED ENFORCEMENT OF DOCUMENTATION
19	REQUIREMENTS.
20	(a) IN GENERAL.—Section 1903 of the Social Security
21	Act (42 U.S.C. 1396b) is amended—
22	(1) in subsection (i), as amended by section 104
23	of Public Law 109–91—
24	(A) by striking "or" at the end of para-
25	graph (20);

1	(B) by striking the period at the end of
2	paragraph (21) and inserting "; or"; and
3	(C) by inserting after paragraph (21) the
4	following new paragraph:
5	"(22) with respect to amounts expended for med-
6	ical assistance for an individual who declares under
7	section $1137(d)(1)(A)$ to be a citizen or national of
8	the United States for purposes of establishing eligi-
9	bility for benefits under this title, unless the require-
10	ment of subsection (x) is met."; and
11	(2) by adding at the end the following new sub-
12	section:
13	"(x)(1) For purposes of subsection (i)(23), the require-
14	ment of this subsection is, with respect to an individual
15	declaring to be a citizen or national of the United States,
16	that, subject to paragraph (2), there is presented satisfac-
17	tory documentary evidence of citizenship or nationality (as
18	defined in paragraph (3)) of the individual.
19	"(2) The requirement of paragraph (1) shall not apply
20	to an alien who is eligible for medical assistance under this
21	title—
22	"(A) and is entitled to or enrolled for benefits
23	under any part of title XVIII;
24	``(B) on the basis of receiving supplemental secu-
25	rity income benefits under title XVI; or

1	"(C) on such other basis as the Secretary may
2	specify under which satisfactory documentary evi-
3	dence of citizenship or nationality had been pre-
4	viously presented.
5	((3)(A) For purposes of this subsection, the term 'satis-
6	factory documentary evidence of citizenship or nationality'
7	means—
8	((i) any document described in subparagraph
9	(B); or
10	"(ii) a document described in subparagraph (C)
11	and a document described in subparagraph (D).
12	(B) The following are documents described in this
13	subparagraph:
14	"(i) A United States passport.
15	"(ii) Form N-550 or N-570 (Certificate of Natu-
16	ralization).
17	"(iii) Form N–560 or N–561 (Certificate of
18	United States Citizenship).
19	"(iv) A valid State-issued driver's license or
20	other identity document described in section
21	274A(b)(1)(D) of the Immigration and Nationality
22	Act, but only if the State issuing the license or such
23	document requires proof of United States citizenship
24	before issuance of such license or document or obtains
25	a social security number from the applicant and

1	verifies before certification that such number is valid
2	and assigned to the applicant who is a citizen.
3	"(v) Such other document as the Secretary may
4	specify, by regulation, that provides proof of United
5	States citizenship or nationality and that provides a
6	reliable means of documentation of personal identity.
7	(C) The following are documents described in this
8	subparagraph:
9	"(i) A certificate of birth in the United States.
10	"(ii) Form FS–545 or Form DS–1350 (Certifi-
11	cation of Birth Abroad).
12	"(iii) Form I–97 (United States Citizen Identi-
13	fication Card).
14	"(iv) Form FS-240 (Report of Birth Abroad of
15	a Citizen of the United States).
16	"(v) Such other document (not described in sub-
17	paragraph $(B)(iv)$) as the Secretary may specify that
18	provides proof of United States citizenship or nation-
19	ality.
20	"(D) The following are documents described in this
21	subparagraph:
22	"(i) Any identity document described in section
23	274A(b)(1)(D) of the Immigration and Nationality
24	Act.

"(ii) Any other documentation of personal iden tity of such other type as the Secretary finds, by regu lation, provides a reliable means of identification.

4 "(E) A reference in this paragraph to a form includes
5 a reference to any successor form.".

6 (b) EFFECTIVE DATE.—The amendments made by sub-7 section (a) shall apply to determinations of initial eligi-8 bility for medical assistance made on or after July 1, 2006, 9 and to redeterminations of eligibility made on or after such 10 date in the case of individuals for whom the requirement 11 of section 1903(z) of the Social Security Act, as added by 12 such amendments, was not previously met.

13 (c) IMPLEMENTATION REQUIREMENT.—As soon as 14 practicable after the date of enactment of this Act, the Sec-15 retary of Health and Human Services shall establish an outreach program that is designed to educate individuals 16 17 who are likely to be affected by the requirements of subsections (i)(23) and (x) of section 1903 of the Social Secu-18 19 rity Act (as added by subsection (a)) about such requirements and how they may be satisfied. 20

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1	CHAPTER 4—FLEXIBILITY IN COST
2	SHARING AND BENEFITS
3	SEC. 6041. STATE OPTION FOR ALTERNATIVE MEDICAID
4	PREMIUMS AND COST SHARING.
5	(a) IN GENERAL.—Title XIX of the Social Security
6	Act is amended by inserting after section 1916 the following
7	new section:
8	"STATE OPTION FOR ALTERNATIVE PREMIUMS AND COST
9	SHARING
10	"Sec. 1916A. (a) State Flexibility.—
11	"(1) IN GENERAL.—Notwithstanding sections
12	1916 and $1902(a)(10)(B)$, a State, at its option and
13	through a State plan amendment, may impose pre-
14	miums and cost sharing for any group of individuals
15	(as specified by the State) and for any type of services
16	(other than drugs for which cost sharing may be im-
17	posed under subsection (c)), and may vary such pre-
18	miums and cost sharing among such groups or types,
19	consistent with the limitations established under this
20	section. Nothing in this section shall be construed as
21	superseding (or preventing the application of) section
22	1916(g).
23	"(2) DEFINITIONS.—In this section:
24	"(A) PREMIUM.—The term 'premium' in-
25	cludes any enrollment fee or similar charge.

1	"(B) COST SHARING.—The term 'cost shar-
2	
	ing' includes any deduction, copayment, or simi-
3	lar charge.
4	"(b) Limitations on Exercise of Authority.—
5	"(1) INDIVIDUALS WITH FAMILY INCOME BE-
6	TWEEN 100 AND 150 PERCENT OF THE POVERTY
7	LINE.—In the case of an individual whose family in-
8	come exceeds 100 percent, but does not exceed 150 per-
9	cent, of the poverty line applicable to a family of the
10	size involved, subject to subsections (c)(2) and
11	(e)(2)(A)—
12	"(A) no premium may be imposed under
13	the plan; and
14	"(B) with respect to cost sharing—
15	"(i) the cost sharing imposed under
16	subsection (a) with respect to any item or
17	service may not exceed 10 percent of the cost
18	of such item or service; and
19	"(ii) the total aggregate amount of cost
20	sharing imposed under this section (includ-
21	ing any cost sharing imposed under sub-
22	section (c) or (e)) for all individuals in the
23	family may not exceed 5 percent of the fam-
24	ily income of the family involved, as ap-

plied on a quarterly or monthly basis (as 1 2 specified by the State). 3 "(2) INDIVIDUALS WITH FAMILY INCOME ABOVE 4 150 PERCENT OF THE POVERTY LINE.—In the case of 5 an individual whose family income exceeds 150 per-6 cent of the poverty line applicable to a family of the 7 size involved, subject to subsections (c)(2) and 8 (e)(2)(A)— 9 "(A) the total aggregate amount of pre-10 miums and cost sharing imposed under this sec-11 tion (including any cost sharing imposed under subsection (c) or (e)) for all individuals in the 12 13 family may not exceed 5 percent of the family 14 income of the family involved, as applied on a 15 quarterly or monthly basis (as specified by the State); and 16 17 "(B) with respect to cost sharing, the cost 18 sharing imposed with respect to any item or 19 service under subsection (a) may not exceed 20

21 *"(3) Additional limitations.*—

22 "(A) PREMIUMS.—No premiums shall be

imposed under this section with respect to the
following:

percent of the cost of such item or service.

1	"(i) Individuals under 18 years of age
2	that are required to be provided medical as-
3	sistance under section $1902(a)(10)(A)(i)$,
4	and including individuals with respect to
5	whom aid or assistance is made available
6	under part B of title IV to children in foster
7	care and individuals with respect to whom
8	adoption or foster care assistance is made
9	$available \ under \ part \ E \ of \ such \ title, \ without$
10	regard to age.
11	"(ii) Pregnant women.
12	"(iii) Any terminally ill individual
13	who is receiving hospice care (as defined in
14	section 1905(0)).
15	"(iv) Any individual who is an inpa-
16	tient in a hospital, nursing facility, inter-
17	mediate care facility for the mentally re-
18	tarded, or other medical institution, if such
19	individual is required, as a condition of re-
20	ceiving services in such institution under
21	the State plan, to spend for costs of medical
22	care all but a minimal amount of the indi-
23	vidual's income required for personal needs.
24	"(v) Women who are receiving medical
25	assistance by virtue of the application of

1	sections 1902(a)(10)(A)(ii)(XVIII) and
2	1902(aa).
3	"(B) Cost sharing.—Subject to the suc-
4	ceeding provisions of this section, no cost sharing
5	shall be imposed under subsection (a) with re-
6	spect to the following:
7	"(i) Services furnished to individuals
8	under 18 years of age that are required to
9	be provided medical assistance under sec-
10	tion $1902(a)(10)(A)(i)$, and including serv-
11	ices furnished to individuals with respect to
12	whom aid or assistance is made available
13	under part B of title IV to children in foster
14	care and individuals with respect to whom
15	adoption or foster care assistance is made
16	$available \ under \ part \ E \ of \ such \ title, \ without$
17	regard to age.
18	"(ii) Preventive services (such as well
19	baby and well child care and immuniza-
20	tions) provided to children under 18 years
21	of age regardless of family income.
22	"(iii) Services furnished to pregnant
23	women, if such services relate to the preg-
24	nancy or to any other medical condition
25	which may complicate the pregnancy.

- "(iv) Services furnished to a terminally ill individual who is receiving hospice care (as defined in section 1905(0)). "(v) Services furnished to any indi-
- 4 5 vidual who is an inpatient in a hospital. 6 nursing facility, intermediate care facility 7 for the mentally retarded, or other medical 8 institution, if such individual is required, 9 as a condition of receiving services in such 10 institution under the State plan, to spend 11 for costs of medical care all but a minimal 12 amount of the individual's income required 13 for personal needs.

14 "(vi) Emergency services (as defined
15 by the Secretary for purposes of section
16 1916(a)(2)(D)).

17 "(vii) Family planning services and
18 supplies described in section 1905(a)(4)(C).
19 "(viii) Services furnished to women

who are receiving medical assistance by virtue of the application of sections
1902(a)(10)(A)(ii)(XVIII) and 1902(aa).

23 "(C) CONSTRUCTION.—Nothing in this
24 paragraph shall be construed as preventing a
25 State from exempting additional classes of indi-

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1 viduals from premiums under this section or 2 from exempting additional individuals or serv-3 ices from cost sharing under subsection (a). "(4) Determinations of family income.—In 4 5 applying this subsection, family income shall be de-6 termined in a manner specified by the State for purposes of this subsection, including the use of such dis-7 8 regards as the State may provide. Family income 9 shall be determined for such period and at such perio-10 dicity as the State may provide under this title. 11 "(5) POVERTY LINE DEFINED.—For purposes of 12 this section, the term 'poverty line' has the meaning 13 given such term in section 673(2) of the Community 14 Services Block Grant Act (42 U.S.C. 9902(2)), includ-15 ing any revision required by such section. "(6) CONSTRUCTION.—Nothing in this section 16 17 shall be construed— 18 "(A) as preventing a State from further 19 limiting the premiums and cost sharing imposed 20 under this section beyond the limitations pro-21 vided under this section:

22 "(B) as affecting the authority of the Sec23 retary through waiver to modify limitations on
24 premiums and cost sharing under this section; or

1	"(C) as affecting any such waiver of re-
2	quirements in effect under this title before the
3	date of the enactment of this section with regard
4	to the imposition of premiums and cost sharing.
5	"(d) Enforceability of Premiums and Other
6	Cost Sharing.—

"(1) 7 PREMIUMS.—Notwithstanding section 8 1916(c)(3) and section 1902(a)(10)(B), a State may, 9 at its option, condition the provision of medical as-10 sistance for an individual upon prepayment of a pre-11 mium authorized to be imposed under this section, or 12 may terminate eligibility for such medical assistance 13 on the basis of failure to pay such a premium but 14 shall not terminate eligibility of an individual for 15 medical assistance under this title on the basis of fail-16 ure to pay any such premium until such failure con-17 tinues for a period of not less than 60 days. A State 18 may apply the previous sentence for some or all 19 groups of beneficiaries as specified by the State and 20 may waive payment of any such premium in any 21 case where the State determines that requiring such 22 payment would create an undue hardship.

23 "(2) COST SHARING.—Notwithstanding section
24 1916(e) or any other provision of law, a State may
25 permit a provider participating under the State plan

1 to require, as a condition for the provision of care, 2 items, or services to an individual entitled to medical assistance under this title for such care, items, or 3 4 services, the payment of any cost sharing authorized 5 to be imposed under this section with respect to such 6 care, items, or services. Nothing in this paragraph 7 shall be construed as preventing a provider from re-8 ducing or waiving the application of such cost shar-9 ing on a case-by-case basis.".

(b) INDEXING NOMINAL COST SHARING AND CON11 FORMING AMENDMENT.—Section 1916 of such Act (42
12 U.S.C. 1396o) is amended—

(1) in subsection (f), by inserting "and section
14 1916A" after "(b)(3)"; and

15 (2) by adding at the end the following new sub-16 section:

17 "(h) In applying this section and subsections (c) and 18 (e) of section 1916A, with respect to cost sharing that is 19 'nominal' in amount, the Secretary shall increase such 20 'nominal' amounts for each year (beginning with 2006) by 21 the annual percentage increase in the medical care compo-22 nent of the consumer price index for all urban consumers 23 (U.S. city average) as rounded up in an appropriate man-24 ner.".
(c) EFFECTIVE DATE.—The amendments made by this
 section shall apply to cost sharing imposed for items and
 services furnished on or after March 31, 2006.

4 SEC. 6042. SPECIAL RULES FOR COST SHARING FOR PRE5 SCRIPTION DRUGS.

6 (a) IN GENERAL.—Section 1916A of the Social Secu7 rity Act, as inserted by section 6041(a), is amended by in8 serting after subsection (b) the following new subsection:

9 "(c) SPECIAL RULES FOR COST SHARING FOR PRE10 SCRIPTION DRUGS.—

11 "(1) IN GENERAL.—In order to encourage bene-12 ficiaries to use drugs (in this subsection referred to as 13 'preferred drugs') identified by the State as the least 14 (or less) costly effective prescription drugs within a 15 class of drugs (as defined by the State), with respect 16 to one or more groups of beneficiaries specified by the 17 State, subject to paragraph (2), the State may—

"(A) provide cost sharing (instead of the
level of cost sharing otherwise permitted under
section 1916, but subject to paragraphs (2) and
(3)) with respect to drugs that are not preferred
drugs within a class; and

23 "(B) waive or reduce the cost sharing other24 wise applicable for preferred drugs within such
25 class and shall not apply any such cost sharing

1	for such preferred drugs for individuals for
2	whom cost sharing may not otherwise be imposed
3	under subsection $(b)(3)(B)$.
4	"(2) Limitations.—
5	"(A) By income group.—In no case may
6	the cost sharing under paragraph $(1)(A)$ with re-
7	spect to a non-preferred drug exceed—
8	"(i) in the case of an individual whose
9	family income does not exceed 150 percent
10	of the poverty line applicable to a family of
11	the size involved, the amount of nominal
12	cost sharing (as otherwise determined under
13	section 1916); or
14	"(ii) in the case of an individual
15	whose family income exceeds 150 percent of
16	the poverty line applicable to a family of
17	the size involved, 20 percent of the cost of
18	the drug.
19	"(B) Limitation to nominal for exempt
20	POPULATIONS.—In the case of an individual who
21	is otherwise not subject to cost sharing due to the
22	application of subsection $(b)(3)(B)$, any cost
23	sharing under paragraph $(1)(A)$ with respect to
24	a non-preferred drug may not exceed a nominal

amount (as otherwise determined under section 1916).

3 "(C) CONTINUED APPLICATION OF AGGRE4 GATE CAP.—In addition to the limitations im5 posed under subparagraphs (A) and (B), any
6 cost sharing under paragraph (1)(A) continues
7 to be subject to the aggregate cap on cost sharing
8 applied under paragraph (1) or (2) of subsection
9 (b), as the case may be.

10 "(3) WAIVER.—In carrying out paragraph (1), a 11 State shall provide for the application of cost sharing 12 levels applicable to a preferred drug in the case of a 13 drug that is not a preferred drug if the prescribing 14 physician determines that the preferred drug for 15 treatment of the same condition either would not be as effective for the individual or would have adverse 16 17 effects for the individual or both.

18 "(4) EXCLUSION AUTHORITY.—Nothing in this
19 subsection shall be construed as preventing a State
20 from excluding specified drugs or classes of drugs
21 from the application of paragraph (1).".

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall apply to cost sharing imposed for items
and services furnished on or after March 31, 2006.

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1SEC. 6043. EMERGENCY ROOM COPAYMENTS FOR NON-2EMERGENCY CARE.

3 (a) IN GENERAL.—Section 1916A of the Social Secu4 rity Act, as inserted by section 6041 and as amended by
5 section 6042, is further amended by adding at the end the
6 following new subsection:

7 "(e) STATE OPTION FOR PERMITTING HOSPITALS TO
8 IMPOSE COST SHARING FOR NON-EMERGENCY CARE FUR9 NISHED IN AN EMERGENCY DEPARTMENT.—

10 "(1) IN GENERAL.—Notwithstanding section 11 1916 and section 1902(a)(1) or the previous provi-12 sions of this section, but subject to the limitations of 13 paragraph (2), a State may, by amendment to its 14 State plan under this title, permit a hospital to im-15 pose cost sharing for non-emergency services furnished 16 to an individual (within one or more groups of indi-17 viduals specified by the State) in the hospital emer-18 gency department under this subsection if the fol-19 lowing conditions are met:

20 "(A) ACCESS TO NON-EMERGENCY ROOM
21 PROVIDER.—The individual has actually avail22 able and accessible (as such terms are applied by
23 the Secretary under section 1916(b)(3)) an alter24 nate non-emergency services provider with re25 spect to such services.

1	"(B) NOTICE.—The hospital must inform
2	the beneficiary after receiving an appropriate
3	medical screening examination under section
4	1867 and after a determination has been made
5	that the individual does not have an emergency
6	medical condition, but before providing the non-
7	emergency services, of the following:
8	"(i) The hospital may require the pay-
9	ment of the State specified cost sharing be-
10	fore the service can be provided.
11	"(ii) The name and location of an al-
12	ternate non-emergency services provider (de-
13	scribed in subparagraph (A)) that is actu-
14	ally available and accessible (as described
15	in such subparagraph).
16	"(iii) The fact that such alternate pro-
17	vider can provide the services without the
18	imposition of cost sharing described in
19	clause (i).
20	"(iv) The hospital provides a referral
21	to coordinate scheduling of this treatment.
22	Nothing in this subsection shall be construed as
23	preventing a State from applying (or waiving)
24	cost sharing otherwise permissible under this sec-
25	tion to services described in clause (iii).

"(2) Limitations.—

1

2 "(A) FOR POOREST BENEFICIARIES.—In the
3 case of an individual described in subsection
4 (b)(1), the cost sharing imposed under this sub5 section may not exceed twice the amount deter6 mined to be nominal under section 1916, subject
7 to the percent of income limitation otherwise ap8 plicable under subsection (b)(1).

"(B) APPLICATION TO EXEMPT 9 POPU-10 LATIONS.—In the case of an individual who is 11 otherwise not subject to cost sharing under sub-12 section (b)(3), a State may impose cost sharing 13 under paragraph (1) for care in an amount that 14 does not exceed a nominal amount (as otherwise 15 determined under section 1916) so long as no 16 cost sharing is imposed to receive such care 17 through an outpatient department or other alter-18 native health care provider in the geographic 19 area of the hospital emergency department in-20 volved.

21 "(C) CONTINUED APPLICATION OF AGGRE22 GATE CAP; RELATION TO OTHER COST SHAR23 ING.—In addition to the limitations imposed
24 under subparagraphs (A) and (B), any cost
25 sharing under paragraph (1) is subject to the ag-

1	gregate cap on cost sharing applied under para-
2	graph (1) or (2) of subsection (b), as the case
3	may be. Cost sharing imposed for services under
4	this subsection shall be instead of any cost shar-
5	ing that may be imposed for such services under
6	subsection (a).
7	"(3) Construction.—Nothing in this section
8	shall be construed—
9	"(A) to limit a hospital's obligations with
10	respect to screening and stabilizing treatment of
11	an emergency medical condition under section
12	1867; or
13	``(B) to modify any obligations under either
14	State or Federal standards relating to the appli-
15	cation of a prudent-layperson standard with re-
16	spect to payment or coverage of emergency serv-
17	ices by any managed care organization.
18	"(4) DEFINITIONS.—For purposes of this sub-
19	section:
20	"(A) NON-EMERGENCY SERVICES.—The
21	term 'non-emergency services' means any care or
22	services furnished in an emergency department
23	of a hospital that the physician determines do
24	not constitute an appropriate medical screening
25	examination or stabilizing examination and

treatment required to be provided by the hospital under section 1867.

"(B) ALTERNATE NON-EMERGENCY SERV-3 4 ICES PROVIDER.—The term 'alternative nonemergency services provider' means, with respect 5 6 to non-emergency services for the diagnosis or 7 treatment of a condition, a health care provider, 8 such as a physician's office, health care clinic, 9 community health center, hospital outpatient de-10 partment, or similar health care provider, that 11 can provide clinically appropriate services for 12 the diagnosis or treatment of a condition contem-13 poraneously with the provision of the non-emer-14 gency services that would be provided in an 15 emergency department of a hospital for the diag-16 nosis or treatment of a condition, and that is 17 participating in the program under this title.". 18 (b) GRANT FUNDS FOR ESTABLISHMENT OF ALTER-19 NATE NON-EMERGENCY SERVICES PROVIDERS.—Section 1903 of the Social Security Act (42 U.S.C. 1396b), as 20 21 amended by section 6037(a)(2), is amended by adding at 22 the end the following new subsection:

23 "(y) PAYMENTS FOR ESTABLISHMENT OF ALTERNATE
24 NON-EMERGENCY SERVICES PROVIDERS.—

1

1	"(1) PAYMENTS.—In addition to the payments
2	otherwise provided under subsection (a), subject to
3	paragraph (2), the Secretary shall provide for pay-
4	ments to States under such subsection for the estab-
5	lishment of alternate non-emergency service providers
6	(as defined in section $1916A(e)(5)(B)$), or networks of
7	such providers.
8	"(2) LIMITATION.—The total amount of pay-
9	ments under this subsection shall not exceed
10	\$50,000,000 during the 4-year period beginning with
11	2006. This subsection constitutes budget authority in
12	advance of appropriations Acts and represents the ob-
13	ligation of the Secretary to provide for the payment
14	of amounts provided under this subsection.
15	"(3) Preference.—In providing for payments
16	to States under this subsection, the Secretary shall
17	provide preference to States that establish, or provide
18	for, alternate non-emergency services providers or net-
19	works of such providers that—
20	"(A) serve rural or underserved areas where
21	beneficiaries under this title may not have reg-
22	ular access to providers of primary care services;
23	or
24	"(B) are in partnership with local commu-
25	nity hospitals.

"(4) FORM AND MANNER OF PAYMENT.—Pay-

2	ment to a State under this subsection shall be made
3	only upon the filing of such application in such form
4	and in such manner as the Secretary shall specify.
5	Payment to a State under this subsection shall be
6	made in the same manner as other payments under
7	section 1903(a).".
8	(c) EFFECTIVE DATE.—The amendments made by this
9	section shall apply to non-emergency services furnished on
10	or after January 1, 2007.
11	SEC. 6044. USE OF BENCHMARK BENEFIT PACKAGES.
12	(a) IN GENERAL.—Title XIX of the Social Security
13	Act, as amended by section 6035, is amended by redesig-
14	nating section 1937 as section 1938 and by inserting after
15	section 1936 the following new section:
16	"STATE FLEXIBILITY IN BENEFIT PACKAGES
17	"Sec. 1937. (a) State Option of Providing Bench-
18	MARK BENEFITS.—
19	"(1) AUTHORITY.—
20	"(A) IN GENERAL.—Notwithstanding any
21	other provision of this title, a State, at its option
22	as a State plan amendment, may provide for
23	medical assistance under this title to individuals
24	within one or more groups of individuals speci-
25	fied by the State through enrollment in coverage
26	that provides—

1	"(i) benchmark coverage described in
2	subsection (b)(1) or benchmark equivalent
3	coverage described in subsection $(b)(2)$; and
4	"(ii) for any child under 19 years of
5	age who is covered under the State plan
6	under section 1902(a)(10)(A), wrap-around
7	benefits to the benchmark coverage or bench-
8	mark equivalent coverage consisting of early
9	and periodic screening, diagnostic, and
10	treatment services defined in section
11	1905(r).
12	"(B) LIMITATION.—The State may only ex-
13	ercise the option under subparagraph (A) for an
14	individual eligible under an eligibility category
15	that had been established under the State plan
16	on or before the date of the enactment of this sec-
17	tion.
18	"(C) Option of wrap-around bene-
19	FITS.—In the case of coverage described in sub-
20	paragraph (A), a State, at its option, may pro-
21	vide such wrap-around or additional benefits as
22	the State may specify.
23	"(D) TREATMENT AS MEDICAL ASSIST-
24	ANCE.—Payment of premiums for such coverage
25	under this subsection shall be treated as payment

1	of other insurance premiums described in the
2	third sentence of section 1905(a).
3	"(2) Application.—
4	"(A) IN GENERAL.—Except as provided in
5	subparagraph (B), a State may require that a
6	full-benefit eligible individual (as defined in sub-
7	paragraph (C)) within a group obtain benefits
8	under this title through enrollment in coverage
9	described in paragraph (1)(A). A State may
10	apply the previous sentence to individuals with-
11	in 1 or more groups of such individuals.
12	"(B) LIMITATION ON APPLICATION.—A
13	State may not require under subparagraph (A)
14	an individual to obtain benefits through enroll-
15	ment described in paragraph $(1)(A)$ if the indi-
16	vidual is within one of the following categories
17	of individuals:
18	"(i) Mandatory pregnant women.—
19	The individual is a pregnant woman who is
20	required to be covered under the State plan
21	under section 1902(a)(10)(A)(i).
22	"(ii) BLIND OR DISABLED INDIVID-
23	UALS.—The individual qualifies for medical
24	assistance under the State plan on the basis
25	of being blind or disabled (or being treated

1	as being blind or disabled) without regard
2	to whether the individual is eligible for sup-
3	plemental security income benefits under
4	title XVI on the basis of being blind or dis-
5	abled and including an individual who is
6	eligible for medical assistance on the basis
7	of section 1902(e)(3).
8	"(iii) DUAL ELIGIBLES.—The indi-
9	vidual is entitled to benefits under any part
10	of title XVIII.
11	"(iv) TERMINALLY ILL HOSPICE PA-
12	TIENTS.—The individual is terminally ill
13	and is receiving benefits for hospice care
14	under this title.
15	"(v) Eligible on basis of institu-
16	TIONALIZATION.—The individual is an in-
17	patient in a hospital, nursing facility, in-
18	termediate care facility for the mentally re-
19	tarded, or other medical institution, and is
20	required, as a condition of receiving services
21	in such institution under the State plan, to
22	spend for costs of medical care all but a
23	minimal amount of the individual's income
24	required for personal needs.

1	"(vi) Medically frail and special
2	MEDICAL NEEDS INDIVIDUALS.—The indi-
3	vidual is medically frail or otherwise an in-
4	dividual with special medical needs (as
5	identified in accordance with regulations of
6	the Secretary).
7	"(vii) Beneficiaries qualifying for
8	LONG-TERM CARE SERVICES.—The indi-
9	vidual qualifies based on medical condition
10	for medical assistance for long-term care
11	services described in section $1917(c)(1)(C)$.
12	"(viii) Children in foster care re-
13	CEIVING CHILD WELFARE SERVICES AND
14	CHILDREN RECEIVING FOSTER CARE OR
15	ADOPTION ASSISTANCE.—The individual is
16	an individual with respect to whom aid or
17	assistance is made available under part B
18	of title IV to children in foster care and in-
19	dividuals with respect to whom adoption or
20	foster care assistance is made available
21	under part E of such title, without regard
22	to age.
23	"(ix) TANF AND SECTION 1931 PAR-
24	ENTS.—The individual qualifies for medical
25	assistance on the basis of eligibility to re-

1	ceive assistance under a State plan funded
2	under part A of title IV (as in effect on or
3	after the welfare reform effective date de-
4	fined in section 1931(i)).
5	"(x) Women in the breast or cer-
6	VICAL CANCER PROGRAM.—The individual
7	is a woman who is receiving medical assist-
8	ance by virtue of the application of sections
9	1902(a)(10)(A)(ii)(XVIII) and 1902(aa).
10	"(xi) Limited services bene-
11	FICIARIES.—The individual—
12	"(I) qualifies for medical assist-
13	ance on the basis of section
14	1902(a)(10)(A)(ii)(XII); or
15	``(II) is not a qualified alien (as
16	defined in section 431 of the Personal
17	Responsibility and Work Opportunity
18	Reconciliation Act of 1996) and re-
19	ceives care and services necessary for
20	the treatment of an emergency medical
21	condition in accordance with section
22	1903(v).
23	"(C) Full-benefit eligible individ-
24	UALS.—

"(i) In general.—For purposes of
this paragraph, subject to clause (ii), the
term 'full-benefit eligible individual' means
for a State for a month an individual who
is determined eligible by the State for med-
ical assistance for all services defined in sec-
tion 1905(a) which are covered under the
State plan under this title for such month
under section 1902(a)(10)(A) or under any
other category of eligibility for medical as-
sistance for all such services under this title,
as determined by the Secretary.
"(ii) Exclusion of medically needy
AND SPEND-DOWN POPULATIONS.—Such
term shall not include an individual deter-
mined to be eligible by the State for medical
assistance under section $1902(a)(10)(C)$ or
by reason of section 1902(f) or otherwise eli-
gible based on a reduction of income based
on costs incurred for medical or other reme-
dial care.
"(b) Benchmark Benefit Packages.—
"(1) In General.—For purposes of subsection
(a)(1), each of the following coverages shall be consid-
ered to be benchmark coverage:

1	"(A) FEHBP-equivalent health insur-
2	ANCE COVERAGE.—The standard Blue Cross/Blue
3	Shield preferred provider option service benefit
4	plan, described in and offered under section
5	8903(1) of title 5, United States Code.
6	"(B) STATE EMPLOYEE COVERAGE.—A
7	health benefits coverage plan that is offered and
8	generally available to State employees in the
9	State involved.
10	"(C) Coverage offered through
11	HMO.—The health insurance coverage plan
12	that—
13	"(i) is offered by a health maintenance
14	organization (as defined in section
15	2791(b)(3) of the Public Health Service
16	Act), and
17	"(ii) has the largest insured commer-
18	cial, non-medicaid enrollment of covered
19	lives of such coverage plans offered by such
20	a health maintenance organization in the
21	State involved.
22	"(D) Secretary-Approved coverage.—
23	Any other health benefits coverage that the Sec-
24	retary determines, upon application by a State,

1	provides appropriate coverage for the population
2	proposed to be provided such coverage.
3	"(2) Benchmark-equivalent coverage.—For
4	purposes of subsection $(a)(1)$, coverage that meets the
5	following requirement shall be considered to be bench-
6	mark-equivalent coverage:
7	"(A) Inclusion of basic services.—The
8	coverage includes benefits for items and services
9	within each of the following categories of basic
10	services:
11	"(i) Inpatient and outpatient hospital
12	services.
13	"(ii) Physicians' surgical and medical
14	services.
15	"(iii) Laboratory and x-ray services.
16	"(iv) Well-baby and well-child care, in-
17	cluding age-appropriate immunizations.
18	"(v) Other appropriate preventive serv-
19	ices, as designated by the Secretary.
20	"(B) Aggregate actuarial value equiv-
21	ALENT TO BENCHMARK PACKAGE.—The coverage
22	has an aggregate actuarial value that is at least
23	actuarially equivalent to one of the benchmark
24	benefit packages described in paragraph (1).

1	"(C) SUBSTANTIAL ACTUARIAL VALUE FOR
2	ADDITIONAL SERVICES INCLUDED IN BENCHMARK
3	PACKAGE.—With respect to each of the following
4	categories of additional services for which cov-
5	erage is provided under the benchmark benefit
6	package used under subparagraph (B), the cov-
7	erage has an actuarial value that is equal to at
8	least 75 percent of the actuarial value of the cov-
9	erage of that category of services in such pack-
10	age:
11	"(i) Coverage of prescription drugs.
12	"(ii) Mental health services.
13	"(iii) Vision services.
14	"(iv) Hearing services.
15	"(3) Determination of actuarial value.—
16	The actuarial value of coverage of benchmark benefit
17	packages shall be set forth in an actuarial opinion in
18	an actuarial report that has been prepared—
19	"(A) by an individual who is a member of
20	the American Academy of Actuaries;
21	``(B) using generally accepted actuarial
22	principles and methodologies;
23	``(C) using a standardized set of utilization
24	and price factors;

1	(D) using a standardized population that
2	is representative of the population involved;
3	"(E) applying the same principles and fac-
4	tors in comparing the value of different coverage
5	(or categories of services);
6	``(F) without taking into account any dif-
7	ferences in coverage based on the method of deliv-
8	ery or means of cost control or utilization used;
9	and
10	``(G) taking into account the ability of a
11	State to reduce benefits by taking into account
12	the increase in actuarial value of benefits cov-
13	erage offered under this title that results from the
14	limitations on cost sharing under such coverage.
15	The actuary preparing the opinion shall select and
16	specify in the memorandum the standardized set and
17	population to be used under subparagraphs (C) and
18	(D).
19	"(4) Coverage of rural health clinic and
20	FQHC SERVICES.—Notwithstanding the previous pro-
21	visions of this section, a State may not provide for
22	medical assistance through enrollment of an indi-
23	vidual with benchmark coverage or benchmark equiva-
24	lent coverage under this section unless—

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1	"(A) the individual has access, through such
2	coverage or otherwise, to services described in
3	subparagraphs (B) and (C) of section
4	1905(a)(2); and
5	((B) payment for such services is made in
6	accordance with the requirements of section
7	1902(bb).".
8	(b) EFFECTIVE DATE.—The amendment made by sub-
9	section (a) takes effect on March 31, 2006.
10	CHAPTER 5—STATE FINANCING UNDER
11	MEDICAID
12	SEC. 6051. MANAGED CARE ORGANIZATION PROVIDER TAX
13	REFORM.
14	(a) IN GENERAL.—Section 1903(w)(7)(A)(viii) of the
15	Social Security Act (42 U.S.C. $1396b(w)(7)(A)(viii))$ is
16	amended to read as follows:
17	"(viii) Services of managed care organiza-
18	tions (including health maintenance organiza-
19	tions, preferred provider organizations, and such
20	other similar organizations as the Secretary may
21	specify by regulation).".
22	(b) Effective Date.—
23	(1) IN GENERAL.—Subject to paragraph (2), the
24	amendment made by subsection (a) shall be effective
25	as of the date of the enactment of this Act.

1 (2) Delay in effective date.— 2 (A) IN GENERAL.—Subject to subparagraph 3 (B), in the case of a State specified in subpara-4 graph (B), the amendment made by subsection 5 (a) shall be effective as of October 1, 2009. 6 (B) Specified states.—For purposes of 7 subparagraph (A), the States specified in this 8 subparagraph are States that have enacted a law 9 providing for a tax on the services of a Medicaid 10 managed care organization with a contract 11 under section 1903(m) of the Social Security Act 12 as of December 8, 2005. 13 (c) CLARIFICATION REGARDING NON-REGULATION OF 14 TRANSFERS.— 15 (1) IN GENERAL.—Nothing in section 1903(w) of 16 the Social Security Act (42 U.S.C. 1396b(w)) shall be 17 construed by the Secretary of Health and Human 18 Services as prohibiting a State's use of funds as the 19 non-Federal share of expenditures under title XIX of 20 such Act where such funds are transferred from or 21 certified by a publicly-owned regional medical center 22 located in another State and described in paragraph

of funds is proper and in the interest of the program
under title XIX.

(2), so long as the Secretary determines that such use

23

1	(2) CENTER DESCRIBED.—A center described in
2	this paragraph is a publicly-owned regional medical
3	center that—
4	(A) provides level 1 trauma and burn care
5	services;
6	(B) provides level 3 neonatal care services;
7	(C) is obligated to serve all patients, regard-
8	less of State of origin;
9	(D) is located within a Standard Metropoli-
10	tan Statistical Area (SMSA) that includes at
11	least 3 States, including the States described in
12	paragraph (1);
13	(E) serves as a tertiary care provider for
14	patients residing within a 125-mile radius; and
15	(F) meets the criteria for a disproportionate
16	share hospital under section 1923 of such Act in
17	at least one State other than the one in which
18	the center is located.
19	(3) Effective period.—This subsection shall
20	apply through December 31, 2006.
21	SEC. 6052. REFORMS OF CASE MANAGEMENT AND TAR-
22	GETED CASE MANAGEMENT.
23	(a) IN GENERAL.—Section 1915(g) of the Social Secu-
24	rity Act (42 U.S.C. $1396n(g)(2)$) is amended by striking
25	paragraph (2) and inserting the following:

1	"(2) For purposes of this subsection:
2	(A)(i) The term 'case management services'
3	means services which will assist individuals eligible
4	under the plan in gaining access to needed medical,
5	social, educational, and other services.
6	"(ii) Such term includes the following:
7	``(I) Assessment of an eligible individual to
8	determine service needs, including activities that
9	focus on needs identification, to determine the
10	need for any medical, educational, social, or
11	other services. Such assessment activities include
12	the following:
13	"(aa) Taking client history.
14	"(bb) Identifying the needs of the indi-
15	vidual, and completing related documenta-
16	tion.
17	"(cc) Gathering information from other
18	sources such as family members, medical
19	providers, social workers, and educators, if
20	necessary, to form a complete assessment of
21	the eligible individual.
22	"(II) Development of a specific care plan
23	based on the information collected through an as-
24	sessment, that specifies the goals and actions to
25	address the medical, social, educational, and

1	other services needed by the eligible individual,
2	including activities such as ensuring the active
3	participation of the eligible individual and
4	working with the individual (or the individual's
5	authorized health care decision maker) and oth-
6	ers to develop such goals and identify a course
7	of action to respond to the assessed needs of the
8	eligible individual.
9	"(III) Referral and related activities to help
10	an individual obtain needed services, including
11	activities that help link eligible individuals with
12	medical, social, educational providers or other
13	programs and services that are capable of pro-
14	viding needed services, such as making referrals
15	to providers for needed services and scheduling
16	appointments for the individual.
17	"(IV) Monitoring and followup activities,
18	including activities and contacts that are nec-
19	essary to ensure the care plan is effectively im-
20	plemented and adequately addressing the needs
21	of the eligible individual, and which may be
22	with the individual, family members, providers,
23	or other entities and conducted as frequently as
24	necessary to help determine such matters as—

"(aa) whether services are being fur-1 2 nished in accordance with an individual's 3 care plan; 4 "(bb) whether the services in the care 5 plan are adequate; and 6 "(cc) whether there are changes in the 7 needs or status of the eligible individual, 8 and if so, making necessary adjustments in 9 the care plan and service arrangements 10 with providers. 11 "(iii) Such term does not include the direct delivery of an underlying medical, educational, social, 12 13 or other service to which an eligible individual has 14 been referred, including, with respect to the direct de-15 livery of foster care services, services such as (but not 16 *limited to) the following:* 17 "(I) Research gathering and completion of 18 documentation required by the foster care pro-19 gram. 20 "(II) Assessing adoption placements. "(III) Recruiting or interviewing potential 21 22 foster care parents. 23 "(IV) Serving legal papers. 24 "(V) Home investigations. 25 "(VI) Providing transportation.

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1	"(VII) Administering foster care subsidies.
2	"(VIII) Making placement arrangements.
3	``(B) The term 'targeted case management serv-
4	ices' are case management services that are furnished
5	without regard to the requirements of section
6	1902(a)(1) and section $1902(a)(10)(B)$ to specific
7	classes of individuals or to individuals who reside in
8	specified areas.
9	"(3) With respect to contacts with individuals who are
10	not eligible for medical assistance under the State plan or,

11 in the case of targeted case management services, individ12 uals who are eligible for such assistance but are not part
13 of the target population specified in the State plan, such
14 contacts—

15 "(A) are considered an allowable case manage-16 ment activity, when the purpose of the contact is di-17 rectly related to the management of the eligible indi-18 vidual's care; and

"(B) are not considered an allowable case management activity if such contacts relate directly to the
identification and management of the noneligible or
nontargeted individual's needs and care.

23 "(4)(A) In accordance with section 1902(a)(25), Fed24 eral financial participation only is available under this
25 title for case management services or targeted case manage-

ment services if there are no other third parties liable to
 pay for such services, including as reimbursement under a
 medical, social, educational, or other program.

4 "(B) A State shall allocate the costs of any part of
5 such services which are reimbursable under another feder6 ally funded program in accordance with OMB Circular A7 87 (or any related or successor guidance or regulations re8 garding allocation of costs among federally funded pro9 grams) under an approved cost allocation program.

"(5) Nothing in this subsection shall be construed as
affecting the application of rules with respect to third party
liability under programs, or activities carried out under
title XXVI of the Public Health Service Act or by the Indian
Health Service.".

15 (b) REGULATIONS.—The Secretary shall promulgate regulations to carry out the amendment made by subsection 16 17 (a) which may be effective and final immediately on an interim basis as of the date of publication of the interim 18 final regulation. If the Secretary provides for an interim 19 final regulation, the Secretary shall provide for a period 20 21 of public comments on such regulation after the date of pub-22 lication. The Secretary may change or revise such regula-23 tion after completion of the period of public comment.

24 (c) EFFECTIVE DATE.—The amendment made by sub25 section (a) shall take effect on January 1, 2006.

1 SEC. 6053. ADDITIONAL FMAP ADJUSTMENTS.

2 (a) Hold Harmless for Certain Decrease.—Not-3 withstanding the first sentence of section 1905(b) of the Social Security Act (42 U.S.C. 1396d(b)), if, for purposes of 4 5 titles XIX and XXI of the Social Security Act (42 U.S.C. 1396 et seq., 1397aa et seq.), the Federal medical assistance 6 7 percentage determined for the State specified in section 4725(a) of Public Law 105–33 for fiscal year 2006 or fiscal 8 9 year 2007 is less than the Federal medical assistance percentage determined for such State for fiscal year 2005, the 10 11 Federal medical assistance percentage determined for such State for fiscal year 2005 shall be substituted for the Federal 12 13 medical assistance percentage otherwise determined for such State for fiscal year 2006 or fiscal year 2007, as the case 14 15 may be.

16 (b) Hold Harmless for Katrina Impact.—Not-17 withstanding any other provision of law, for purposes of titles XIX and XXI of the Social Security Act, the Secretary 18 19 of Health and Human Services, in computing the Federal medical assistance percentage under section 1905(b) of such 20 Act (42 U.S.C. 1396d(b)) for any year after 2006 for a 21 22 State that the Secretary determines has a significant num-23 ber of evacuees who were evacuated to, and live in, the State 24 as a result of Hurricane Katrina as of October 1, 2005, shall disregard such evacuees (and income attributable to 25 26 such evacuees) from such computation.

1 SEC. 6054. DSH ALLOTMENT FOR THE DISTRICT OF COLUM-2 BIA.

3 (a) IN GENERAL.—For purposes of determining the DSH allotment for the District of Columbia under section 4 5 1923 of the Social Security Act (42 U.S.C. 1396r-4) for fiscal year 2006 and each subsequent fiscal year, the table 6 7 in subsection (f)(2) of such section is amended under each 8 of the columns for fiscal year 2000, fiscal year 2001, and 9 fiscal year 2002, in the entry for the District of Columbia by striking "32" and inserting "49". 10

(b) EFFECTIVE DATE.—The amendments made by subsection (a) shall take effect as if enacted on October 1, 2005,
and shall only apply to disproportionate share hospital adjustment expenditures applicable to fiscal year 2006 and
subsequent fiscal years made on or after that date.

16 SEC. 6055. INCREASE IN MEDICAID PAYMENTS TO INSULAR
17 AREAS.

18 Section 1108(g) of the Social Security Act (42 U.S.C.
19 1308(g)) is amended—

20 (1) in paragraph (2), by inserting "and subject
21 to paragraph (3)" after "subsection (f)"; and

(2) by adding at the end the following new para-graph:

24 "(3) FISCAL YEARS 2006 AND 2007 FOR CERTAIN
25 INSULAR AREAS.—The amounts otherwise determined
26 under this subsection for Puerto Rico, the Virgin Is-

1	lands, Guam, the Northern Mariana Islands, and
2	American Samoa for fiscal year 2006 and fiscal year
3	2007 shall be increased by the following amounts:
4	"(A) For Puerto Rico, \$12,000,000 for fiscal
5	year 2006 and \$12,000,000 for fiscal year 2007.
6	"(B) For the Virgin Islands, \$2,500,000 for
7	fiscal year 2006 and \$5,000,000 for fiscal year
8	2007.
9	"(C) For Guam, \$2,500,000 for fiscal year
10	2006 and \$5,000,000 for fiscal year 2007.
11	"(D) For the Northern Mariana Islands,
12	\$1,000,000 for fiscal year 2006 and \$2,000,000
13	for fiscal year 2007.
14	"(E) For American Samoa, \$2,000,000 for
15	fiscal year 2006 and \$4,000,000 for fiscal year
16	2007.
17	Such amounts shall not be taken into account in ap-
18	plying paragraph (2) for fiscal year 2007 but shall be
19	taken into account in applying such paragraph for
20	fiscal year 2008 and subsequent fiscal years.".
21	CHAPTER 6—OTHER PROVISIONS
22	Subchapter A—Family Opportunity Act
23	SEC. 6061. SHORT TITLE OF SUBCHAPTER.
24	This subchapter may be cited as the "Family Oppor-
25	tunity Act of 2005" or the "Dylan Lee James Act".

1	SEC. 6062. OPPORTUNITY FOR FAMILIES OF DISABLED
2	CHILDREN TO PURCHASE MEDICAID COV-
3	ERAGE FOR SUCH CHILDREN.
4	(a) State Option To Allow Families of Disabled
5	Children To Purchase Medicaid Coverage for Such
6	Children.—
7	(1) IN GENERAL.—Section 1902 of the Social Se-
8	curity Act (42 U.S.C. 1396a) is amended—
9	(A) in subsection (a)(10)(A)(ii)—
10	(i) by striking "or" at the end of sub-
11	clause (XVII);
12	(ii) by adding "or" at the end of sub-
13	clause (XVIII); and
14	(iii) by adding at the end the following
15	new subclause:
16	"(XIX) who are disabled children
17	described in subsection (cc)(1);"; and
18	(B) by adding at the end the following new
19	subsection:
20	"(cc)(1) Individuals described in this paragraph are
21	individuals—
22	"(A) who are children who have not attained 19
23	years of age and are born—
24	"(i) on or after January 1, 2001 (or, at the
25	option of a State, on or after an earlier date),

1	in the case of the second, third, and fourth quar-
2	ters of fiscal year 2007;
3	"(ii) on or after October 1, 1995 (or, at the
4	option of a State, on or after an earlier date),
5	in the case of each quarter of fiscal year 2008;
6	and
7	"(iii) after October 1, 1989, in the case of
8	each quarter of fiscal year 2009 and each quarter
9	of any fiscal year thereafter;
10	``(B) who would be considered disabled under
11	section 1614(a)(3)(C) (as determined under title XVI
12	for children but without regard to any income or
13	asset eligibility requirements that apply under such
14	title with respect to children); and
15	``(C) whose family income does not exceed such
16	income level as the State establishes and does not
17	exceed—
18	"(i) 300 percent of the poverty line (as de-
19	fined in section $2110(c)(5)$) applicable to a fam-
20	ily of the size involved; or
21	"(ii) such higher percent of such poverty
22	line as a State may establish, except that—
23	"(I) any medical assistance provided
24	to an individual whose family income ex-

1	ceeds 300 percent of such poverty line may
2	only be provided with State funds; and
3	"(II) no Federal financial participa-
4	tion shall be provided under section 1903(a)
5	for any medical assistance provided to such
6	an individual.".
7	(2) INTERACTION WITH EMPLOYER-SPONSORED
8	FAMILY COVERAGE.—Section 1902(cc) of such Act (42
9	U.S.C. 1396 $a(cc)$), as added by paragraph (1)(B), is
10	amended by adding at the end the following new
11	paragraph:
12	"(2)(A) If an employer of a parent of an individual
13	described in paragraph (1) offers family coverage under a
14	group health plan (as defined in section 2791(a) of the Pub-
15	lic Health Service Act), the State shall—
16	"(i) notwithstanding section 1906, require such
17	parent to apply for, enroll in, and pay premiums for
18	such coverage as a condition of such parent's child
19	being or remaining eligible for medical assistance
20	under subsection $(a)(10)(A)(ii)(XIX)$ if the parent is
21	determined eligible for such coverage and the em-
22	ployer contributes at least 50 percent of the total cost
23	of annual premiums for such coverage; and
24	"(ii) if such coverage is obtained—

1	"(I) subject to paragraph (2) of section
2	1916(h), reduce the premium imposed by the
3	State under that section in an amount that rea-
4	sonably reflects the premium contribution made
5	by the parent for private coverage on behalf of a
6	child with a disability; and
7	``(II) treat such coverage as a third party
8	liability under subsection (a)(25).
9	``(B) In the case of a parent to which subparagraph
10	(A) applies, a State, notwithstanding section 1906 but sub-
11	ject to paragraph $(1)(C)(ii)$, may provide for payment of
12	any portion of the annual premium for such family cov-
13	erage that the parent is required to pay. Any payments
14	made by the State under this subparagraph shall be consid-
15	ered, for purposes of section 1903(a), to be payments for
16	medical assistance.".
17	(b) State Option To Impose Income-Related Pre-
18	MIUMS.—Section 1916 of such Act (42 U.S.C. 13960) is
19	amended—
20	(1) in subsection (a), by striking "subsection (g) "
21	and inserting "subsections (g) and (i)"; and
22	(2) by adding at the end, as amended by section
23	6041(b)(2), the following new subsection:
24	(i)(1) With respect to disabled children provided med-
25	ical assistance under section 1902(a)(10)(A)(ii)(XIX), sub-

ject to paragraph (2), a State may (in a uniform manner
 for such children) require the families of such children to
 pay monthly premiums set on a sliding scale based on fam ily income.

5 "(2) A premium requirement imposed under para6 graph (1) may only apply to the extent that—

7 "(A) in the case of a disabled child described in
8 that paragraph whose family income—

9 "(i) does not exceed 200 percent of the pov-10 erty line, the aggregate amount of such premium 11 and any premium that the parent is required to 12 family pay for coverage under section 13 1902(cc)(2)(A)(i) and other cost-sharing charges 14 do not exceed 5 percent of the family's income: 15 and

"(ii) exceeds 200, but does not exceed 300,
percent of the poverty line, the aggregate amount
of such premium and any premium that the parent is required to pay for family coverage under
section 1902(cc)(2)(A)(i) and other cost-sharing
charges do not exceed 7.5 percent of the family's
income; and

23 "(B) the requirement is imposed consistent with
24 section 1902(cc)(2)(A)(ii)(I).
1 "(3) A State shall not require prepayment of a premium imposed pursuant to paragraph (1) and shall not 2 child 3 terminate eligibility ofunder section a4 1902(a)(10)(A)(ii)(XIX) for medical assistance under this 5 title on the basis of failure to pay any such premium until such failure continues for a period of at least 60 days from 6 7 the date on which the premium became past due. The State 8 may waive payment of any such premium in any case 9 where the State determines that requiring such payment would create an undue hardship.". 10

11(c)CONFORMINGAMENDMENTS.—(1)Section121903(f)(4) of such Act (42 U.S.C. 1396b(f)(4)) is amended13in the matter preceding subparagraph (A), by inserting14"1902(a)(10)(A)(ii)(XIX),"after

15 "1902(a)(10)(A)(ii)(XVIII),".

16 (2) Section 1905(u)(2)(B) of such Act (42 U.S.C. 1396d(u)(2)(B) is amended by adding at the end the fol-17 lowing sentence: "Such term excludes any child eligible for 18 19 medical assistance section only byreason of1902(a)(10)(A)(ii)(XIX).". 20

21 (d) EFFECTIVE DATE.—The amendments made by this
22 section shall apply to medical assistance for items and serv23 ices furnished on or after January 1, 2007.

1SEC. 6063. DEMONSTRATION PROJECTS REGARDING HOME2AND COMMUNITY-BASED ALTERNATIVES TO3PSYCHIATRIC RESIDENTIAL TREATMENT FA-4CILITIES FOR CHILDREN.

5 (a) IN GENERAL.—The Secretary is authorized to conduct, during each of fiscal years 2007 through 2011, dem-6 7 onstration projects (each in the section referred to as a 8 "demonstration project") in accordance with this section 9 under which up to 10 States (as defined for purposes of title XIX of the Social Security Act) are awarded grants, 10 11 on a competitive basis, to test the effectiveness in improving or maintaining a child's functional level and cost-effective-12 13 ness of providing coverage of home and community-based 14 alternatives to psychiatric residential treatment for children enrolled in the Medicaid program under title XIX of 15 such Act. 16

17 (b) Application of Terms and Conditions.—

18 (1) IN GENERAL.—Subject to the provisions of 19 this section, for the purposes of the demonstration 20 projects, and only with respect to children enrolled 21 under such demonstration projects, a psychiatric resi-22 dential treatment facility (as defined in section 23 483.352 of title 42 of the Code of Federal Regulations) 24 shall be deemed to be a facility specified in section 25 1915(c) of the Social Security Act (42 U.S.C. 26 1396n(c), and to be included in each reference in

such section 1915(c) to hospitals, nursing facilities,
 and intermediate care facilities for the mentally re tarded.

4 (2) STATE OPTION TO ASSURE CONTINUITY OF 5 MEDICAID COVERAGE.—Upon the termination of a demonstration project under this section, the State 6 7 that conducted the project may elect, only with respect 8 to a child who is enrolled in such project on the ter-9 mination date, to continue to provide medical assist-10 ance for coverage of home and community-based alter-11 natives to psychiatric residential treatment for the 12 child in accordance with section 1915(c) of the Social 13 Security Act (42 U.S.C. 1396n(c)), as modified 14 through the application of paragraph (1). Expendi-15 tures incurred for providing such medical assistance 16 shall be treated as a home and community-based 17 waiver program under section 1915(c) of the Social 18 Security Act (42 U.S.C. 1396n(c)) for purposes of 19 payment under section 1903 of such Act (42 U.S.C. 20 1396b).

21 (c) TERMS OF DEMONSTRATION PROJECTS.—

(1) IN GENERAL.—Except as otherwise provided
in this section, a demonstration project shall be subject to the same terms and conditions as apply to a
waiver under section 1915(c) of the Social Security

Act (42 U.S.C. 1396n(c)), including the waiver of cer tain requirements under the first sentence of para graph (3) of such section but not applying the second
 sentence of such paragraph.

(2) BUDGET NEUTRALITY.—In conducting the 5 6 demonstration projects under this section, the Secretary shall ensure that the aggregate payments made 7 8 by the Secretary under title XIX of the Social Secu-9 rity Act (42 U.S.C. 1396 et seq.) do not exceed the 10 amount which the Secretary estimates would have 11 been paid under that title if the demonstration 12 projects under this section had not been implemented. 13 (3) EVALUATION.—The application for a dem-

14 onstration project shall include an assurance to pro15 vide for such interim and final evaluations of the
16 demonstration project by independent third parties,
17 and for such interim and final reports to the Sec18 retary, as the Secretary may require.

19 (d) PAYMENTS TO STATES; LIMITATIONS TO SCOPE
20 AND FUNDING.—

(1) IN GENERAL.—Subject to paragraph (2), a
demonstration project approved by the Secretary
under this section shall be treated as a home and
community-based waiver program under section
1915(c) of the Social Security Act (42 U.S.C.

1	1396n(c)) for purposes of payment under section 1903
2	of such Act (42 U.S.C. 1396b).
3	(2) LIMITATION.—In no case may the amount of
4	payments made by the Secretary under this section
5	for State demonstration projects for a fiscal year ex-
6	ceed the amount available under subsection $(f)(2)(A)$
7	for such fiscal year.
8	(e) Secretary's Evaluation and Report.—The
9	Secretary shall conduct an interim and final evaluation of
10	State demonstration projects under this section and shall
11	report to the President and Congress the conclusions of such
12	evaluations within 12 months of completing such evalua-
13	tions.

14 (f) FUNDING.—

(1) IN GENERAL.—For the purpose of carrying
out this section, there are appropriated, from amounts
in the Treasury not otherwise appropriated, for fiscal
years 2007 through 2011, a total of \$218,000,000, of
which—

20 (A) the amount specified in paragraph (2)
21 shall be available for each of fiscal years 2007
22 through 2011; and

(B) a total of \$1,000,000 shall be available
to the Secretary for the evaluations and report
under subsection (e).

(2) FISCAL YEAR LIMIT.—	
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2	(A) In general.—For purposes of para-
3	graph (1), the amount specified in this para-
4	graph for a fiscal year is the amount specified
5	in subparagraph (B) for the fiscal year plus the
6	difference, if any, between the total amount
7	available under this paragraph for prior fiscal
8	years and the total amount previously expended
9	under paragraph $(1)(A)$ for such prior fiscal
10	years.
11	(B) FISCAL YEAR AMOUNTS.—The amount
12	specified in this subparagraph for—
13	(i) fiscal year 2007 is \$21,000,000;
14	(ii) fiscal year 2008 is \$37,000,000;
15	(iii) fiscal year 2009 is \$49,000,000;
16	(iv) fiscal year 2010 is \$53,000,000;
17	and
18	(v) fiscal year 2011 is \$57,000,000.
19	SEC. 6064. DEVELOPMENT AND SUPPORT OF FAMILY-TO-
20	FAMILY HEALTH INFORMATION CENTERS.
21	Section 501 of the Social Security Act (42 U.S.C. 701)
22	is amended by adding at the end the following new sub-
23	section:
24	(c)(1)(A) For the purpose of enabling the Secretary
25	(through grants, contracts, or otherwise) to provide for spe-

1	cial projects of regional and national significance for the
2	development and support of family-to-family health infor-
3	mation centers described in paragraph (2), there is appro-
4	priated to the Secretary, out of any money in the Treasury
5	not otherwise appropriated—
6	"(i) \$3,000,000 for fiscal year 2007;
7	"(ii) \$4,000,000 for fiscal year 2008; and
8	"(iii) \$5,000,000 for fiscal year 2009.
9	"(B) Funds appropriated or authorized to be appro-
10	priated under subparagraph (A) shall—
11	"(i) be in addition to amounts appropriated
12	under subsection (a) and retained under section
13	502(a)(1) for the purpose of carrying out activities
14	described in subsection $(a)(2)$; and
15	"(ii) remain available until expended.
16	"(2) The family-to-family health information centers
17	described in this paragraph are centers that—
18	"(A) assist families of children with disabilities
19	or special health care needs to make informed choices
20	about health care in order to promote good treatment
21	decisions, cost-effectiveness, and improved health out-
22	comes for such children;
23	``(B) provide information regarding the health
24	care needs of, and resources available for, such chil-
25	dren;

1	``(C) identify successful health delivery models
2	for such children;
3	``(D) develop with representatives of health care
4	providers, managed care organizations, health care
5	purchasers, and appropriate State agencies, a model
6	for collaboration between families of such children
7	and health professionals;
8	``(E) provide training and guidance regarding
9	caring for such children;
10	``(F) conduct outreach activities to the families of
11	such children, health professionals, schools, and other
12	appropriate entities and individuals; and
13	"(G) are staffed—
14	"(i) by such families who have expertise in
15	Federal and State public and private health care
16	systems; and
17	"(ii) by health professionals.
18	"(3) The Secretary shall develop family-to-family
19	health information centers described in paragraph (2) in
20	accordance with the following:
21	"(A) With respect to fiscal year 2007, such cen-
22	ters shall be developed in not less than 25 States.
23	(B) With respect to fiscal year 2008, such cen-
24	ters shall be developed in not less than 40 States.

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"(C) With respect to fiscal year 2009 and each

fiscal year thereafter, such centers shall be developed

3	in all States.
4	"(4) The provisions of this title that are applicable to
5	the funds made available to the Secretary under section
6	502(a)(1) apply in the same manner to funds made avail-
7	able to the Secretary under paragraph (1)(A).
8	"(5) For purposes of this subsection, the term 'State'
9	means each of the 50 States and the District of Columbia.".
10	SEC. 6065. RESTORATION OF MEDICAID ELIGIBILITY FOR
11	CERTAIN SSI BENEFICIARIES.
12	(a) IN GENERAL.—Section 1902(a)(10)(A)(i)(II) of the
13	Social Security Act (42 U.S.C. $1396a(a)(10)(A)(i)(II))$ is
14	amended—
15	(1) by inserting "(aa)" after "(II)";
16	(2) by striking ") and" and inserting "and";
17	(3) by striking "section or who are" and insert-
18	ing "section), (bb) who are"; and
19	(4) by inserting before the comma at the end the
20	following: ", or (cc) who are under 21 years of age
21	and with respect to whom supplemental security in-
22	
	come benefits would be paid under title XVI if sub-
23	come benefits would be paid under title XVI if sub- paragraphs (A) and (B) of section $1611(c)(7)$ were
23 24	
	paragraphs (A) and (B) of section $1611(c)(7)$ were

(b) EFFECTIVE DATE.—The amendments made by sub section (a) shall apply to medical assistance for items and
 services furnished on or after the date that is 1 year after
 the date of enactment of this Act.

5 Subchapter B—Money Follows the Person 6 Rebalancing Demonstration 7 SEC. 6071. MONEY FOLLOWS THE PERSON REBALANCING 8 DEMONSTRATION.

9 (a) Program Purpose and Authority.—The Secretary is authorized to award, on a competitive basis, 10 grants to States in accordance with this section for dem-11 onstration projects (each in this section referred to as an 12 "MFP demonstration project") designed to achieve the fol-13 lowing objectives with respect to institutional and home and 14 15 community-based long-term care services under State Medicaid programs: 16

17 (1) REBALANCING.—Increase the use of home
18 and community-based, rather than institutional,
19 long-term care services.

20 (2) MONEY FOLLOWS THE PERSON.—Eliminate
21 barriers or mechanisms, whether in the State law, the
22 State Medicaid plan, the State budget, or otherwise,
23 that prevent or restrict the flexible use of Medicaid
24 funds to enable Medicaid-eligible individuals to re-

2services in the settings of their choice.3(3) CONTINUITY OF SERVICE.—Increase the abil-4ity of the State Medicaid program to assure continued5provision of home and community-based long-term6care services to eligible individuals who choose to7transition from an institutional to a community set-8ting.9(4) QUALITY ASSURANCE AND QUALITY IMPROVE-10MENT.—Ensure that procedures are in place (at least11comparable to those required under the qualified HCB12program) to provide quality assurance for eligible in-13dividuals receiving Medicaid home and community-14based long-term care services and to provide for con-15tinuous quality improvement in such services.16(b) DEFINITIONS.—For purposes of this section:17(1) HOME AND COMMUNITY-BASED LONG-TERM18CARE SERVICES.—The term "home and community-19based long-term care services" means, with respect to20a State Medicaid program, home and community-21based services (including home health and personal22care services) that are provided under the State's23qualified HCB program or that could be provided24under such a program but are otherwise provided25under the Medicaid program.	1	ceive support for appropriate and necessary long-term
4ity of the State Medicaid program to assure continued5provision of home and community-based long-term6care services to eligible individuals who choose to7transition from an institutional to a community set-8ting.9(4) QUALITY ASSURANCE AND QUALITY IMPROVE-10MENT.—Ensure that procedures are in place (at least11comparable to those required under the qualified HCB12program) to provide quality assurance for eligible in-13dividuals receiving Medicaid home and community-14based long-term care services and to provide for con-15tinuous quality improvement in such services.16(b) DEFINITIONS.—For purposes of this section:17(1) HOME AND COMMUNITY-BASED LONG-TERM18CARE SERVICES.—The term 'home and community-19based long-term care services' means, with respect to20a State Medicaid program, home and community-21based services (including home health and personal22care services) that are provided under the State's23qualified HCB program or that could be provided24under such a program but are otherwise provided	2	services in the settings of their choice.
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6care services to eligible individuals who choose to7transition from an institutional to a community set-8ting.9(4) QUALITY ASSURANCE AND QUALITY IMPROVE-10MENT.—Ensure that procedures are in place (at least11comparable to those required under the qualified HCB12program) to provide quality assurance for eligible in-13dividuals receiving Medicaid home and community-14based long-term care services and to provide for con-15tinuous quality improvement in such services.16(b) DEFINITIONS.—For purposes of this section:17(1) HOME AND COMMUNITY-BASED LONG-TERM18CARE SERVICES.—The term 'home and community-19based long-term care services' means, with respect to20a State Medicaid program, home and community-21based services (including home health and personal22care services) that are provided under the State's23qualified HCB program or that could be provided24under such a program but are otherwise provided	4	ity of the State Medicaid program to assure continued
7transition from an institutional to a community set- ting.9(4) QUALITY ASSURANCE AND QUALITY IMPROVE- 1010MENT.—Ensure that procedures are in place (at least comparable to those required under the qualified HCB 1212program) to provide quality assurance for eligible in- dividuals receiving Medicaid home and community- based long-term care services and to provide for con- tinuous quality improvement in such services.16(b) DEFINITIONS.—For purposes of this section: 1717(1) HOME AND COMMUNITY-BASED LONG-TERM CARE SERVICES.—The term "home and community- based long-term care services" means, with respect to a State Medicaid program, home and community- based services (including home health and personal care services) that are provided under the State's qualified HCB program or that could be provided under such a program but are otherwise provided	5	provision of home and community-based long-term
8ting.9(4) QUALITY ASSURANCE AND QUALITY IMPROVE-10MENT.—Ensure that procedures are in place (at least11comparable to those required under the qualified HCB12program) to provide quality assurance for eligible in-13dividuals receiving Medicaid home and community-14based long-term care services and to provide for con-15tinuous quality improvement in such services.16(b) DEFINITIONS.—For purposes of this section:17(1) HOME AND COMMUNITY-BASED LONG-TERM18CARE SERVICES.—The term "home and community-19based long-term care services" means, with respect to20a State Medicaid program, home and community-21based services (including home health and personal22care services) that are provided under the State's23qualified HCB program or that could be provided24under such a program but are otherwise provided	6	care services to eligible individuals who choose to
9 (4) QUALITY ASSURANCE AND QUALITY IMPROVE- 10 MENT.—Ensure that procedures are in place (at least 11 comparable to those required under the qualified HCB 12 program) to provide quality assurance for eligible in- 13 dividuals receiving Medicaid home and community- 14 based long-term care services and to provide for con- 15 tinuous quality improvement in such services. 16 (b) DEFINITIONS.—For purposes of this section: 17 (1) HOME AND COMMUNITY-BASED LONG-TERM 18 CARE SERVICES.—The term "home and community- 19 based long-term care services" means, with respect to 20 a State Medicaid program, home and community- 21 based services (including home health and personal 22 care services) that are provided under the State's 23 qualified HCB program or that could be provided 24 under such a program but are otherwise provided	7	transition from an institutional to a community set-
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11comparable to those required under the qualified HCB12program) to provide quality assurance for eligible in-13dividuals receiving Medicaid home and community-14based long-term care services and to provide for con-15tinuous quality improvement in such services.16(b) DEFINITIONS.—For purposes of this section:17(1) HOME AND COMMUNITY-BASED LONG-TERM18CARE SERVICES.—The term "home and community-19based long-term care services" means, with respect to20a State Medicaid program, home and community-21based services (including home health and personal22care services) that are provided under the State's23qualified HCB program or that could be provided24under such a program but are otherwise provided	9	(4) Quality assurance and quality improve-
12program) to provide quality assurance for eligible in-13dividuals receiving Medicaid home and community-14based long-term care services and to provide for con-15tinuous quality improvement in such services.16(b) DEFINITIONS.—For purposes of this section:17(1) HOME AND COMMUNITY-BASED LONG-TERM18CARE SERVICES.—The term "home and community-19based long-term care services" means, with respect to20a State Medicaid program, home and community-21based services (including home health and personal22care services) that are provided under the State's23qualified HCB program or that could be provided24under such a program but are otherwise provided	10	MENT.—Ensure that procedures are in place (at least
13dividuals receiving Medicaid home and community-14based long-term care services and to provide for con-15tinuous quality improvement in such services.16(b) DEFINITIONS.—For purposes of this section:17(1) HOME AND COMMUNITY-BASED LONG-TERM18CARE SERVICES.—The term "home and community-19based long-term care services" means, with respect to20a State Medicaid program, home and community-21based services (including home health and personal22care services) that are provided under the State's23qualified HCB program or that could be provided24under such a program but are otherwise provided	11	comparable to those required under the qualified HCB
14based long-term care services and to provide for con-15tinuous quality improvement in such services.16(b) DEFINITIONS.—For purposes of this section:17(1) HOME AND COMMUNITY-BASED LONG-TERM18CARE SERVICES.—The term "home and community-19based long-term care services" means, with respect to20a State Medicaid program, home and community-21based services (including home health and personal22care services) that are provided under the State's23qualified HCB program or that could be provided24under such a program but are otherwise provided	12	program) to provide quality assurance for eligible in-
 tinuous quality improvement in such services. (b) DEFINITIONS.—For purposes of this section: (1) HOME AND COMMUNITY-BASED LONG-TERM CARE SERVICES.—The term 'home and community- based long-term care services' means, with respect to a State Medicaid program, home and community- based services (including home health and personal care services) that are provided under the State's qualified HCB program or that could be provided under such a program but are otherwise provided 	13	dividuals receiving Medicaid home and community-
16(b) DEFINITIONS.—For purposes of this section:17(1) HOME AND COMMUNITY-BASED LONG-TERM18CARE SERVICES.—The term "home and community-19based long-term care services" means, with respect to20a State Medicaid program, home and community-21based services (including home health and personal22care services) that are provided under the State's23qualified HCB program or that could be provided24under such a program but are otherwise provided	14	based long-term care services and to provide for con-
17 (1) HOME AND COMMUNITY-BASED LONG-TERM 18 CARE SERVICES.—The term "home and community- 19 based long-term care services" means, with respect to 20 a State Medicaid program, home and community- 21 based services (including home health and personal 22 care services) that are provided under the State's 23 qualified HCB program or that could be provided 24 under such a program but are otherwise provided	15	tinuous quality improvement in such services.
18 CARE SERVICES.—The term "home and community- 19 based long-term care services" means, with respect to 20 a State Medicaid program, home and community- 21 based services (including home health and personal 22 care services) that are provided under the State's 23 qualified HCB program or that could be provided 24 under such a program but are otherwise provided	16	(b) DEFINITIONS.—For purposes of this section:
19 based long-term care services" means, with respect to 20 a State Medicaid program, home and community- 21 based services (including home health and personal 22 care services) that are provided under the State's 23 qualified HCB program or that could be provided 24 under such a program but are otherwise provided	17	(1) Home and community-based long-term
 a State Medicaid program, home and community- based services (including home health and personal care services) that are provided under the State's qualified HCB program or that could be provided under such a program but are otherwise provided 	18	CARE SERVICES.—The term "home and community-
21 based services (including home health and personal 22 care services) that are provided under the State's 23 qualified HCB program or that could be provided 24 under such a program but are otherwise provided	19	based long-term care services" means, with respect to
 care services) that are provided under the State's qualified HCB program or that could be provided under such a program but are otherwise provided 	20	a State Medicaid program, home and community-
 qualified HCB program or that could be provided under such a program but are otherwise provided 	21	based services (including home health and personal
24 under such a program but are otherwise provided	22	care services) that are provided under the State's
	23	qualified HCB program or that could be provided
25 <i>under the Medicaid program.</i>	24	under such a program but are otherwise provided
	25	under the Medicaid program.

1	(2) ELIGIBLE INDIVIDUAL.—The term "eligible
2	individual" means, with respect to an MFP dem-
3	onstration project of a State, an individual in the
4	State—
5	(A) who, immediately before beginning par-
6	ticipation in the MFP demonstration project—
7	(i) resides (and has resided, for a pe-
8	riod of not less than 6 months or for such
9	longer minimum period, not to exceed 2
10	years, as may be specified by the State) in
11	an inpatient facility;
12	(ii) is receiving Medicaid benefits for
13	inpatient services furnished by such inpa-
14	tient facility; and
15	(iii) with respect to whom a deter-
16	mination has been made that, but for the
17	provision of home and community-based
18	long-term care services, the individual
19	would continue to require the level of care
20	provided in an inpatient facility and, in
21	any case in which the State applies a more
22	stringent level of care standard as a result
23	of implementing the State plan option per-
24	mitted under section $1915(i)$ of the Social
25	Security Act, the individual must continue

1	to require at least the level of care which
2	had resulted in admission to the institution;
3	and
4	(B) who resides in a qualified residence be-
5	ginning on the initial date of participation in
6	the demonstration project.
7	(3) INPATIENT FACILITY.—The term "inpatient
8	facility" means a hospital, nursing facility, or inter-
9	mediate care facility for the mentally retarded. Such
10	term includes an institution for mental diseases, but
11	only, with respect to a State, to the extent medical as-
12	sistance is available under the State Medicaid plan
13	for services provided by such institution.
14	(4) MEDICAID.—The term "Medicaid" means,
15	with respect to a State, the State program under title
16	XIX of the Social Security Act (including any waiver
17	or demonstration under such title or under section
18	1115 of such Act relating to such title).
19	(5) QUALIFIED HCB PROGRAM.—The term
20	"qualified HCB program" means a program pro-
21	viding home and community-based long-term care

services operating under Medicaid, whether or not op-

23 erating under waiver authority.

1	(6) QUALIFIED RESIDENCE.—The term "quali-
2	fied residence" means, with respect to an eligible
3	individual—
4	(A) a home owned or leased by the indi-
5	vidual or the individual's family member;
6	(B) an apartment with an individual lease,
7	with lockable access and egress, and which in-
8	cludes living, sleeping, bathing, and cooking
9	areas over which the individual or the individ-
10	ual's family has domain and control; and
11	(C) a residence, in a community-based resi-
12	dential setting, in which no more than 4 unre-
13	lated individuals reside.
14	(7) QUALIFIED EXPENDITURES.—The term
15	"qualified expenditures" means expenditures by the
16	State under its MFP demonstration project for home
17	and community-based long-term care services for an
18	eligible individual participating in the MFP dem-
19	onstration project, but only with respect to services
20	furnished during the 12-month period beginning on
21	the date the individual is discharged from an inpa-
22	tient facility referred to in paragraph $(2)(A)(i)$.
23	(8) Self-directed services.—The term "self-
24	directed" means, with respect to home and commu-
25	nity-based long-term care services for an eligible indi-

1	vidual, such services for the individual which are
2	planned and purchased under the direction and con-
3	trol of such individual or the individual's authorized
4	representative (as defined by the Secretary), including
5	the amount, duration, scope, provider, and location of
6	such services, under the State Medicaid program con-
7	sistent with the following requirements:
8	(A) Assessment.—There is an assessment
9	of the needs, capabilities, and preferences of the
10	individual with respect to such services.
11	(B) SERVICE PLAN.—Based on such assess-
12	ment, there is developed jointly with such indi-
13	vidual or the individual's authorized representa-
14	tive a plan for such services for such individual
15	that is approved by the State and that—
16	(i) specifies those services, if any,
17	which the individual or the individual's au-
18	thorized representative would be responsible
19	for directing;
20	(ii) identifies the methods by which the
21	individual or the individual's authorized
22	representative or an agency designated by
23	an individual or representative will select,
24	manage, and dismiss providers of such serv-
25	ices;

1	(iii) specifies the role of family mem-
2	bers and others whose participation is
3	sought by the individual or the individual's
4	authorized representative with respect to
5	such services;
6	(iv) is developed through a person-cen-
7	tered process that—
8	(I) is directed by the individual
9	or the individual's authorized rep-
10	resentative;
11	(II) builds upon the individual's
12	capacity to engage in activities that
13	promote community life and that re-
14	spects the individual's preferences,
15	choices, and abilities; and
16	(III) involves families, friends,
17	and professionals as desired or re-
18	quired by the individual or the indi-
19	vidual's authorized representative;
20	(v) includes appropriate risk manage-
21	ment techniques that recognize the roles and
22	sharing of responsibilities in obtaining serv-
23	ices in a self-directed manner and assure
24	the appropriateness of such plan based upon
25	the resources and capabilities of the indi-

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vidual or the individual's authorized rep-
resentative; and
(vi) may include an individualized
budget which identifies the dollar value of
the services and supports under the control
and direction of the individual or the indi-
vidual's authorized representative.
(C) BUDGET PROCESS.—With respect to in-
dividualized budgets described in subparagraph
(B)(vi), the State application under subsection
<i>(c)</i> —
(i) describes the method for calculating

13 the dollar values in such budgets based on 14 reliable costs and service utilization:

15 (ii) defines a process for making adjustments in such dollar values to reflect 16 17 changes in individual assessments and serv-18 ice plans; and

19 (iii) provides a procedure to evaluate 20 expenditures under such budgets.

21 (9) STATE.—The term "State" has the meaning 22 given such term for purposes of title XIX of the Social 23 Security Act.

24 (c) STATE APPLICATION.—A State seeking approval of an MFP demonstration project shall submit to the Sec-25

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retary, at such time and in such format as the Secretary
 requires, an application meeting the following requirements
 and containing such additional information, provisions,
 and assurances, as the Secretary may require:

5 (1) Assurance of a public development 6 **PROCESS.**—The application contains an assurance 7 that the State has engaged, and will continue to en-8 gage, in a public process for the design, development, 9 and evaluation of the MFP demonstration project that 10 allows for input from eligible individuals, the families 11 of such individuals, authorized representatives of such 12 individuals, providers, and other interested parties.

13 (2) Operation in connection with qualified 14 HCB PROGRAM TO ASSURE CONTINUITY OF SERV-15 ICES.—The State will conduct the MFP demonstra-16 tion project for eligible individuals in conjunction 17 with the operation of a qualified HCB program that 18 is in operation (or approved) in the State for such in-19 dividuals in a manner that assures continuity of 20 Medicaid coverage for such individuals so long as 21 such individuals continue to be eligible for medical 22 assistance.

23 (3) DEMONSTRATION PROJECT PERIOD.—The ap24 plication shall specify the period of the MFP dem25 onstration project, which shall include at least 2 con-

1	secutive fiscal years in the 5-fiscal-year period begin-
2	ning with fiscal year 2007.
3	(4) SERVICE AREA.—The application shall speci-
4	fy the service area or areas of the MFP demonstration
5	project, which may be a statewide area or 1 or more
6	geographic areas of the State.
7	(5) TARGETED GROUPS AND NUMBERS OF INDI-
8	VIDUALS SERVED.—The application shall specify—
9	(A) the target groups of eligible individuals
10	to be assisted to transition from an inpatient fa-
11	cility to a qualified residence during each fiscal
12	year of the MFP demonstration project;
13	(B) the projected numbers of eligible indi-
14	viduals in each targeted group of eligible indi-
15	viduals to be so assisted during each such year;
16	and
17	(C) the estimated total annual qualified ex-
18	penditures for each fiscal year of the MFP dem-
19	onstration project.
20	(6) Individual choice, continuity of care.—
21	The application shall contain assurances that—
22	(A) each eligible individual or the individ-
23	ual's authorized representative will be provided
24	the opportunity to make an informed choice re-

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garding whether to participate in the MFP demonstration project;

(B) each eligible individual or the individual's authorized representative will choose the qualified residence in which the individual will reside and the setting in which the individual will receive home and community-based longterm care services;

9 (C) the State will continue to make avail-10 able, so long as the State operates its qualified 11 HCB program consistent with applicable re-12 quirements, home and community-based long-13 term care services to each individual who com-14 pletes participation in the MFP demonstration 15 project for as long as the individual remains eli-16 gible for medical assistance for such services 17 under such qualified HCB program (including 18 meeting a requirement relating to requiring a 19 level of care provided in an inpatient facility 20 and continuing to require such services, and, if 21 the State applies a more stringent level of care 22 standard as a result of implementing the State 23 plan option permitted under section 1915(i) of 24 the Social Security Act, meeting the requirement

for at least the level of care which had resulted
in the individual's admission to the institution).
(7) REBALANCING.—The application shall—
(A) provide such information as the Sec-

retary may require concerning the dollar amounts of State Medicaid expenditures for the fiscal year, immediately preceding the first fiscal year of the State's MFP demonstration project, for long-term care services and the percentage of such expenditures that were for institutional long-term care services or were for home and community-based long-term care services;

13 (B)(i) specify the methods to be used by the 14 State to increase, for each fiscal year during the 15 MFP demonstration project, the dollar amount of 16 such total expenditures for home and commu-17 nity-based long-term care services and the per-18 centage of such total expenditures for long-term 19 care services that are for home and community-20 based long-term care services; and

21 (ii) describe the extent to which the MFP
22 demonstration project will contribute to accom23 plishment of objectives described in subsection
24 (a).

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1	(8) Money follows the person.—The appli-
2	cation shall describe the methods to be used by the
3	State to eliminate any legal, budgetary, or other bar-
4	riers to flexibility in the availability of Medicaid
5	funds to pay for long-term care services for eligible
6	individuals participating in the project in the appro-
7	priate settings of their choice, including costs to tran-
8	sition from an institutional setting to a qualified res-
9	idence.
10	(9) MAINTENANCE OF EFFORT AND COST-EFFEC-
11	TIVENESS.—The application shall contain or be ac-
12	companied by such information and assurances as
13	may be required to satisfy the Secretary that—
14	(A) total expenditures under the State Med-
15	icaid program for home and community-based
16	long-term care services will not be less for any
17	fiscal year during the MFP demonstration
18	project than for the greater of such expenditures
19	for-
20	(i) fiscal year 2005; or
21	(ii) any succeeding fiscal year before
22	the first year of the MFP demonstration
23	project; and
24	(B) in the case of a qualified HCB program
25	operating under a waiver under subsection (c) or

1	(d) of section 1915 of the Social Security Act (42
2	U.S.C. 1396n), but for the amount awarded
3	under a grant under this section, the State pro-
4	gram would continue to meet the cost-effective-
5	ness requirements of subsection $(c)(2)(D)$ of such
6	section or comparable requirements under sub-
7	section $(d)(5)$ of such section, respectively.
8	(10) WAIVER REQUESTS.—The application shall
9	contain or be accompanied by requests for any modi-
10	fication or adjustment of waivers of Medicaid require-
11	ments described in subsection $(d)(3)$, including ad-
12	justments to the maximum numbers of individuals in-
13	cluded and package of benefits, including one-time
14	transitional services, provided.
15	(11) QUALITY ASSURANCE AND QUALITY IM-
16	PROVEMENT.—The application shall include—
17	(A) a plan satisfactory to the Secretary for
18	quality assurance and quality improvement for
19	home and community-based long-term care serv-
20	ices under the State Medicaid program, includ-
21	ing a plan to assure the health and welfare of in-
22	dividuals participating in the MFP demonstra-
23	tion project; and
24	(B) an assurance that the State will cooper-
25	ate in carrying out activities under subsection

1	(f) to develop and implement continuous quality
2	assurance and quality improvement systems for
3	home and community-based long-term care serv-
4	ices.
5	(12) Optional program for self-directed
6	SERVICES.—If the State elects to provide for any
7	home and community-based long-term care services as
8	self-directed services (as defined in subsection (b)(8))
9	under the MFP demonstration project, the application
10	shall provide the following:
11	(A) MEETING REQUIREMENTS.—A descrip-
12	tion of how the project will meet the applicable
13	requirements of such subsection for the provision
14	of self-directed services.
15	(B) VOLUNTARY ELECTION.—A description
16	of how eligible individuals will be provided with
17	the opportunity to make an informed election to
18	receive self-directed services under the project
19	and after the end of the project.
20	(C) State support in service plan de-
21	velopment.—Satisfactory assurances that the
22	State will provide support to eligible individuals
23	who self-direct in developing and implementing
24	their service plans.

1	(D) Oversight of receipt of serv-
2	ICES.—Satisfactory assurances that the State
3	will provide oversight of eligible individual's re-
4	ceipt of such self-directed services, including
5	steps to assure the quality of services provided
6	and that the provision of such services are con-
7	sistent with the service plan under such sub-
8	section.
9	Nothing in this section shall be construed as requiring
10	a State to make an election under the project to pro-
11	vide for home and community-based long-term care
12	services as self-directed services, or as requiring an
13	individual to elect to receive self-directed services
14	under the project.
15	(13) Reports and evaluation.—The applica-
16	tion shall provide that—
17	(A) the State will furnish to the Secretary
18	such reports concerning the MFP demonstration
19	project, on such timetable, in such uniform for-
20	mat, and containing such information as the
21	Secretary may require, as will allow for reliable
22	comparisons of MFP demonstration projects
23	across States; and

1	(B) the State will participate in and co-
2	operate with the evaluation of the MFP dem-
3	onstration project.
4	(d) Secretary's Award of Competitive Grants.—
5	(1) IN GENERAL.—The Secretary shall award
6	grants under this section on a competitive basis to
7	States selected from among those with applications
8	meeting the requirements of subsection (c), in accord-
9	ance with the provisions of this subsection.
10	(2) Selection and modification of state Ap-
11	PLICATIONS.—In selecting State applications for the
12	awarding of such a grant, the Secretary—
13	(A) shall take into consideration the man-
14	ner in which, and extent to which, the State pro-
15	poses to achieve the objectives specified in sub-
16	section (a);
17	(B) shall seek to achieve an appropriate na-
18	tional balance in the numbers of eligible individ-
19	uals, within different target groups of eligible in-
20	dividuals, who are assisted to transition to
21	qualified residences under MFP demonstration
22	projects, and in the geographic distribution of
23	States operating MFP demonstration projects;
24	(C) shall give preference to State applica-
25	tions proposing—

1	(i) to provide transition assistance to
2	eligible individuals within multiple target
3	groups; and
4	(ii) to provide eligible individuals with
5	the opportunity to receive home and com-
6	munity-based long-term care services as self-
7	directed services, as defined in subsection
8	(b)(8); and
9	(D) shall take such objectives into consider-
10	ation in setting the annual amounts of State
11	grant awards under this section.
12	(3) WAIVER AUTHORITY.—The Secretary is au-
13	thorized to waive the following provisions of title XIX
14	of the Social Security Act, to the extent necessary to
15	enable a State initiative to meet the requirements and
16	accomplish the purposes of this section:
17	(A) Statewideness.—Section 1902(a)(1),
18	in order to permit implementation of a State
19	initiative in a selected area or areas of the State.
20	(B) COMPARABILITY.—Section
21	1902(a)(10)(B), in order to permit a State ini-
22	tiative to assist a selected category or categories
23	of individuals described in subsection $(b)(2)(A)$.
24	(C) Income and resources eligi-
25	BILITY.—Section 1902(a)(10)(C)(i)(III), in order

1	to permit a State to apply institutional eligi-
2	bility rules to individuals transitioning to com-
3	munity-based care.
4	(D) Provider Agreements.—Section
5	1902(a)(27), in order to permit a State to imple-
6	ment self-directed services in a cost-effective
7	manner.
8	(4) Conditional approval of outyear
9	GRANT.—In awarding grants under this section, the
10	Secretary shall condition the grant for the second and
11	any subsequent fiscal years of the grant period on the
12	following:
13	(A) NUMERICAL BENCHMARKS.—The State
14	must demonstrate to the satisfaction of the Sec-
15	retary that it is meeting numerical benchmarks
16	specified in the grant agreement for—
17	(i) increasing State Medicaid support
18	for home and community-based long-term
19	care services under subsection $(c)(5)$; and
20	(ii) numbers of eligible individuals as-
21	sisted to transition to qualified residences.
22	(B) QUALITY OF CARE.—The State must
23	demonstrate to the satisfaction of the Secretary
24	that it is meeting the requirements under sub-

1	section $(c)(11)$ to assure the health and welfare
2	of MFP demonstration project participants.
3	(e) PAYMENTS TO STATES; CARRYOVER OF UNUSED
4	GRANT AMOUNTS.—
5	(1) PAYMENTS.—For each calendar quarter in a
6	fiscal year during the period a State is awarded a
7	grant under subsection (d), the Secretary shall pay to
8	the State from its grant award for such fiscal year an
9	amount equal to the lesser of—
10	(A) the MFP-enhanced FMAP (as defined
11	in paragraph (5)) of the amount of qualified ex-
12	penditures made during such quarter; or
13	(B) the total amount remaining in such
14	grant award for such fiscal year (taking into ac-
15	count the application of paragraph (2)).
16	(2) CARRYOVER OF UNUSED AMOUNTS.—Any
17	portion of a State grant award for a fiscal year
18	under this section remaining at the end of such fiscal
19	year shall remain available to the State for the next
20	4 fiscal years, subject to paragraph (3).
21	(3) Reawarding of certain unused
22	AMOUNTS.—In the case of a State that the Secretary
23	determines pursuant to subsection $(d)(4)$ has failed to
24	meet the conditions for continuation of a MFP dem-
25	onstration project under this section in a succeeding

year or years, the Secretary shall rescind the grant
 awards for such succeeding year or years, together
 with any unspent portion of an award for prior
 years, and shall add such amounts to the appropria tion for the immediately succeeding fiscal year for
 grants under this section.

7 (4) PREVENTING DUPLICATION OF PAYMENT. 8 The payment under a MFP demonstration project 9 with respect to qualified expenditures shall be in lieu 10 of any payment with respect to such expenditures 11 that could otherwise be paid under Medicaid, includ-12 ing under section 1903(a) of the Social Security Act. 13 Nothing in the previous sentence shall be construed as 14 preventing the payment under Medicaid for such ex-15 penditures in a grant year after amounts available to pay for such expenditures under the MFP demonstra-16 17 tion project have been exhausted.

18 (5) MFP-ENHANCED FMAP.—For purposes of 19 paragraph (1)(A), the "MFP-enhanced FMAP", for a 20 State for a fiscal year, is equal to the Federal medical 21 assistance percentage (as defined in the first sentence 22 of section 1905(b)) for the State increased by a num-23 ber of percentage points equal to 50 percent of the 24 number of percentage points by which (A) such Fed-25 eral medical assistance percentage for the State, is

1	less than (B) 100 percent; but in no case shall the
2	MFP-enhanced FMAP for a State exceed 90 percent.
3	(f) QUALITY ASSURANCE AND IMPROVEMENT; TECH-
4	NICAL ASSISTANCE; OVERSIGHT.—
5	(1) IN GENERAL.—The Secretary, either directly
6	or by grant or contract, shall provide for technical as-
7	sistance to, and oversight of, States for purposes of
8	upgrading quality assurance and quality improve-
9	ment systems under Medicaid home and community-
10	based waivers, including—
11	(A) dissemination of information on prom-
12	ising practices;
13	(B) guidance on system design elements ad-
14	dressing the unique needs of participating bene-
15	ficiaries;
16	(C) ongoing consultation on quality, includ-
17	ing assistance in developing necessary tools, re-
18	sources, and monitoring systems; and
19	(D) guidance on remedying programmatic
20	and systemic problems.
21	(2) FUNDING.—From the amounts appropriated
22	under subsection $(h)(1)$ for the portion of fiscal year
23	2007 that begins on January 1, 2007, and ends on
24	September 30, 2007, and for fiscal year 2008, not
25	more than \$2,400,000 shall be available to the Sec-

1	retary to carry out this subsection during the period
2	that begins on January 1, 2007, and ends on Sep-
3	tember 30, 2011.

4 (g) RESEARCH AND EVALUATION.—

5 (1) IN GENERAL.—The Secretary, directly or 6 through grant or contract, shall provide for research on, and a national evaluation of, the program under 7 8 this section, including assistance to the Secretary in 9 preparing the final report required under paragraph 10 (2). The evaluation shall include an analysis of pro-11 jected and actual savings related to the transition of 12 individuals to qualified residences in each State con-13 ducting an MFP demonstration project.

14 (2) FINAL REPORT.—The Secretary shall make a
15 final report to the President and Congress, not later
16 than September 30, 2011, reflecting the evaluation de17 scribed in paragraph (1) and providing findings and
18 conclusions on the conduct and effectiveness of MFP
19 demonstration projects.

20 (3) FUNDING.—From the amounts appropriated
21 under subsection (h)(1) for each of fiscal years 2008
22 through 2011, not more than \$1,100,000 per year
23 shall be available to the Secretary to carry out this
24 subsection.

25 (h) APPROPRIATIONS.—

1	(1) IN GENERAL.—There are appropriated, from
2	any funds in the Treasury not otherwise appro-
3	priated, for grants to carry out this section—
4	(A) $$250,000,000$ for the portion of fiscal
5	year 2007 beginning on January 1, 2007, and
6	ending on September 30, 2007;
7	(B) \$300,000,000 for fiscal year 2008;
8	(C) \$350,000,000 for fiscal year 2009;
9	(D) \$400,000,000 for fiscal year 2010; and
10	(E) \$450,000,000 for fiscal year 2011.
11	(2) AVAILABILITY.—Amounts made available
12	under paragraph (1) for a fiscal year shall remain
13	available for the awarding of grants to States by not
14	later than September 30, 2011.
15	Subchapter C—Miscellaneous
16	SEC. 6081. MEDICAID TRANSFORMATION GRANTS.
17	(a) IN GENERAL.—Section 1903 of the Social Security
18	Act (42 U.S.C. 1396b), as amended by sections $6037(a)(2)$
19	and 6043(b), is amended by adding at the end the following
20	new subsection:
21	"(z) Medicaid Transformation Payments.—
22	"(1) IN GENERAL.—In addition to the payments
23	provided under subsection (a), subject to paragraph
24	(4), the Secretary shall provide for payments to
25	States for the adoption of innovative methods to im-

1	prove the effectiveness and efficiency in providing
2	medical assistance under this title.
3	"(2) Permissible uses of funds.—The fol-
4	lowing are examples of innovative methods for which
5	funds provided under this subsection may be used:
6	"(A) Methods for reducing patient error
7	rates through the implementation and use of elec-
8	tronic health records, electronic clinical decision
9	support tools, or e-prescribing programs.
10	"(B) Methods for improving rates of collec-
11	tion from estates of amounts owed under this
12	title.
13	``(C) Methods for reducing waste, fraud, and
14	abuse under the program under this title, such as
15	reducing improper payment rates as measured
16	by annual payment error rate measurement
17	(PERM) project rates.
18	(D) Implementation of a medication risk
19	management program as part of a drug use re-
20	view program under section 1927(g).
21	((E) Methods in reducing, in clinically ap-
22	propriate ways, expenditures under this title for
23	covered outpatient drugs, particularly in the cat-
24	egories of greatest drug utilization, by increasing
25	the utilization of generic drugs through the use

1	of education programs and other incentives to
2	promote greater use of generic drugs.
3	``(F) Methods for improving access to pri-
4	mary and specialty physician care for the unin-
5	sured using integrated university-based hospital
6	and clinic systems.
7	"(3) Application; terms and conditions.—
8	"(A) IN GENERAL.—No payments shall be
9	made to a State under this subsection unless the
10	State applies to the Secretary for such payments
11	in a form, manner, and time specified by the
12	Secretary.
13	"(B) TERMS AND CONDITIONS.—Such pay-
14	ments are made under such terms and conditions
15	consistent with this subsection as the Secretary
16	prescribes.
17	"(C) ANNUAL REPORT.—Payment to a
18	State under this subsection is conditioned on the
19	State submitting to the Secretary an annual re-
20	port on the programs supported by such pay-
21	ment. Such report shall include information
22	<i>on</i> —
23	"(i) the specific uses of such payment;

1	"(ii) an assessment of quality improve-
2	ments and clinical outcomes under such
3	programs; and
4	"(iii) estimates of cost savings result-
5	ing from such programs.
6	"(4) FUNDING.—
7	"(A) LIMITATION ON FUNDS.—The total
8	amount of payments under this subsection shall
9	be equal to, and shall not exceed—
10	''(i) \$75,000,000 for fiscal year 2007;
11	and
12	''(ii) \$75,000,000 for fiscal year 2008.
13	This subsection constitutes budget authority in
14	advance of appropriations Acts and represents
15	the obligation of the Secretary to provide for the
16	payment of amounts provided under this sub-
17	section.
18	"(B) Allocation of funds.—The Sec-
19	retary shall specify a method for allocating the
20	funds made available under this subsection
21	among States. Such method shall provide pref-
22	erence for States that design programs that tar-
23	get health providers that treat significant num-
24	bers of Medicaid beneficiaries. Such method shall
25	provide that not less than 25 percent of such
1	funds shall be allocated among States the popu-
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2	lation of which (as determined according to data
3	collected by the United States Census Bureau) as
4	of July 1, 2004, was more than 105 percent of
5	the population of the respective State (as so de-
6	termined) as of April 1, 2000.
7	"(C) FORM AND MANNER OF PAYMENT.—
8	Payment to a State under this subsection shall
9	be made in the same manner as other payments
10	under section 1903(a). There is no requirement
11	for State matching funds to receive payments
12	under this subsection.
13	"(5) Medication risk management pro-
14	GRAM.—
15	"(A) IN GENERAL.—For purposes of this
16	subsection, the term 'medication risk manage-
17	ment program' means a program for targeted
18	beneficiaries that ensures that covered outpatient
19	drugs are appropriately used to optimize thera-
20	peutic outcomes through improved medication
21	use and to reduce the risk of adverse events.
22	"(B) ELEMENTS.—Such program may in-
23	clude the following elements:
24	"(i) The use of established principles
25	and standards for drug utilization review

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1	and best practices to analyze prescription
2	drug claims of targeted beneficiaries and
3	identify outlier physicians.
4	"(ii) On an ongoing basis provide
5	outlier physicians—
6	``(I) a comprehensive pharmacy
7	claims history for each targeted bene-
8	ficiary under their care;
9	``(II) information regarding the
10	frequency and cost of relapses and hos-
11	pitalizations of targeted beneficiaries
12	under the physician's care; and
13	"(III) applicable best practice
14	guidelines and empirical references.
15	"(iii) Monitor outlier physician's pre-
16	scribing, such as failure to refill, dosage
17	strengths, and provide incentives and infor-
18	mation to encourage the adoption of best
19	clinical practices.
20	"(C) TARGETED BENEFICIARIES.—For pur-
21	poses of this paragraph, the term 'targeted bene-
22	ficiaries' means Medicaid eligible beneficiaries
23	who are identified as having high prescription
24	drug costs and medical costs, such as individuals

1	with behavioral disorders or multiple chronic
2	diseases who are taking multiple medications.".
3	SEC. 6082. HEALTH OPPORTUNITY ACCOUNTS.
4	Title XIX of the Social Security Act, as amended by
5	sections 6035 and 6044, is amended—
6	(1) by redesignating section 1938 as section
7	1939; and
8	(2) by inserting after section 1937 the following
9	new section:
10	"HEALTH OPPORTUNITY ACCOUNTS
11	"SEC. 1938. (a) AUTHORITY.—
12	"(1) IN GENERAL.—Notwithstanding any other
13	provision of this title, the Secretary shall establish a
14	demonstration program under which States may pro-
15	vide under their State plans under this title (includ-
16	ing such a plan operating under a statewide waiver
17	under section 1115) in accordance with this section
18	for the provision of alternative benefits consistent
19	with subsection (c) for eligible population groups in
20	one or more geographic areas of the State specified by
21	the State. An amendment under the previous sentence
22	is referred to in this section as a 'State demonstration
23	program'.
24	"(2) Initial demonstration.—
25	"(A) IN GENERAL.—The demonstration pro-
26	gram under this section shall begin on January

1	1, 2007. During the first 5 years of such pro-
2	gram, the Secretary shall not approve more than
3	10 States to conduct demonstration programs
4	under this section, with each State demonstra-
5	tion program covering 1 or more geographic
6	areas specified by the State. After such 5-year
7	period—
8	"(i) unless the Secretary finds, taking
9	into account cost-effectiveness, quality of
10	care, and other criteria that the Secretary
11	specifies, that a State demonstration pro-
12	gram previously implemented has been un-
13	successful, such a demonstration program
14	may be extended or made permanent in the
15	State; and
16	"(ii) unless the Secretary finds, taking
17	into account cost-effectiveness, quality of
18	care, and other criteria that the Secretary
19	specifies, that all State demonstration pro-
20	grams previously implemented were unsuc-
21	cessful, other States may implement State
22	demonstration programs.
23	"(B) GAO REPORT.—
24	"(i) IN GENERAL.—Not later than 3
25	months after the end of the 5-year period

1	described in subparagraph (A), the Comp-
2	troller General of the United States shall
3	submit a report to Congress evaluating the
4	demonstration programs conducted under
5	this section during such period.
6	"(ii) Appropriation.—Out of any
7	funds in the Treasury not otherwise appro-
8	priated, there is appropriated to the Comp-
9	troller General of the United States,
10	\$550,000 for the period of fiscal years 2007
11	through 2010 to carry out clause (i) .
12	"(3) APPROVAL.—The Secretary shall not ap-
13	prove a State demonstration program under para-
14	graph (1) unless the program includes the following:
15	"(A) Creating patient awareness of the high
16	cost of medical care.
17	"(B) Providing incentives to patients to
18	seek preventive care services.
19	(C) Reducing inappropriate use of health
20	care services.
21	"(D) Enabling patients to take responsi-
22	bility for health outcomes.
23	(E) Providing enrollment counselors and
24	ongoing education activities.

1	``(F) Providing transactions involving
2	health opportunity accounts to be conducted elec-
3	tronically and without cash.
4	``(G) Providing access to negotiated pro-

5 vider payment rates consistent with this section. 6 Nothing in this section shall be construed as preventing a State demonstration program from pro-7 8 viding incentives for patients obtaining appropriate 9 preventive care (as defined for purposes of section 10 223(c)(2)(C) of the Internal Revenue Code of 1986), such as additional account contributions for an indi-11 12 vidual demonstrating healthy prevention practices.

13 "(4) NO REQUIREMENT FOR STATEWIDENESS.—
14 Nothing in this section or any other provision of law
15 shall be construed to require that a State must pro16 vide for the implementation of a State demonstration
17 program on a Statewide basis.

18 "(b) ELIGIBLE POPULATION GROUPS.—

19 "(1) IN GENERAL.—A State demonstration pro20 gram under this section shall specify the eligible pop21 ulation groups consistent with paragraphs (2) and
22 (3).

23 "(2) ELIGIBILITY LIMITATIONS DURING INITIAL
24 DEMONSTRATION PERIOD.—During the initial 5 years
25 of the demonstration program under this section, a

1	State demonstration program shall not apply to any
2	of the following individuals:
3	"(A) Individuals who are 65 years of age or
4	older.
5	"(B) Individuals who are disabled, regard-
6	less of whether or not their eligibility for medical
7	assistance under this title is based on such dis-
8	ability.
9	"(C) Individuals who are eligible for med-
10	ical assistance under this title only because they
11	are (or were within the previous 60 days) preg-
12	nant.
13	"(D) Individuals who have been eligible for
14	medical assistance for a continuous period of less
15	than 3 months.
16	"(3) Additional limitations.—A State dem-
17	onstration program shall not apply to any individual
18	within a category of individuals described in section
19	1937(a)(2)(B).
20	"(4) Limitations.—
21	"(A) STATE OPTION.—This subsection shall
22	not be construed as preventing a State from fur-
23	ther limiting eligibility.
24	"(B) ON ENROLLEES IN MEDICAID MAN-
25	AGED CARE ORGANIZATIONS.—Insofar as the

1	State provides for eligibility of individuals who
2	are enrolled in Medicaid managed care organiza-
3	tions, such individuals may participate in the
4	State demonstration program only if the State
5	provides assurances satisfactory to the Secretary
6	that the following conditions are met with re-
7	spect to any such organization:
8	"(i) In no case may the number of
9	such individuals enrolled in the organiza-
10	tion who participate in the program exceed
11	5 percent of the total number of individuals
12	enrolled in such organization.
13	"(ii) The proportion of enrollees in the
14	organization who so participate is not sig-
15	nificantly disproportionate to the propor-
16	tion of such enrollees in other such organi-
17	zations who participate.
18	"(iii) The State has provided for an
19	appropriate adjustment in the per capita
20	payments to the organization to account for
21	such participation, taking into account dif-
22	ferences in the likely use of health services
23	between enrollees who so participate and en-
24	rollees who do not so participate.

1	"(5) VOLUNTARY PARTICIPATION.—An eligible
2	individual shall be enrolled in a State demonstration
3	program only if the individual voluntarily enrolls.
4	Except in such hardship cases as the Secretary shall
5	specify, such an enrollment shall be effective for a pe-
6	riod of 12 months, but may be extended for additional
7	periods of 12 months each with the consent of the in-
8	dividual.
9	"(6) 1-YEAR MORATORIUM FOR REENROLL-
10	MENT.—An eligible individual who, for any reason, is
11	disenrolled from a State demonstration program con-
12	ducted under this section shall not be permitted to re-
13	enroll in such program before the end of the 1-year
14	period that begins on the effective date of such
15	disenrollment.
16	"(c) Alternative Benefits.—
17	"(1) IN GENERAL.—The alternative benefits pro-
18	vided under this section shall consist, consistent with
19	this subsection, of at least—
20	"(A) coverage for medical expenses in a
21	year for items and services for which benefits are
22	otherwise provided under this title after an an-
23	nual deductible described in paragraph (2) has
24	been met; and

1	"(B) contribution into a health opportunity
2	account.
3	Nothing in subparagraph (A) shall be construed as
4	preventing a State from providing for coverage of pre-
5	ventive care (referred to in subsection $(a)(3)$) within
6	the alternative benefits without regard to the annual
7	deductible.
8	"(2) ANNUAL DEDUCTIBLE.—The amount of the
9	annual deductible described in paragraph (1)(A) shall
10	be at least 100 percent, but no more than 110 percent,
11	of the annualized amount of contributions to the
12	health opportunity account under subsection
13	(d)(2)(A)(i), determined without regard to any limi-
14	tation described in subsection $(d)(2)(C)(i)(H)$.
15	"(3) Access to negotiated provider pay-
16	MENT RATES.—
17	"(A) FEE-FOR-SERVICE ENROLLEES.—In
18	the case of an individual who is participating in
19	a State demonstration program and who is not
20	enrolled with a Medicaid managed care organi-
21	zation, the State shall provide that the indi-
22	vidual may obtain demonstration program Med-
23	icaid services from—

24 "(i) any participating provider under
25 this title at the same payment rates that

would be applicable to such services if the
 deductible described in paragraph (1)(A)
 was not applicable; or

4 "(ii) any other provider at payment
5 rates that do not exceed 125 percent of the
6 payment rate that would be applicable to
7 such services furnished by a participating
8 provider under this title if the deductible
9 described in paragraph (1)(A) was not applicable.

11 "(B) TREATMENT UNDER MEDICAID MAN-12 AGED CARE PLANS.—In the case of an individual who is participating in a State demonstration 13 14 program and is enrolled with a Medicaid man-15 aged care organization, the State shall enter into 16 an arrangement with the organization under 17 which the individual may obtain demonstration 18 program Medicaid services from any provider 19 described in clause (ii) of subparagraph (A) at 20 payment rates that do not exceed the payment 21 rates that may be imposed under that clause.

22 "(C) COMPUTATION.—The payment rates
23 described in subparagraphs (A) and (B) shall be
24 computed without regard to any cost sharing

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1	that would be otherwise applicable under sections
2	1916 and 1916A.
3	"(D) DEFINITIONS.—For purposes of this
4	paragraph:
5	"(i) The term 'demonstration program
6	Medicaid services' means, with respect to an
7	individual participating in a State dem-
8	onstration program, services for which the
9	individual would be provided medical as-
10	sistance under this title but for the applica-
11	tion of the deductible described in para-
12	graph (1)(A).
13	"(ii) The term 'participating provider'
14	means—
15	((I) with respect to an individual
16	described in subparagraph (A), a
17	health care provider that has entered
18	into a participation agreement with
19	the State for the provision of services
20	to individuals entitled to benefits
21	under the State plan; or
22	"(II) with respect to an indi-
23	vidual described in subparagraph (B)
24	who is enrolled in a Medicaid managed
25	care organization, a health care pro-

1	vider that has entered into an arrange-
2	ment for the provision of services to en-
3	rollees of the organization under this
4	title.
5	"(4) No effect on subsequent benefits.—
6	Except as provided under paragraphs (1) and (2), al-
7	ternative benefits for an eligible individual shall con-
8	sist of the benefits otherwise provided to the indi-
9	vidual, including cost sharing relating to such bene-
10	fits.
11	"(5) Overriding cost sharing and com-
12	PARABILITY REQUIREMENTS FOR ALTERNATIVE BENE-
13	FITS.—The provisions of this title relating to cost
14	sharing for benefits (including sections 1916 and
15	1916A) shall not apply with respect to benefits to
16	which the annual deductible under paragraph $(1)(A)$
17	applies. The provisions of section $1902(a)(10)(B)$ (re-
18	lating to comparability) shall not apply with respect
19	to the provision of alternative benefits (as described in
20	this subsection).
21	"(6) TREATMENT AS MEDICAL ASSISTANCE.—
22	Subject to subparagraphs (D) and (E) of subsection
23	(d)(2), payments for alternative benefits under this

24 section (including contributions into a health oppor-

1	tunity account) shall be treated as medical assistance
2	for purposes of section 1903(a).
3	"(7) Use of tiered deductible and cost
4	SHARING.—
5	"(A) IN GENERAL.—A State—
6	"(i) may vary the amount of the an-
7	nual deductible applied under paragraph
8	(1)(A) based on the income of the family in-
9	volved so long as it does not favor families
10	with higher income over those with lower
11	income; and
12	"(ii) may vary the amount of the max-
13	imum out-of-pocket cost sharing (as defined
14	in subparagraph (B)) based on the income
15	of the family involved so long as it does not
16	favor families with higher income over those
17	with lower income.
18	"(B) MAXIMUM OUT-OF-POCKET COST SHAR-
19	ING.—For purposes of subparagraph $(A)(ii)$, the
20	term 'maximum out-of-pocket cost sharing'
21	means, for an individual or family, the amount
22	by which the annual deductible level applied
23	under paragraph $(1)(A)$ to the individual or
24	family exceeds the balance in the health oppor-
25	tunity account for the individual or family.

1	"(8) Contributions by employers.—Nothing
2	in this section shall be construed as preventing an
3	employer from providing health benefits coverage con-
4	sisting of the coverage described in paragraph $(1)(A)$
5	to individuals who are provided alternative benefits
6	under this section.
7	"(d) Health Opportunity Account.—
8	"(1) IN GENERAL.—For purposes of this section,
9	the term 'health opportunity account' means an ac-
10	count that meets the requirements of this subsection.
11	"(2) Contributions.—
12	"(A) IN GENERAL.—No contribution may be
13	made into a health opportunity account except—
14	"(i) contributions by the State under
15	this title; and
16	"(ii) contributions by other persons
17	and entities, such as charitable organiza-
18	tions, as permitted under section $1903(w)$.
19	"(B) STATE CONTRIBUTION.—A State shall
20	specify the contribution amount that shall be de-
21	posited under subparagraph $(A)(i)$ into a health
22	opportunity account.
23	"(C) LIMITATION ON ANNUAL STATE CON-
24	TRIBUTION PROVIDED AND PERMITTING IMPOSI-
25	TION OF MAXIMUM ACCOUNT BALANCE.—

1	"(i) IN GENERAL.—A State—
2	``(I) may impose limitations on
3	the maximum contributions that may
4	be deposited under subparagraph
5	(A)(i) into a health opportunity ac-
6	count in a year;
7	"(II) may limit contributions into
8	such an account once the balance in
9	the account reaches a level specified by
10	the State; and
11	"(III) subject to clauses (ii) and
12	(iii) and subparagraph (D)(i), may
13	not provide contributions described in
14	subparagraph $(A)(i)$ to a health oppor-
15	tunity account on behalf of an indi-
16	vidual or family to the extent the
17	amount of such contributions (includ-
18	ing both State and Federal shares) ex-
19	ceeds, on an annual basis, \$2,500 for
20	each individual (or family member)
21	who is an adult and \$1,000 for each
22	individual (or family member) who is
23	$a \ child.$
24	"(ii) Indexing of dollar limita-
25	TIONS.—For each year after 2006, the dol-

1	lar amounts specified in clause (i)(III) shall
2	be annually increased by the Secretary by a
3	percentage that reflects the annual percent-
4	age increase in the medical care component
5	of the consumer price index for all urban
6	consumers.
7	"(iii) BUDGET NEUTRAL ADJUST-
8	MENT.—A State may provide for dollar
9	limitations in excess of those specified in
10	clause (i)(III) (as increased under clause
11	(ii)) for specified individuals if the State
12	provides assurances satisfactory to the Sec-
13	retary that contributions otherwise made to
14	other individuals will be reduced in a man-
15	ner so as to provide for aggregate contribu-
16	tions that do not exceed the aggregate con-
17	tributions that would otherwise be permitted
18	under this subparagraph.
19	"(D) LIMITATIONS ON FEDERAL MATCH-
20	ING.—
21	"(i) State contribution.—A State
22	may contribute under subparagraph $(A)(i)$
23	amounts to a health opportunity account in
24	excess of the limitations provided under sub-
25	paragraph (C)(i)(III), but no Federal fi-

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1	nancial participation shall be provided
2	under section 1903(a) with respect to con-
3	tributions in excess of such limitations.
4	"(ii) No FFP for private contribu-
5	TIONS.—No Federal financial participation
6	shall be provided under section 1903(a)
7	with respect to any contributions described
8	in subparagraph $(A)(ii)$ to a health oppor-
9	tunity account.
10	"(E) Application of different match-
11	ING RATES.—The Secretary shall provide a
12	method under which, for expenditures made from
13	a health opportunity account for medical care
14	for which the Federal matching rate under sec-
15	tion 1903(a) exceeds the Federal medical assist-
16	ance percentage, a State may obtain payment
17	under such section at such higher matching rate
18	for such expenditures.
19	"(3) USE.—
20	"(A) GENERAL USES.—
21	"(i) IN GENERAL.—Subject to the suc-
22	ceeding provisions of this paragraph,
23	amounts in a health opportunity account
24	may be used for payment of such health
25	care expenditures as the State specifies.

1	"(ii) General limitation.—Subject
2	to subparagraph $(B)(ii)$, in no case shall
3	such account be used for payment for health
4	care expenditures that are not payment of
5	medical care (as defined by section $213(d)$
6	of the Internal Revenue Code of 1986).
7	"(iii) State restrictions.—In ap-
8	plying clause (i), a State may restrict pay-
9	ment for—
10	"(I) providers of items and serv-
11	ices to providers that are licensed or
12	otherwise authorized under State law
13	to provide the item or service and may
14	deny payment for such a provider on
15	the basis that the provider has been
16	found, whether with respect to this title
17	or any other health benefit program, to
18	have failed to meet quality standards
19	or to have committed 1 or more acts of
20	fraud or abuse; and
21	"(II) items and services insofar as
22	the State finds they are not medically
23	appropriate or necessary.
24	"(iv) Electronic withdrawals.—
25	The State demonstration program shall pro-

1	vide for a method whereby withdrawals may
2	be made from the account for such purposes
3	using an electronic system and shall not
4	permit withdrawals from the account in
5	cash.
6	"(B) MAINTENANCE OF HEALTH OPPOR-
7	TUNITY ACCOUNT AFTER BECOMING INELIGIBLE
8	FOR PUBLIC BENEFIT.—
9	"(i) IN GENERAL.—Notwithstanding
10	any other provision of law, if an account
11	holder of a health opportunity account be-
12	comes ineligible for benefits under this title
13	because of an increase in income or assets-
14	((I) no additional contribution
15	shall be made into the account under
16	paragraph (2)(A)(i);
17	"(II) subject to clause (iii), the
18	balance in the account shall be reduced
19	by 25 percent; and
20	"(III) subject to the succeeding
21	provisions of this subparagraph, the
22	account shall remain available to the
23	account holder for 3 years after the
24	date on which the individual becomes
25	ineligible for such benefits for with-

1	drawals under the same terms and
2	conditions as if the account holder re-
3	mained eligible for such benefits, and
4	such withdrawals shall be treated as
5	medical assistance in accordance with
6	subsection $(c)(6)$.
7	"(ii) Special Rules.—Withdrawals
8	under this subparagraph from an account—
9	((I) shall be available for the pur-
10	chase of health insurance coverage; and
11	"(II) may, subject to clause (iv),
12	be made available (at the option of the
13	State) for such additional expenditures
14	(such as job training and tuition ex-
15	penses) specified by the State (and ap-
16	proved by the Secretary) as the State
17	may specify.
18	"(iii) Exception from 25 percent
19	SAVINGS TO GOVERNMENT FOR PRIVATE
20	CONTRIBUTIONS.—Clause (i)(II) shall not
21	apply to the portion of the account that is
22	attributable to contributions described in
23	paragraph (2)(A)(ii). For purposes of ac-
24	counting for such contributions, with-
25	drawals from a health opportunity account

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1	shall first be attributed to contributions de-
2	scribed in paragraph $(2)(A)(i)$.
3	"(iv) Condition for non-health
4	withdrawal may be
5	made from an account under clause (ii)(II)
6	unless the account holder has participated
7	in the program under this section for at
8	least 1 year.
9	"(v) No requirement for continu-
10	ATION OF COVERAGE.—An account holder of
11	a health opportunity account, after becom-
12	ing ineligible for medical assistance under
13	this title, is not required to purchase high-
14	deductible or other insurance as a condition
15	of maintaining or using the account.
16	"(4) Administration.—A State may coordinate
17	administration of health opportunity $accounts$
18	through the use of a third party administrator and
19	reasonable expenditures for the use of such adminis-
20	trator shall be reimbursable to the State in the same
21	manner as other administrative expenditures under
22	section 1903(a)(7).
23	"(5) TREATMENT.—Amounts in, or contributed
24	to, a health opportunity account shall not be counted

1	as income or assets for purposes of determining eligi-
2	bility for benefits under this title.
3	"(6) UNAUTHORIZED WITHDRAWALS.—A State
4	may establish procedures—
5	"(A) to penalize or remove an individual
6	from the health opportunity account based on
7	nonqualified withdrawals by the individual from
8	such an account; and
9	(B) to recoup costs that derive from such
10	nonqualified withdrawals.".
11	SEC. 6083. STATE OPTION TO ESTABLISH NON-EMERGENCY
12	MEDICAL TRANSPORTATION PROGRAM.
13	(a) IN GENERAL.—Section 1902(a) of the Social Secu-
14	rity Act (42 U.S.C. 1396a(a)), as amended by sections
15	6033(a) and 6035(b), is amended—
16	(1) in paragraph (68), by striking "and" at the
17	end;
18	(2) in paragraph (69) by striking the period at
19	the end and inserting "; and"; and
20	(3) by inserting after paragraph (69) the fol-
21	lowing:
22	"(70) at the option of the State and notwith-
23	standing paragraphs (1), $(10)(B)$, and (23), provide
24	for the establishment of a non-emergency medical
25	transportation brokerage program in order to more

1	cost-effectively provide transportation for individuals
2	eligible for medical assistance under the State plan
3	who need access to medical care or services and have
4	no other means of transportation which—
5	"(A) may include a wheelchair van, taxi,
6	stretcher car, bus passes and tickets, secured
7	transportation, and such other transportation as
8	the Secretary determines appropriate; and
9	(B) may be conducted under contract with
10	a broker who—
11	((i) is selected through a competitive
12	bidding process based on the State's evalua-
13	tion of the broker's experience, performance,
14	references, resources, qualifications, and
15	costs;
16	"(ii) has oversight procedures to mon-
17	itor beneficiary access and complaints and
18	ensure that transport personnel are licensed,
19	qualified, competent, and courteous;
20	"(iii) is subject to regular auditing
21	and oversight by the State in order to en-
22	sure the quality of the transportation serv-
23	ices provided and the adequacy of bene-
24	ficiary access to medical care and services;
25	and

"(iv) complies with such requirements
 related to prohibitions on referrals and con flict of interest as the Secretary shall estab lish (based on the prohibitions on physician
 referrals under section 1877 and such other
 prohibitions and requirements as the Sec retary determines to be appropriate).".

8 (b) EFFECTIVE DATE.—The amendments made by sub9 section (a) take effect on the date of the enactment of this
10 Act.

11SEC. 6084. EXTENSION OF TRANSITIONAL MEDICAL ASSIST-12ANCE (TMA) AND ABSTINENCE EDUCATION13PROGRAM.

14 Effective as if enacted on December 31, 2005, activities 15 authorized by sections 510 and 1925 of the Social Security Act shall continue through December 31, 2006, in the man-16 ner authorized for fiscal year 2005, notwithstanding section 17 1902(e)(1)(A) of such Act, and out of any money in the 18 19 Treasury of the United States not otherwise appropriated, 20 there are hereby appropriated such sums as may be nec-21 essary for such purpose. Grants and payments may be made 22 pursuant to this authority through the first quarter of fiscal 23 year 2007 at the level provided for such activities through 24 the first quarter of fiscal year 2006.

1	SEC. 6085. EMERGENCY SERVICES FURNISHED BY NON-CON-
2	TRACT PROVIDERS FOR MEDICAID MANAGED
3	CARE ENROLLEES.
4	(a) IN GENERAL.—Section 1932(b)(2) of the Social Se-

5 curity Act (42 U.S.C. 1396u-2(b)(2)) is amended by adding
6 at the end the following new subparagraph:

7 "(D) Emergency services furnished by 8 NON-CONTRACT PROVIDERS.—Any provider of 9 emergency services that does not have in effect a 10 contract with a Medicaid managed care entity 11 that establishes payment amounts for services 12 furnished to a beneficiary enrolled in the entity's 13 Medicaid managed care plan must accept as 14 payment in full no more than the amounts (less 15 any payments for indirect costs of medical edu-16 cation and direct costs of graduate medical edu-17 cation) that it could collect if the beneficiary re-18 ceived medical assistance under this title other 19 than through enrollment in such an entity. In a 20 State where rates paid to hospitals under the 21 State plan are negotiated by contract and not 22 publicly released, the payment amount applica-23 ble under this subparagraph shall be the average 24 contract rate that would apply under the State 25 plan for general acute care hospitals or the aver-

1 age contract rate that would apply under such 2 plan for tertiary hospitals.". 3 (b) EFFECTIVE DATE.—The amendment made by sub-4 section (a) shall take effect on January 1, 2007. 5 SEC. 6086. EXPANDED ACCESS TO HOME AND COMMUNITY-6 BASED SERVICES FOR THE ELDERLY AND DIS-7 ABLED. 8 (a) Home and Community-Based Services as an **OPTIONAL BENEFIT FOR ELDERLY AND DISABLED INDIVID-**9 10 UALS.—Section 1915 of the Social Security Act (42 U.S.C.

11 1396n) is amended by adding at the end the following new12 subsection:

13 "(i) STATE PLAN AMENDMENT OPTION TO PROVIDE
14 HOME AND COMMUNITY-BASED SERVICES FOR ELDERLY
15 AND DISABLED INDIVIDUALS.—

16 "(1) IN GENERAL.—Subject to the succeeding 17 provisions of this subsection, a State may provide 18 through a State plan amendment for the provision of 19 medical assistance for home and community-based 20 services (within the scope of services described in 21 paragraph (4)(B) of subsection (c) for which the Secretary has the authority to approve a waiver and not 22 23 including room and board or such other services re-24 quested by the State as the Secretary may approve) 25 for individuals eligible for medical assistance under

 cent of the poverty line (as defined in sectors 2110(c)(5)), without determining that but for the p vision of such services the individuals would require the level of care provided in a hospital or a nurse facility or intermediate care facility for the mental retarded, but only if the State meets the following quirements: "(A) NEEDS-BASED CRITERIA FOR ELI 	ro- ire ing Ily re- GI-
 4 vision of such services the individuals would requine 5 the level of care provided in a hospital or a nurse 6 facility or intermediate care facility for the menta 7 retarded, but only if the State meets the following 8 quirements: 9 "(A) NEEDS-BASED CRITERIA FOR ELI 	ire 'ng lly re- GI-
 the level of care provided in a hospital or a nurse facility or intermediate care facility for the menta retarded, but only if the State meets the following quirements: "(A) NEEDS-BASED CRITERIA FOR ELI 	ng lly re- H-
 facility or intermediate care facility for the menta retarded, but only if the State meets the following quirements: "(A) NEEDS-BASED CRITERIA FOR ELI 	lly re- GI-
 7 retarded, but only if the State meets the following 8 quirements: 9 "(A) NEEDS-BASED CRITERIA FOR ELI 	re- GI-
 8 quirements: 9 "(A) NEEDS-BASED CRITERIA FOR ELI 	GI-
9 "(A) NEEDS-BASED CRITERIA FOR ELI	
10 BILITY FOR, AND RECEIPT OF, HOME AND CO	<i>M</i> -
11 MUNITY-BASED SERVICES.—The State establish	hes
12 <i>needs-based criteria for determining an indiv</i>	id-
13 <i>ual's eligibility under the State plan for medi</i>	cal
14 assistance for such home and community-ba	:ed
15 services, and if the individual is eligible for su	ch
16 services, the specific home and community-ba	sed
17 services that the individual will receive.	
18 "(B) ESTABLISHMENT OF MORE STRINGE	NT
19 NEEDS-BASED ELIGIBILITY CRITERIA FOR INS	TI-
20 TUTIONALIZED CARE.—The State establish	hes
21 needs-based criteria for determining whether	an
22 <i>individual requires the level of care provided</i>	in
23 <i>a hospital, a nursing facility, or an intermedi</i>	ate
24 care facility for the mentally retarded under	the:
25 State plan or under any waiver of such pl	an

1	that are more stringent than the needs-based cri-
2	teria established under subparagraph (A) for de-
3	termining eligibility for home and community-
4	based services.
5	"(C) Projection of number of individ-
6	UALS TO BE PROVIDED HOME AND COMMUNITY-
7	BASED SERVICES.—
8	"(i) IN GENERAL.—The State submits
9	to the Secretary, in such form and manner,
10	and upon such frequency as the Secretary
11	shall specify, the projected number of indi-
12	viduals to be provided home and commu-
13	nity-based services.
14	"(ii) Authority to limit number of
15	ELIGIBLE INDIVIDUALS.—A State may limit
16	the number of individuals who are eligible
17	for such services and may establish waiting
18	lists for the receipt of such services.
19	"(D) CRITERIA BASED ON INDIVIDUAL AS-
20	SESSMENT.—
21	"(i) In general.—The criteria estab-
22	lished by the State for purposes of subpara-
23	graphs (A) and (B) requires an assessment
24	of an individual's support needs and capa-
25	bilities, and may take into account the in-

1	ability of the individual to perform 2 or
2	more activities of daily living (as defined in
3	section $7702B(c)(2)(B)$ of the Internal Rev-
4	enue Code of 1986) or the need for signifi-
5	cant assistance to perform such activities,
6	and such other risk factors as the State de-
7	termines to be appropriate.
8	"(ii) Adjustment Authority.—The
9	State plan amendment provides the State
10	with the option to modify the criteria estab-
11	lished under subparagraph (A) (without
12	having to obtain prior approval from the
13	Secretary) in the event that the enrollment
14	of individuals eligible for home and commu-
15	nity-based services exceeds the projected en-
16	rollment submitted for purposes of subpara-
17	graph (C), but only if—
18	"(I) the State provides at least 60
19	days notice to the Secretary and the
20	public of the proposed modification;
21	"(II) the State deems an indi-
22	vidual receiving home and community-
23	based services on the basis of the most
24	recent version of the criteria in effect
25	prior to the effective date of the modi-

1	fication to be eligible for such services
2	for a period of at least 12 months be-
3	ginning on the date the individual first
4	received medical assistance for such
5	services; and
6	"(III) after the effective date of
7	such modification, the State, at a min-
8	imum, applies the criteria for deter-
9	mining whether an individual requires
10	the level of care provided in a hospital,
11	a nursing facility, or an intermediate
12	care facility for the mentally retarded
13	under the State plan or under any
14	waiver of such plan which applied
15	prior to the application of the more
16	stringent criteria developed under sub-
17	paragraph (B).
18	"(E) INDEPENDENT EVALUATION AND AS-
19	SESSMENT.—
20	"(i) ELIGIBILITY DETERMINATION.—
21	The State uses an independent evaluation
22	for making the determinations described in
23	subparagraphs (A) and (B) .
24	"(ii) Assessment.—In the case of an
25	individual who is determined to be eligible

1	for home and community-based services, the
2	State uses an independent assessment, based
3	on the needs of the individual to—
4	((I) determine a necessary level of
5	services and supports to be provided,
6	consistent with an individual's phys-
7	ical and mental capacity;
8	"(II) prevent the provision of un-
9	necessary or inappropriate care; and
10	"(III) establish an individualized
11	care plan for the individual in accord-
12	ance with subparagraph (G) .
13	"(F) Assessment.—The independent as-
14	sessment required under subparagraph $(E)(ii)$
15	shall include the following:
16	"(i) An objective evaluation of an indi-
17	vidual's inability to perform 2 or more ac-
18	tivities of daily living (as defined in section
19	7702B(c)(2)(B) of the Internal Revenue
20	Code of 1986) or the need for significant as-
21	sistance to perform such activities.
22	"(ii) A face-to-face evaluation of the
23	individual by an individual trained in the
24	assessment and evaluation of individuals
25	whose physical or mental conditions trigger

- 1 a potential need for home and community-2 based services. "(iii) Where appropriate, consultation 3 4 with the individual's family, spouse, quard-5 ian, or other responsible individual. 6 "(iv) Consultation with appropriate 7 treating and consulting health and support 8 professionals caring for the individual. 9 "(v) An examination of the individ-10 ual's relevant history, medical records, and 11 care and support needs, guided by best 12 practices and research on effective strategies 13 that result in improved health and quality 14 of life outcomes. 15 "(vi) If the State offers individuals the 16 option to self-direct the purchase of, or con-17 trol the receipt of, home and community-18 based service, an evaluation of the ability of 19 the individual or the individual's representative to self-direct the purchase of, or con-20 21 trol the receipt of, such services if the indi-22 vidual so elects. 23 "(G) Individualized care plan.— 24 "(i) IN GENERAL.—In the case of an
- 25 individual who is determined to be eligible

1	for home and community based comises the
	for home and community-based services, the
2	State uses the independent assessment re-
3	quired under subparagraph $(E)(ii)$ to estab-
4	lish a written individualized care plan for
5	the individual.
6	"(ii) Plan requirements.—The
7	State ensures that the individualized care
8	plan for an individual—
9	"(I) is developed—
10	"(aa) in consultation with
11	the individual, the individual's
12	treating physician, health care or
13	support professional, or other ap-
14	propriate individuals, as defined
15	by the State, and, where appro-
16	priate the individual's family,
17	caregiver, or representative; and
18	"(bb) taking into account the
19	extent of, and need for, any fam-
20	ily or other supports for the indi-
21	vidual;
22	"(II) identifies the necessary home
23	and community-based services to be
24	furnished to the individual (or, if the
25	individual elects to self-direct the pur-

1	chase of, or control the receipt of, such
2	services, funded for the individual);
3	and
4	"(III) is reviewed at least annu-
5	ally and as needed when there is a sig-
6	nificant change in the individual's cir-
7	cumstances.
8	"(iii) State option to offer elec-
9	TION FOR SELF-DIRECTED SERVICES.—
10	"(I) INDIVIDUAL CHOICE.—At the
11	option of the State, the State may
12	allow an individual or the individual's
13	representative to elect to receive self-di-
14	rected home and community-based
15	services in a manner which gives them
16	the most control over such services con-
17	sistent with the individual's abilities
18	and the requirements of subclauses (II)
19	and (III).
20	"(II) Self-directed serv-
21	ICES.—The term 'self-directed' means,
22	with respect to the home and commu-
23	nity-based services offered under the
24	State plan amendment, such services
25	for the individual which are planned

1	and purchased under the direction and
2	control of such individual or the indi-
3	vidual's authorized representative, in-
4	cluding the amount, duration, scope,
5	provider, and location of such services,
6	under the State plan consistent with
7	the following requirements:
8	"(aa) Assessment.—There
9	is an assessment of the needs, ca-
10	pabilities, and preferences of the
11	individual with respect to such
12	services.
13	"(bb) Service plan.—Based
14	on such assessment, there is devel-
15	oped jointly with such individual
16	or the individual's authorized rep-
17	resentative a plan for such serv-
18	ices for such individual that is
19	approved by the State and that
20	satisfies the requirements of sub-
21	clause (III).
22	"(III) PLAN REQUIREMENTS.—
23	For purposes of subclause (II)(bb), the
24	requirements of this subclause are that
25	the plan—
1	"(aa) specifies those services
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2	which the individual or the indi-
3	vidual's authorized representative
4	would be responsible for directing;
5	"(bb) identifies the methods
6	by which the individual or the in-
7	dividual's authorized representa-
8	tive will select, manage, and dis-
9	miss providers of such services;
10	"(cc) specifies the role of
11	family members and others whose
12	participation is sought by the in-
13	dividual or the individual's au-
14	thorized representative with re-
15	spect to such services;
16	(dd) is developed through a
17	person-centered process that is di-
18	rected by the individual or the in-
19	dividual's authorized representa-
20	tive, builds upon the individual's
21	capacity to engage in activities
22	that promote community life and
23	that respects the individual's pref-
24	erences, choices, and abilities, and
25	involves families, friends, and

1	professionals as desired or re-
2	quired by the individual or the
3	individual's authorized represent-
4	ative;
5	"(a) induda appropriate

5	"(ee) includes appropriate
6	risk management techniques that
7	recognize the roles and sharing of
8	responsibilities in obtaining serv-
9	ices in a self-directed manner and
10	assure the appropriateness of such
11	plan based upon the resources and
12	capabilities of the individual or
13	the individual's authorized rep-
14	resentative; and
15	"(ff) may include an individ-
16	ualized budget which identifies the
17	dollar value of the services and
10	

18 supports under the control and di-19 rection of the individual or the in-

20 dividual's authorized representa-21

tive.

"(IV) BUDGET PROCESS.—With 22 23 respect to individualized budgets described in subclause (III)(ff), the State 24 25 plan amendment—

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1	"(aa) describes the method
2	for calculating the dollar values
3	in such budgets based on reliable
4	costs and service utilization;
5	"(bb) defines a process for
6	making adjustments in such dol-
7	lar values to reflect changes in in-
8	dividual assessments and service
9	plans; and
10	"(cc) provides a procedure to
11	evaluate expenditures under such
12	budgets.
13	"(H) QUALITY ASSURANCE; CONFLICT OF
14	INTEREST STANDARDS.—
15	"(i) QUALITY ASSURANCE.—The State
16	ensures that the provision of home and com-
17	munity-based services meets Federal and
18	State guidelines for quality assurance.
19	"(ii) Conflict of interest stand-
20	ARDS.—The State establishes standards for
21	the conduct of the independent evaluation
22	and the independent assessment to safe-
23	guard against conflicts of interest.
24	"(I) REDETERMINATIONS AND APPEALS.—
25	The State allows for at least annual redeter-

1 minations of eligibility, and appeals in accord-2 ance with the frequency of, and manner in which, redeterminations and appeals of eligi-3 4 bility are made under the State plan. 5 "(J) PRESUMPTIVE ELIGIBILITY FOR AS-6 SESSMENT.—The State, at its option, elects to 7 provide for a period of presumptive eligibility 8 (not to exceed a period of 60 days) only for those 9 individuals that the State has reason to believe 10 may be eligible for home and community-based 11 services. Such presumptive eligibility shall be 12 limited to medical assistance for carrying out the 13 independent evaluation and assessment under 14 subparagraph (E) to determine an individual's 15 eligibility for such services and if the individual 16 is so eligible, the specific home and community-17 based services that the individual will receive. 18 "(2) DEFINITION OF INDIVIDUAL'S REPRESENTA-19 TIVE.—In this section, the term 'individual's rep-

resentative' means, with respect to an individual, a
parent, a family member, or a guardian of the individual, an advocate for the individual, or any other
individual who is authorized to represent the individual.

1	"(3) NONAPPLICATION.—A State may elect in
2	the State plan amendment approved under this sec-
3	tion to not comply with the requirements of section
4	1902(a)(1) (relating to statewideness) and section
5	1902(a)(10)(C)(i)(III) (relating to income and re-
6	source rules applicable in the community), but only
7	for purposes of provided home and community-based
8	services in accordance with such amendment. Any
9	such election shall not be construed to apply to the
10	provision of services to an individual receiving med-
11	ical assistance in an institutionalized setting as a re-
12	sult of a determination that the individual requires
13	the level of care provided in a hospital or a nursing
14	facility or intermediate care facility for the mentally
15	retarded.

"(4) NO EFFECT ON OTHER WAIVER AUTHORITY.—Nothing in this subsection shall be construed as
affecting the option of a State to offer home and community-based services under a waiver under subsections (c) or (d) of this section or under section
1115.

22 "(5) CONTINUATION OF FEDERAL FINANCIAL
23 PARTICIPATION FOR MEDICAL ASSISTANCE PROVIDED
24 TO INDIVIDUALS AS OF EFFECTIVE DATE OF STATE
25 PLAN AMENDMENT.—Notwithstanding paragraph

1	(1)(B), Federal financial participation shall continue
2	to be available for an individual who is receiving
3	medical assistance in an institutionalized setting, or
4	home and community-based services provided under a
5	waiver under this section or section 1115 that is in
6	effect as of the effective date of the State plan amend-
7	ment submitted under this subsection, as a result of
8	a determination that the individual requires the level
9	of care provided in a hospital or a nursing facility
10	or intermediate care facility for the mentally re-
11	tarded, without regard to whether such individuals
12	satisfy the more stringent eligibility criteria estab-
13	lished under that paragraph, until such time as the
14	individual is discharged from the institution or waiv-
15	er program or no longer requires such level of care.".
16	(b) Quality of Care Measures.—
. –	

17 (1) IN GENERAL.—The Secretary, acting through the Director of the Agency for Healthcare Research 18 19 and Quality, shall consult with consumers, health and social service providers and other professionals knowl-20 21 edgeable about long-term care services and supports to 22 develop program performance indicators, client func-23 tion indicators, and measures of client satisfaction 24 with respect to home and community-based services 25 offered under State Medicaid programs.

(2) BEST PRACTICES.—The Secretary shall—

2	(A) use the indicators and measures devel-
3	oped under paragraph (1) to assess such home
4	and community-based services, the outcomes as-
5	sociated with the receipt of such services (par-
6	ticularly with respect to the health and welfare
7	of the recipient of the services), and the overall
8	system for providing home and community-based
9	services under the Medicaid program under title
10	XIX of the Social Security Act; and
11	(B) make publicly available the best prac-
12	tices identified through such assessment and a
13	comparative analyses of the system features of
14	each State.
15	(3) APPROPRIATION.—Out of any funds in the
16	Treasury not otherwise appropriated, there is appro-
17	priated to the Secretary of Health and Human Serv-
18	ices, \$1,000,000 for the period of fiscal years 2006
19	through 2010 to carry out this subsection.
20	(c) EFFECTIVE DATE.—The amendments made by sub-
21	sections (a) and (b) take effect on January 1, 2007, and
22	apply to expenditures for medical assistance for home and
23	community-based services provided in accordance with sec-
24	tion 1915(i) of the Social Security Act (as added by sub-
25	sections (a) and (b)) on or after that date.

4 (a) EXEMPTION FROM CERTAIN REQUIREMENTS.—
5 Section 1915 of the Social Security Act (42 U.S.C. 1396n),
6 as amended by section 6086(a), is amended by adding at
7 the end the following new subsection:

8 (j)(1) A State may provide, as 'medical assistance', 9 payment for part or all of the cost of self-directed personal assistance services (other than room and board) under the 10 11 plan which are provided pursuant to a written plan of care to individuals with respect to whom there has been a deter-12 mination that, but for the provision of such services, the 13 individuals would require and receive personal care services 14 under the plan, or home and community-based services pro-15 vided pursuant to a waiver under subsection (c). Self-di-16 rected personal assistance services may not be provided 17 under this subsection to individuals who reside in a home 18 19 or property that is owned, operated, or controlled by a provider of services, not related by blood or marriage. 20

21 "(2) The Secretary shall not grant approval for a State
22 self-directed personal assistance services program under this
23 section unless the State provides assurances satisfactory to
24 the Secretary of the following:

25 "(A) Necessary safeguards have been taken to
26 protect the health and welfare of individuals provided
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1	services under the program, and to assure financial
2	accountability for funds expended with respect to such
3	services.
4	"(B) The State will provide, with respect to in-
5	dividuals who—
6	((i) are entitled to medical assistance for
7	personal care services under the plan, or receive
8	home and community-based services under a
9	waiver granted under subsection (c);
10	"(ii) may require self-directed personal as-
11	sistance services; and
12	"(iii) may be eligible for self-directed per-
13	sonal assistance services,
14	an evaluation of the need for personal care under the
15	plan, or personal services under a waiver granted
16	under subsection (c).
17	"(C) Such individuals who are determined to be
18	likely to require personal care under the plan, or
19	home and community-based services under a waiver
20	granted under subsection (c) are informed of the fea-
21	sible alternatives, if available under the State's self-
22	directed personal assistance services program, at the
23	choice of such individuals, to the provision of personal
24	care services under the plan, or personal assistance
25	services under a waiver granted under subsection (c).

"(D) The State will provide for a support system
that ensures participants in the self-directed personal
assistance services program are appropriately assessed
and counseled prior to enrollment and are able to
manage their budgets. Additional counseling and
management support may be provided at the request
of the participant.

8 "(E) The State will provide to the Secretary an 9 annual report on the number of individuals served 10 and total expenditures on their behalf in the aggre-11 gate. The State shall also provide an evaluation of 12 overall impact on the health and welfare of partici-13 pating individuals compared to non-participants 14 every three years.

15 "(3) A State may provide self-directed personal assistance services under the State plan without regard to the 16 17 requirements of section 1902(a)(1) and may limit the popu-18 lation eligible to receive these services and limit the number of persons served without regard to section 1902(a)(10)(B). 19 20 (4)(A) For purposes of this subsection, the term 'self-21 directed personal assistance services' means personal care 22 and related services, or home and community-based services 23 otherwise available under the plan under this title or sub-24 section (c), that are provided to an eligible participant 25 under a self-directed personal assistance services program

under this section, under which individuals, within an ap proved self-directed services plan and budget, purchase per sonal assistance and related services, and permits partici pants to hire, fire, supervise, and manage the individuals
 providing such services.

6 "(B) At the election of the State—

7 "(i) a participant may choose to use any indi8 vidual capable of providing the assigned tasks includ9 ing legally liable relatives as paid providers of the
10 services; and

11 "(ii) the individual may use the individual's 12 budget to acquire items that increase independence or 13 substitute (such as a microwave oven or an accessi-14 bility ramp) for human assistance, to the extent that 15 expenditures would otherwise be made for the human 16 assistance.

17 "(5) For purpose of this section, the term 'approved
18 self-directed services plan and budget' means, with respect
19 to a participant, the establishment of a plan and budget
20 for the provision of self-directed personal assistance services,
21 consistent with the following requirements:

"(A) SELF-DIRECTION.—The participant (or in
the case of a participant who is a minor child, the
participant's parent or guardian, or in the case of an
incapacitated adult, another individual recognized by

1	State law to act on behalf of the participant) exercises
2	choice and control over the budget, planning, and
3	purchase of self-directed personal assistance services,
4	including the amount, duration, scope, provider, and
5	location of service provision.
6	"(B) Assessment of needs.—There is an as-
7	sessment of the needs, strengths, and preferences of the
8	participants for such services.
9	"(C) SERVICE PLAN.—A plan for such services
10	(and supports for such services) for the participant
11	has been developed and approved by the State based
12	on such assessment through a person-centered process
13	that—
14	"(i) builds upon the participant's capacity
15	to engage in activities that promote community
16	life and that respects the participant's pref-
17	erences, choices, and abilities; and
18	"(ii) involves families, friends, and profes-
19	sionals in the planning or delivery of services or
20	supports as desired or required by the partici-
21	pant.
22	"(D) SERVICE BUDGET.—A budget for such serv-
23	ices and supports for the participant has been devel-
24	oped and approved by the State based on such assess-
25	ment and plan and on a methodology that uses valid,

1	reliable cost data, is open to public inspection, and
2	includes a calculation of the expected cost of such
3	services if those services were not self-directed. The
4	budget may not restrict access to other medically nec-
5	essary care and services furnished under the plan and
6	approved by the State but not included in the budget.
7	"(E) Application of quality assurance and
8	RISK MANAGEMENT.—There are appropriate quality
9	assurance and risk management techniques used in
10	establishing and implementing such plan and budget
11	that recognize the roles and responsibilities in obtain-
12	ing services in a self-directed manner and assure the
13	appropriateness of such plan and budget based upon
14	the participant's resources and capabilities.
15	"(6) A State may employ a financial management en-
16	tity to make payments to providers, track costs, and make
17	reports under the program. Payment for the activities of
18	the financial management entity shall be at the administra-
19	tive rate established in section 1903(a).".
20	(b) EFFECTIVE DATE.—The amendment made by sub-
21	section (a) shall apply to services furnished on or after Jan-

22 uary 1, 2007.

1	Subtitle B—SCHIP
2	SEC. 6101. ADDITIONAL ALLOTMENTS TO ELIMINATE FIS-
3	CAL YEAR 2006 FUNDING SHORTFALLS.
4	(a) IN GENERAL.—Section 2104 of the Social Security
5	Act (42 U.S.C. 1397dd) is amended by inserting after sub-
6	section (c) the following:
7	"(d) Additional Allotments To Eliminate Fund-
8	ing Shortfalls.—
9	"(1) Appropriation; Allotment Authority.—
10	For the purpose of providing additional allotments to
11	shortfall States described in paragraph (2), there is
12	appropriated, out of any money in the Treasury not
13	otherwise appropriated, \$283,000,000 for fiscal year
14	2006.
15	"(2) Shortfall states described.—For pur-
16	poses of paragraph (1), a shortfall State described in
17	this paragraph is a State with a State child health
18	plan approved under this title for which the Secretary
19	estimates, on the basis of the most recent data avail-
20	able to the Secretary as of December 16, 2005, that
21	the projected expenditures under such plan for such
22	State for fiscal year 2006 will exceed the sum of—
23	"(A) the amount of the State's allotments
24	for each of fiscal years 2004 and 2005 that will
25	not be expended by the end of fiscal year 2005;

1	"(B) the amount, if any, that is to be redis-
2	tributed to the State during fiscal year 2006 in
3	accordance with subsection (f); and
4	"(C) the amount of the State's allotment for
5	fiscal year 2006.
6	"(3) Allotments.—In addition to the allot-
7	ments provided under subsections (b) and (c), subject
8	to paragraph (4), of the amount available for the ad-
9	ditional allotments under paragraph (1) for fiscal
10	year 2006, the Secretary shall allot—
11	"(A) to each shortfall State described in
12	paragraph (2) such amount as the Secretary de-
13	termines will eliminate the estimated shortfall
14	described in such paragraph for the State; and
15	``(B) to each commonwealth or territory de-
16	scribed in subsection (c)(3), the same proportion
17	as the proportion of the commonwealth's or terri-
18	tory's allotment under subsection (c) (determined
19	without regard to subsection (f)) to 1.05 percent
20	of the amount appropriated under paragraph
21	(1).
22	"(4) Use of additional allotment.—Addi-
23	tional allotments provided under this subsection are
24	only available for amounts expended under a State

1	plan approved under this title for child health assist-
2	ance for targeted low-income children.
3	"(5) 1-YEAR AVAILABILITY; NO REDISTRIBUTION
4	OF UNEXPENDED ADDITIONAL ALLOTMENTS.—Not-
5	withstanding subsections (e) and (f), amounts allotted
6	to a State pursuant to this subsection for fiscal year
7	2006 shall only remain available for expenditure by
8	the State through September 30, 2006. Any amounts
9	of such allotments that remain unexpended as of such
10	date shall not be subject to redistribution under sub-
11	section (f) and shall revert to the Treasury on October
12	1, 2006.".
13	(b) Conforming Amendments.—Section 2104 of the
14	Social Security Act (42 U.S.C. 1397dd) is amended—
15	(1) in subsection (a), by inserting "subject to
16	subsection (d)," after "under this section,";
17	(2) in subsection (b)(1), by inserting "and sub-
18	section (d)" after "Subject to paragraph (4)"; and
19	(3) in subsection (c)(1), by inserting "subject to
20	subsection (d)," after "for a fiscal year,".
21	(c) EFFECTIVE DATE.—The amendments made by this
22	section apply to items and services furnished on or after
23	October 1, 2005, without regard to whether or not regula-
24	tions implementing such amendments have been issued.

1SEC. 6102. PROHIBITION AGAINST COVERING NONPREG-2NANT CHILDLESS ADULTS WITH SCHIP3FUNDS.

4 (a) PROHIBITION ON USE OF SCHIP FUNDS.—Sec5 tion 2107 of the Social Security Act (42 U.S.C. 1397gg)
6 is amended by adding at the end the following:

7 "(f) LIMITATION OF WAIVER AUTHORITY.—Notwith-8 standing subsection (e)(2)(A) and section 1115(a), the Sec-9 retary may not approve a waiver, experimental, pilot, or demonstration project that would allow funds made avail-10 11 able under this title to be used to provide child health assistance or other health benefits coverage to a nonpregnant 12 13 childless adult. For purposes of the preceding sentence, a caretaker relative (as such term is defined for purposes of 14 carrying out section 1931) shall not be considered a child-15 less adult.". 16

17 (b) CONFORMING AMENDMENTS.—Section 2105(c)(1)
18 of such Act (42 U.S.C. 1397ee(c)(1)) is amended—

19 (1) by inserting "and may not include coverage
20 of a nonpregnant childless adult" after "section
21 2101)"; and

(2) by adding at the end the following: "For purposes of the preceding sentence, a caretaker relative
(as such term is defined for purposes of carrying out
section 1931) shall not be considered a childless
adult.".

(c) RULE OF CONSTRUCTION.—Nothing in this section
 or the amendments made by this section shall be construed
 to—

4 (1) authorize the waiver of any provision of title
5 XIX or XXI of the Social Security Act (42 U.S.C.
6 1396 et seq., 1397aa et seq.) that is not otherwise au7 thorized to be waived under such titles or under title
8 XI of such Act (42 U.S.C. 1301 et seq.) as of the date
9 of enactment of this Act;

(2) imply congressional approval of any waiver,
experimental, pilot, or demonstration project affecting
funds made available under the State children's
health insurance program under title XXI of the Social Security Act (42 U.S.C. 1397aa et. seq.) or any
amendment to such a waiver or project that has been
approved as of such date of enactment; or

17 (3) apply to any waiver, experimental, pilot, or 18 demonstration project that would allow funds made 19 available under title XXI of the Social Security Act 20 (42 U.S.C. 1397aa et seq.) to be used to provide child 21 health assistance or other health benefits coverage to 22 a nonpregnant childless adult that is approved before 23 the date of enactment of this Act or to any extension, 24 renewal, or amendment of such a waiver or project 25 that is approved on or after such date of enactment.

(d) EFFECTIVE DATE.—This section and the amend ments made by this section shall take effect as if enacted
 on October 1, 2005, and shall apply to any waiver, experi mental, pilot, or demonstration project that is approved on
 or after that date.

6 SEC. 6103. CONTINUED AUTHORITY FOR QUALIFYING7STATES TO USE CERTAIN FUNDS FOR MED-8ICAID EXPENDITURES.

9 (a) IN GENERAL.—Section 2105(g)(1)(A) of the Social
10 Security Act (42 U.S.C. 1397ee(g)(1)(A)) is amended by
11 striking "or 2001" and inserting "2001, 2004, or 2005".
12 (b) EFFECTIVE DATE.—The amendment made by sub13 section (a) shall apply to expenditures made under title
14 XIX of the Social Security Act (42 U.S.C. 1396 et seq.)
15 on or after October 1, 2005.

16 Subtitle C—Katrina Relief
17 SEC. 6201. ADDITIONAL FEDERAL PAYMENTS UNDER HUR18 RICANE-RELATED MULTI-STATE SECTION 1115
19 DEMONSTRATIONS.
20 (a) IN GENERAL.—The Secretary of Health and
21 Human Services shall pay to each eligible State, from
22 amounts appropriated pursuant to subsection (e), amounts

23 for the following purposes:

1	(1) Under the authority of an approved Multi-
2	State Section 1115 Demonstration Project (in this
3	section referred to as an "section 1115 project")—
4	(A) with respect to evacuees receiving health
5	care under such project, for the non-Federal
6	share of expenditures:
7	(i) for medical assistance furnished
8	under title XIX of the Social Security Act,
9	and
10	(ii) for child health assistance fur-
11	nished under title XXI of such Act;
12	(B) with respect to evacuees who do not
13	have other coverage for such assistance through
14	insurance, including (but not limited to) private
15	insurance, under title XIX or title XXI of the
16	Social Security Act, or under State-funded
17	health insurance programs, for the total uncom-
18	pensated care costs incurred for medically nec-
19	essary services and supplies or premium assist-
20	ance for such persons, and for those evacuees re-
21	ceiving medical assistance under the project for
22	the total uncompensated care costs incurred for
23	medically necessary services and supplies beyond
24	those included as medical assistance or child
25	health assistance under the State's approved

1	plan under title XIX or title XXI of the Social
2	Security Act;
3	(C) with respect to affected individuals re-
4	ceiving health care under such project for the
5	non-Federal share of the following expenditures:
6	(i) for medical assistance furnished
7	under title XIX of the Social Security Act,
8	and
9	(ii) for child health assistance fur-
10	nished under title XXI of such Act; and
11	(D) with respect to affected individuals who
12	do not have other coverage for such assistance
13	through insurance, including (but not limited to)
14	private insurance, under title XIX or title XXI
15	of the Social Security Act, or under State-funded
16	health insurance programs, for the total uncom-
17	pensated care costs incurred for medically nec-
18	essary services and supplies or premium assist-
19	ance for such persons, and for those affected indi-
20	viduals receiving medical assistance under the
21	project for the total uncompensated care costs in-
22	curred for medically necessary services and sup-
23	plies beyond those included as medical assistance
24	or child health assistance under the State's ap-

1	proved plan under title XIX or title XXI of the
2	Social Security Act.
3	(2) For reimbursement of the reasonable admin-
4	istrative costs related to subparagraphs (A) through
5	(D) of paragraph (1) as determined by the Secretary.
6	(3) Only with respect to affected counties or par-
7	ishes, for reimbursement with respect to individuals
8	receiving medical assistance under existing State
9	plans approved by the Secretary of Health and
10	Human Services for the following non-Federal share
11	of expenditures:
12	(A) For medical assistance furnished under
13	title XIX of the Social Security Act.
14	(B) For child health assistance furnished
15	under title XXI of such Act.
16	(4) For other purposes, if approved by the Sec-
17	retary under the Secretary's authority, to restore ac-
18	cess to health care in impacted communities.
19	(b) DEFINITIONS.—For purposes of this section:
20	(1) The term "affected individual" means an in-
21	dividual who resided in an individual assistance des-
22	ignation county or parish pursuant to section 408 of
23	the Robert T. Stafford Disaster Relief and Emergency
24	Assistance Act, as declared by the President as a re-
25	sult of Hurricane Katrina and continues to reside in

1	the same State that such county or parish is located
2	in.
3	(2) The term "affected counties or parishes"
4	means a county or parish described in paragraph (1).
5	(3) The term "evacuee" means an affected indi-
6	vidual who has been displaced to another State.
7	(4) The term "eligible State" means a State that
8	has provided care to affected individuals or evacuees
9	under a section 1115 project.
10	(c) Application to Matching Requirements.—The
11	non-Federal share paid under this section shall not be re-
12	garded as Federal funds for purposes of Medicaid matching
13	requirements, the effect of which is to provide fiscal relief
14	to the State in which the Medicaid eligible individual origi-
15	nally resided.
16	(d) Time Limits on Payments.—
17	(1) No payments shall be made by the Secretary
18	under subsection $(a)(1)(A)$ or $(a)(1)(C)$, for costs of
19	health care provided to an eligible evacuee or affected
20	individual for services for such individual incurred
21	after June 30, 2006.
22	(2) No payments shall be made by the Secretary
23	under subsection $(a)(1)(B)$ or $(a)(1)(D)$ for costs of
24	health care incurred after January 31, 2006.

(3) No payments may be made under subsection
 (a)(1)(B) or (a)(1)(D) for an item or service that an
 evacuee or an affected individual has received from
 an individual or organization as part of a public or
 private hurricane relief effort.

6 (e) APPROPRIATIONS.—For the purpose of providing 7 funds for payments under this section, in addition to any 8 funds made available for the National Disaster Medical 9 System under the Department of Homeland Security for health care costs related to Hurricane Katrina, including 10 11 under a section 1115 project, there is appropriated out of any money in the Treasury not otherwise appropriated, 12 \$2,000,000,000, to remain available to the Secretary until 13 expended. The total amount of payments made under sub-14 15 section (a) may not exceed the total amount appropriated under this subsection. 16

17 SEC. 6202. STATE HIGH RISK HEALTH INSURANCE POOL 18 FUNDING.

(a) IN GENERAL.—There are hereby authorized and
appropriated for fiscal year 2006—

21 (1) \$75,000,000 for grants under subsection
22 (b)(1) of section 2745 of the Public Health Service Act
23 (42 U.S.C. 300gg-45); and

24 (2) \$15,000,000 for grants under subsection (a)
25 of such section.

1	(b) TREATMENT.—The amount appropriated under—
2	(1) paragraph (1) shall be treated as if it had
3	been appropriated under subsection $(c)(2)$ of such sec-
4	tion; and
5	(2) paragraph (2) shall be treated as if it had
6	been appropriated under subsection $(c)(1)$ of such sec-
7	tion.
8	(c) REFERENCES.—Effective upon the enactment of the
9	State High Risk Pool Funding Extension Act of 2005—
10	(1) subsection $(a)(1)$ shall be applied by sub-
11	stituting "subsections (b)(2) and (c)(3)" for "sub-
12	section "(b)(1)";
13	(2) subsection (b)(1) shall be applied by sub-
14	stituting " $(d)(1)(B)$ " for " $(c)(2)$ "; and
15	(3) subsection $(b)(2)$ shall be applied by sub-
16	stituting "(d)(1)(A)" for "(c)(1)".
17	SEC. 6203. IMPLEMENTATION FUNDING.
18	For purposes of implementing the provisions of, and
19	amendments made by, title V of this Act and this title—
20	(1) the Secretary of Health and Human Services
21	shall provide for the transfer, in appropriate part
22	from the Federal Hospital Insurance Trust Fund es-
23	tablished under section 1817 of the Social Security
24	Act (42 U.S.C. 1395i) and the Federal Supple-
25	mentary Medical Insurance Trust Fund established

1	under section 1841 of such Act (42 U.S.C. 1395t), of
2	\$30,000,000 to the Centers for Medicare & Medicaid
3	Services Program Management Account for fiscal
4	year 2006; and
5	(2) out of any funds in the Treasury not other-
6	wise appropriated, there are appropriated to such
7	Secretary for the Centers for Medicare & Medicaid
8	Services Program Management Account, \$30,000,000
9	for fiscal year 2006.
10	TITLE VII—HUMAN RESOURCES
11	AND OTHER PROVISIONS
12	SEC. 7001. REFERENCES.
13	Except as otherwise expressly provided, wherever in

14 this title an amendment or repeal is expressed in terms of
15 an amendment to, or repeal of, a section or other provision,
16 the amendment or repeal shall be considered to be made
17 to a section or other provision of the Social Security Act.

18 Subtitle A—TANF

19 SEC. 7101. TEMPORARY ASSISTANCE FOR NEEDY FAMILIES

20ANDRELATEDPROGRAMSFUNDING21THROUGH SEPTEMBER 30, 2010.

(a) IN GENERAL.—Activities authorized by part A of
title IV and section 1108(b) of the Social Security Act (adjusted, as applicable, by or under this subtitle, the amendments made by this subtitle, and the TANF Emergency Re-

sponse and Recovery Act of 2005) shall continue through 1 2 September 30, 2010, in the manner authorized for fiscal 3 year 2004, and out of any money in the Treasury of the 4 United States not otherwise appropriated, there are hereby 5 appropriated such sums as may be necessary for such pur-6 pose. Grants and payments may be made pursuant to this 7 authority on a quarterly basis through fiscal year 2010 at 8 the level provided for such activities for the corresponding 9 quarter of fiscal year 2004 (or, as applicable, at such great-10 er level as may result from the application of this subtitle, 11 the amendments made by this subtitle, and the TANF Emergency Response and Recovery Act of 2005), except that 12 13 in the case of section 403(a)(3) of the Social Security Act, grants and payments may be made pursuant to this author-14 15 ity only through fiscal year 2008 and in the case of section 403(a)(4) of the Social Security Act, no grants shall be 16 17 made for any fiscal year occurring after fiscal year 2005. 18 (b) Conforming Amendments.—Part A of title IV (42 U.S.C. 601 et seq.) is amended— 19 20 (1) in section 403(a)(3)(H)(ii), by striking "De-

21 cember, 31, 2005" and inserting "fiscal year 2008";
22 (2) in section 403(b)(3)(C)(ii), by striking
23 "2006" and inserting "2010"; and

24 (3) in section 409(a)(7)—

1	(A) in subparagraph (A), by striking "or
2	2007" and inserting "2007, 2008, 2009, 2010, or
3	2011"; and
4	(B) in subparagraph (B)(ii), by striking
5	"2006" and inserting "2010".
6	(c) EXTENSION OF THE NATIONAL RANDOM SAMPLE
7	Study of Child Welfare Through September 30,
8	2010.—Activities authorized by section 429A of the Social
9	Security Act shall continue through September 30, 2010,
10	in the manner authorized for fiscal year 2004, and out of
11	any money in the Treasury of the United States not other-
12	wise appropriated, there are hereby appropriated such sums
13	as may be necessary for such purpose. Grants and payments
14	may be made pursuant to this authority on a quarterly
15	basis through fiscal year 2010 at the level provided for such
16	activities for the corresponding quarter of fiscal year 2004.
17	SEC. 7102. IMPROVED CALCULATION OF WORK PARTICIPA-
18	TION RATES AND PROGRAM INTEGRITY.
19	(a) Recalibration of Caseload Reduction Cred-
20	<i>IT.</i> —
21	(1) IN GENERAL.—Section $407(b)(3)(A)$ (42)
22	U.S.C. 607(b)(3)(A)) is amended—

23 (A) in clause (i), by inserting "or any other
24 State program funded with qualified State ex-

1	(A) in subparagraph (A), by inserting "or
2	any other State program funded with qualified
3	State expenditures (as defined in section
4	409(a)(7)(B)(i))" before the colon; and
5	(B) in subparagraph (B)(ii), by inserting
6	"and any other State programs funded with
7	qualified State expenditures (as defined in sec-
8	tion $409(a)(7)(B)(i)$)" after "this part".
9	(c) Improved Verification and Oversight of
10	WORK PARTICIPATION.—
11	(1) In General.—Section $407(i)$ (42 U.S.C.
12	607(i)) is amended to read as follows:
13	"(i) Verification of Work and Work-Eligible In-
14	dividuals in Order To Implement Reforms.—
15	"(1) Secretarial direction and over-
16	SIGHT.—
17	"(A) REGULATIONS FOR DETERMINING
18	WHETHER ACTIVITIES MAY BE COUNTED AS
19	'WORK ACTIVITIES', HOW TO COUNT AND VERIFY
20	REPORTED HOURS OF WORK, AND DETERMINING
21	WHO IS A WORK-ELIGIBLE INDIVIDUAL.—
22	"(i) In general.—Not later than
23	June 30, 2006, the Secretary shall promul-
24	gate regulations to ensure consistent meas-
25	urement of work participation rates under

1	State programs funded under this part and
2	State programs funded with qualified State
3	expenditures (as defined in section
4	409(a)(7)(B)(i)), which shall include infor-
5	mation with respect to—
6	((I) determining whether an ac-
7	tivity of a recipient of assistance may
8	be treated as a work activity under
9	subsection (d);
10	"(II) uniform methods for report-
11	ing hours of work by a recipient of as-
12	sistance;
13	"(III) the type of documentation
14	needed to verify reported hours of work
15	by a recipient of assistance; and
16	"(IV) the circumstances under
17	which a parent who resides with a
18	child who is a recipient of assistance
19	should be included in the work partici-
20	pation rates.
21	"(ii) Issuance of regulations on
22	AN INTERIM FINAL BASIS.—The regulations
23	referred to in clause (i) may be effective and
24	final immediately on an interim basis as of
25	the date of publication of the regulations. If

the Secretary provides for an interim final
regulation, the Secretary shall provide for a
period of public comment on the regulation
after the date of publication. The Secretary
may change or revise the regulation after
the public comment period.
"(B) Oversight of state procedures.—
The Secretary shall review the State procedures
established in accordance with paragraph (2) to
ensure that such procedures are consistent with
the regulations promulgated under subparagraph
(A) and are adequate to ensure an accurate
measurement of work participation under the
State programs funded under this part and any
other State programs funded with qualified State
expenditures (as so defined).
"(2) Requirement for states to establish
AND MAINTAIN WORK PARTICIPATION VERIFICATION
PROCEDURES.—Not later than September 30, 2006, a
State to which a grant is made under section 403
shall establish procedures for determining, with re-
spect to recipients of assistance under the State pro-
gram funded under this part or under any State pro-
grams funded with qualified State expenditures (as so
defined), whether activities may be counted as work

1	activities, how to count and verify reported hours of
2	work, and who is a work-eligible individual, in ac-
3	cordance with the regulations promulgated pursuant
4	to paragraph $(1)(A)(i)$ and shall establish internal
5	controls to ensure compliance with the procedures.".
6	(2) State penalty for failure to establish
7	OR COMPLY WITH WORK PARTICIPATION VERIFICATION
8	PROCEDURES.—Section $409(a)$ (42 U.S.C. $609(a)$) is
9	amended by adding at the end the following:
10	"(15) Penalty for failure to establish or
11	COMPLY WITH WORK PARTICIPATION VERIFICATION
12	PROCEDURES.—
13	"(A) IN GENERAL.—If the Secretary deter-
14	mines that a State to which a grant is made
15	under section 403 in a fiscal year has violated
16	section $407(i)(2)$ during the fiscal year, the Sec-
17	retary shall reduce the grant payable to the State
18	under section $403(a)(1)$ for the immediately suc-
19	ceeding fiscal year by an amount equal to not
20	less than 1 percent and not more than 5 percent
21	of the State family assistance grant.
22	"(B) PENALTY BASED ON SEVERITY OF
23	FAILURE.—The Secretary shall impose reduc-

1 fiscal year based on the degree of noncompli-2 ance.". 3 (d) EFFECTIVE DATE.—The amendments made by 4 subsections (a) and (b) shall take effect on October 1, 2006. 5 SEC. 7103. GRANTS FOR HEALTHY MARRIAGE PROMOTION 6 AND RESPONSIBLE FATHERHOOD. 7 (a) Healthy Marriage and Family Funds.—Sec-8 tion 403(a)(2) (42 U.S.C. 603(a)(2)) is amended to read 9 as follows: "(2) HEALTHY MARRIAGE PROMOTION AND RE-10 11 SPONSIBLE FATHERHOOD GRANTS.— 12 "(A) IN GENERAL.— 13 "(i) Use of funds.—Subject to sub-14 paragraphs (B) and (C), the Secretary may 15 use the funds made available under sub-16 paragraph (D) for the purpose of con-17 ducting and supporting research and dem-18 onstration projects by public or private en-19 tities, and providing technical assistance to 20 States, Indian tribes and tribal organizations, and such other entities as the Sec-21 22 retary may specify that are receiving a 23 grant under another provision of this part. 24 "(ii) LIMITATIONS.—The Secretary 25 may not award funds made available under

1	this paragraph on a noncompetitive basis,
2	and may not provide any such funds to an
3	entity for the purpose of carrying out
4	healthy marriage promotion activities or for
5	the purpose of carrying out activities pro-
6	moting responsible fatherhood unless the en-
7	tity has submitted to the Secretary an ap-
8	plication which—
9	((I) describes—
10	"(aa) how the programs or
11	activities proposed in the applica-
12	tion will address, as appropriate,
13	issues of domestic violence; and
14	"(bb) what the applicant will
15	do, to the extent relevant, to en-
16	sure that participation in the pro-
17	grams or activities is voluntary,
18	and to inform potential partici-
19	pants that their participation is
20	voluntary; and
21	"(II) contains a commitment by
22	the entity—
23	"(aa) to not use the funds for
24	any other purpose; and

1	"(bb) to consult with experts
2	in domestic violence or relevant
3	community domestic violence coa-
4	litions in developing the programs
5	and activities.
6	"(iii) Healthy marriage promotion
7	ACTIVITIES.—In clause (ii), the term
8	<i>healthy marriage promotion activities'</i>
9	means the following:
10	"(I) Public advertising campaigns
11	on the value of marriage and the skills
12	needed to increase marital stability
13	and health.
14	"(II) Education in high schools
15	on the value of marriage, relationship
16	skills, and budgeting.
17	"(III) Marriage education, mar-
18	riage skills, and relationship skills pro-
19	grams, that may include parenting
20	skills, financial management, conflict
21	resolution, and job and career advance-
22	ment, for non-married pregnant
23	women and non-married expectant fa-
24	thers.
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1	"(IV) Pre-marital education and
2	marriage skills training for engaged
3	couples and for couples or individuals
4	interested in marriage.
5	"(V) Marriage enhancement and
6	marriage skills training programs for
7	married couples.
8	"(VI) Divorce reduction programs
9	that teach relationship skills.
10	"(VII) Marriage mentoring pro-
11	grams which use married couples as
12	role models and mentors in at-risk
13	communities.
14	"(VIII) Programs to reduce the
15	disincentives to marriage in means-
16	tested aid programs, if offered in con-
17	junction with any activity described in
18	this subparagraph.
19	"(B) Limitation on use of funds for
20	DEMONSTRATION PROJECTS FOR COORDINATION
21	OF PROVISION OF CHILD WELFARE AND TANF
22	SERVICES TO TRIBAL FAMILIES AT RISK OF
23	CHILD ABUSE OR NEGLECT.—
24	"(i) IN GENERAL.—Of the amounts
25	made available under subparagraph (D) for

1	a fiscal year, the Secretary may not award
2	more than \$2,000,000 on a competitive
3	basis to fund demonstration projects de-
4	signed to test the effectiveness of tribal gov-
5	ernments or tribal consortia in coordinating
6	the provision to tribal families at risk of
7	child abuse or neglect of child welfare serv-
8	ices and services under tribal programs
9	funded under this part.
10	"(ii) Limitation on use of funds.—
11	A grant made pursuant to clause (i) to such
12	a project shall not be used for any purpose
13	other than—
14	((I) to improve case management
15	for families eligible for assistance from
16	such a tribal program;
17	"(II) for supportive services and
18	assistance to tribal children in out-of-
19	home placements and the tribal fami-
20	lies caring for such children, including
21	families who adopt such children; and
22	"(III) for prevention services and
23	assistance to tribal families at risk of
24	child abuse and neglect.

1	"(iii) Reports.—The Secretary may
2	require a recipient of funds awarded under
3	this subparagraph to provide the Secretary
4	with such information as the Secretary
5	deems relevant to enable the Secretary to fa-
6	cilitate and oversee the administration of
7	any project for which funds are provided
8	under this subparagraph.
9	"(C) Limitation on use of funds for
10	ACTIVITIES PROMOTING RESPONSIBLE FATHER-
11	HOOD.—
12	"(i) IN GENERAL.—Of the amounts
13	made available under subparagraph (D) for
14	a fiscal year, the Secretary may not award
15	more than \$50,000,000 on a competitive
16	basis to States, territories, Indian tribes
17	and tribal organizations, and public and
18	nonprofit community entities, including re-
19	ligious organizations, for activities pro-
20	moting responsible fatherhood.
21	"(ii) Activities promoting respon-
22	sible fatherhood.—In this paragraph,
23	the term 'activities promoting responsible
24	fatherhood' means the following:

1	"(I) Activities to promote mar-
2	riage or sustain marriage through ac-
3	tivities such as counseling, mentoring,
4	disseminating information about the
5	benefits of marriage and 2-parent in-
6	volvement for children, enhancing rela-
7	tionship skills, education regarding
8	how to control aggressive behavior, dis-
9	seminating information on the causes
10	of domestic violence and child abuse,
11	marriage preparation programs, pre-
12	marital counseling, marital inven-
13	tories, skills-based marriage education,
14	financial planning seminars, including
15	improving a family's ability to effec-
16	tively manage family business affairs
17	by means such as education, coun-
18	seling, or mentoring on matters related
19	to family finances, including household
20	management, budgeting, banking, and
21	handling of financial transactions and
22	home maintenance, and divorce edu-
23	cation and reduction programs, includ-
24	ing mediation and counseling.

"(II) Activities to promote respon-
sible parenting through activities such
as counseling, mentoring, and medi-
ation, disseminating information about
good parenting practices, skills-based
parenting education, encouraging child
support payments, and other methods.
"(III) Activities to foster economic
stability by helping fathers improve
their economic status by providing ac-
tivities such as work first services, job
search, job training, subsidized employ-
ment, job retention, job enhancement,
and encouraging education, including
career-advancing education, dissemina-
tion of employment materials, coordi-
nation with existing employment serv-
ices such as welfare-to-work programs,
referrals to local employment training
initiatives, and other methods.
"(IV) Activities to promote re-
sponsible fatherhood that are conducted
through a contract with a nationally
recognized, nonprofit fatherhood pro-
motion organization, such as the devel-

1	opment, promotion, and distribution of
2	a media campaign to encourage the
3	appropriate involvement of parents in
4	the life of any child and specifically
5	the issue of responsible fatherhood, and
6	the development of a national clearing-
7	house to assist States and communities
8	in efforts to promote and support mar-
9	riage and responsible fatherhood.
10	"(D) APPROPRIATION.—Out of any money
11	in the Treasury of the United States not other-
12	wise appropriated, there are appropriated
13	\$150,000,000 for each of fiscal years 2006
14	through 2010, for expenditure in accordance with
15	this paragraph.".
16	(b) Counting of Spending on Certain Pro-Family
17	ACTIVITIES.—Section $409(a)(7)(B)(i)$ (42 U.S.C.
18	609(a)(7)(B)(i)) is amended by adding at the end the fol-
19	lowing:
20	"(V) Counting of spending on
21	CERTAIN PRO-FAMILY ACTIVITIES.—
22	The term 'qualified State expenditures'
23	includes the total expenditures by the
24	State during the fiscal year under all
25	State programs for a purpose described

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1	in paragraph (3) or (4) of section
2	401(a).".
3	Subtitle B—Child Care
4	SEC. 7201. ENTITLEMENT FUNDING.
5	Section 418(a)(3) (42 U.S.C. 618(a)(3)) is amended—
6	(1) by striking "and" at the end of subpara-
7	graph (E);
8	(2) by striking the period at the end of subpara-
9	graph (F) and inserting a semicolon; and
10	(3) by adding at the end the following:
11	"(G) $$2,917,000,000$ for each of fiscal years
12	2006 through 2010.".
13	Subtitle C—Child Support
14	SEC. 7301. ASSIGNMENT AND DISTRIBUTION OF CHILD SUP-
15	PORT.
16	(a) Modification of Rule Requiring Assignment
17	OF SUPPORT RIGHTS AS A CONDITION OF RECEIVING
18	TANF.—Section 408(a)(3) (42 U.S.C. 608(a)(3)) is amend-
19	ed to read as follows:
20	"(3) No assistance for families not assign-
21	ING CERTAIN SUPPORT RIGHTS TO THE STATE.— A
22	State to which a grant is made under section 403
23	shall require, as a condition of paying assistance to
24	a family under the State program funded under this
25	part, that a member of the family assign to the State

1	any right the family member may have (on behalf of
2	the family member or of any other person for whom
3	the family member has applied for or is receiving
4	such assistance) to support from any other person,
5	not exceeding the total amount of assistance so paid
6	to the family, which accrues during the period that
7	the family receives assistance under the program.".
8	(b) Increasing Child Support Payments to Fami-
9	LIES AND SIMPLIFYING CHILD SUPPORT DISTRIBUTION
10	Rules.—
11	(1) DISTRIBUTION RULES.—
12	(A) IN GENERAL.—Section $457(a)$ (42)
13	U.S.C. 657(a)) is amended to read as follows:
14	"(a) IN GENERAL.—Subject to subsections (d) and (e),
15	the amounts collected on behalf of a family as support by
16	a State pursuant to a plan approved under this part shall
17	be distributed as follows:
18	"(1) Families receiving assistance.—In the
19	case of a family receiving assistance from the State,
20	the State shall—
21	"(A) pay to the Federal Government the
22	Federal share of the amount collected, subject to
23	paragraph (3)(A);

1	"(B) retain, or pay to the family, the State
2	share of the amount collected, subject to para-
3	graph (3)(B); and
4	"(C) pay to the family any remaining
5	amount.
6	"(2) FAMILIES THAT FORMERLY RECEIVED AS-
7	SISTANCE.—In the case of a family that formerly re-
8	ceived assistance from the State:
9	"(A) CURRENT SUPPORT.—To the extent
10	that the amount collected does not exceed the cur-
11	rent support amount, the State shall pay the
12	amount to the family.
13	"(B) ARREARAGES.—Except as otherwise
14	provided in an election made under section
15	454(34), to the extent that the amount collected
16	exceeds the current support amount, the State—
17	"(i) shall first pay to the family the
18	excess amount, to the extent necessary to
19	satisfy support arrearages not assigned pur-
20	suant to section $408(a)(3)$;
21	"(ii) if the amount collected exceeds the
22	amount required to be paid to the family
23	under clause (i), shall—
24	"(I) pay to the Federal Govern-
25	ment the Federal share of the excess

1	amount described in this clause, subject
2	to paragraph (3)(A); and
3	"(II) retain, or pay to the family,
4	the State share of the excess amount
5	described in this clause, subject to
6	paragraph (3)(B); and
7	"(iii) shall pay to the family any re-
8	maining amount.
9	"(3) Limitations.—
10	"(A) FEDERAL REIMBURSEMENTS.—The
11	total of the amounts paid by the State to the
12	Federal Government under paragraphs (1) and
13	(2) of this subsection with respect to a family
14	shall not exceed the Federal share of the amount
15	assigned with respect to the family pursuant to
16	$section \ 408(a)(3).$
17	"(B) STATE REIMBURSEMENTS.—The total
18	of the amounts retained by the State under para-
19	graphs (1) and (2) of this subsection with respect
20	to a family shall not exceed the State share of the
21	amount assigned with respect to the family pur-
22	suant to section $408(a)(3)$.
23	"(4) FAMILIES THAT NEVER RECEIVED ASSIST-
24	ANCE.—In the case of any other family, the State
25	shall distribute to the family the portion of the

1	amount so collected that remains after withholding
2	any fee pursuant to section $454(6)(B)(ii)$.
3	"(5) Families under certain agreements.—
4	Notwithstanding paragraphs (1) through (3), in the
5	case of an amount collected for a family in accord-
6	ance with a cooperative agreement under section
7	454(33), the State shall distribute the amount col-
8	lected pursuant to the terms of the agreement.".
9	(B) STATE OPTION TO PASS THROUGH AD-
10	DITIONAL SUPPORT WITH FEDERAL FINANCIAL
11	PARTICIPATION BEGINNING WITH FISCAL YEAR
12	2009.—
13	(i) IN GENERAL.—Section 457(a) (42
14	U.S.C. 657(a)) is amended by adding at the
15	end the following:
16	"(7) STATE OPTION TO PASS THROUGH ADDI-
17	TIONAL SUPPORT WITH FEDERAL FINANCIAL PARTICI-
18	PATION.—
19	"(A) Families that formerly received
20	ASSISTANCE.—Notwithstanding paragraph (2), a
21	State shall not be required to pay to the Federal
22	Government the Federal share of an amount col-
23	lected on behalf of a family that formerly re-
24	ceived assistance from the State to the extent that
25	the State pays the amount to the family.

1	"(B) FAMILIES THAT CURRENTLY RECEIVE
2	ASSISTANCE.—
3	"(i) IN GENERAL.—Notwithstanding
4	paragraph (1), in the case of a family that
5	receives assistance from the State, a State
6	shall not be required to pay to the Federal
7	Government the Federal share of the ex-
8	cepted portion (as defined in clause (ii)) of
9	any amount collected on behalf of such fam-
10	ily during a month to the extent that—
11	((I) the State pays the excepted
12	portion to the family; and
13	"(II) the excepted portion is dis-
14	regarded in determining the amount
15	and type of assistance provided to the
16	family under such program.
17	"(ii) Excepted portion defined.—
18	For purposes of this subparagraph, the term
19	"excepted portion" means that portion of
20	the amount collected on behalf of a family
21	during a month that does not exceed \$100
22	per month, or in the case of a family that
23	includes 2 or more children, that does not
24	exceed an amount established by the State

1 (ii) EFFECTIVE DATE.—The amend-2 ment made by clause (i) shall take effect on 3 October 1, 2008. 4 (iii) Redesignation.—Effective October 1, 2009, paragraph (7) of section 457(a) 5 6 of the Social Security Act (as added by 7 clause (i)) is redesignated as paragraph (6). 8 (C) STATE PLAN TO INCLUDE ELECTION AS 9 TO WHICH RULES TO APPLY IN DISTRIBUTING 10 CHILD SUPPORT ARREARAGES COLLECTED ON 11 BEHALF OF FAMILIES FORMERLY RECEIVING AS-12 SISTANCE.—Section 454 (42 U.S.C. 654) is 13 amended— 14 (i) by striking "and" at the end of 15 paragraph (32); 16 (ii) by striking the period at the end of 17 paragraph (33) and inserting "; and"; and 18 (iii) by inserting after paragraph (33) 19 the following: 20 "(34) include an election by the State to apply 21 section 457(a)(2)(B) of this Act or former section 22 457(a)(2)(B) of this Act (as in effect for the State im-23 mediately before the date this paragraph first applies 24 to the State) to the distribution of the amounts which

are the subject of such sections and, for so long as the

1	State elects to so apply such former section, the
2	amendments made by subsection (b)(1) of section
3	7301 of the Deficit Reduction Act of 2005 shall not
4	apply with respect to the State, notwithstanding sub-
5	section (e) of such section 7301.".
6	(2) CURRENT SUPPORT AMOUNT DEFINED.—Sec-
7	tion $457(c)$ (42 U.S.C. $657(c)$) is amended by adding
8	at the end the following:
9	"(5) CURRENT SUPPORT AMOUNT.—The term
10	'current support amount' means, with respect to
11	amounts collected as support on behalf of a family,
12	the amount designated as the monthly support obliga-
13	tion of the noncustodial parent in the order requiring
14	the support or calculated by the State based on the
15	order.".
16	(c) State Option To Discontinue Older Support
17	Assignments.—Section 457(b) (42 U.S.C. 657(b)) is
18	amended to read as follows:
19	"(b) Continuation of Assignments.—
20	"(1) STATE OPTION TO DISCONTINUE PRE-1997
21	SUPPORT ASSIGNMENTS.—
22	"(A) IN GENERAL.—Any rights to support
23	obligations assigned to a State as a condition of
24	receiving assistance from the State under part A
25	and in effect on September 30, 1997 (or such

1	earlier date on or after August 22, 1996, as the
2	State may choose), may remain assigned after
3	such date.
4	"(B) DISTRIBUTION OF AMOUNTS AFTER AS-
5	SIGNMENT DISCONTINUATION.—If a State chooses
6	to discontinue the assignment of a support obli-
7	gation described in subparagraph (A), the State
8	may treat amounts collected pursuant to the as-
9	signment as if the amounts had never been as-
10	signed and may distribute the amounts to the
11	family in accordance with subsection $(a)(4)$.
12	"(2) State option to discontinue post-1997
13	ASSIGNMENTS.—
14	"(A) IN GENERAL.—Any rights to support
15	obligations accruing before the date on which a
16	family first receives assistance under part A that
17	are assigned to a State under that part and in
18	effect before the implementation date of this sec-
19	tion may remain assigned after such date.
20	"(B) DISTRIBUTION OF AMOUNTS AFTER AS-
21	SIGNMENT DISCONTINUATION.—If a State chooses
22	to discontinue the assignment of a support obli-
23	gation described in subparagraph (A), the State
24	may treat amounts collected pursuant to the as-
25	signment as if the amounts had never been as-

1	signed and may distribute the amounts to the
2	family in accordance with subsection $(a)(4)$.".
3	(d) Conforming Amendments.—Section 6402(c) of
4	the Internal Revenue Code of 1986 (relating to offset of past-
5	due support against overpayments) is amended—
6	(1) in the first sentence, by striking "the Social
7	Security Act." and inserting "of such Act."; and
8	(2) by striking the third sentence and inserting
9	the following: "The Secretary shall apply a reduction
10	under this subsection first to an amount certified by
11	the State as past due support under section 464 of the
12	Social Security Act before any other reductions al-
13	lowed by law.".
14	(e) Effective Date.—
15	(1) IN GENERAL.—Except as otherwise provided
16	in this section, the amendments made by the pre-
17	ceding provisions of this section shall take effect on
18	October 1, 2009, and shall apply to payments under
19	parts A and D of title IV of the Social Security Act
20	for calendar quarters beginning on or after such date,
21	and without regard to whether regulations to imple-
22	ment the amendments (in the case of State programs
23	operated under such part D) are promulgated by such
24	date.

1	(2) State option to accelerate effective
2	DATE.—Notwithstanding paragraph (1), a State may
3	elect to have the amendments made by the preceding
4	provisions of this section apply to the State and to
5	amounts collected by the State (and the payments
6	under parts A and D), on and after such date as the
7	State may select that is not earlier than October 1,
8	2008, and not later than September 30, 2009.
9	(f) Use of Tax Refund Intercept Program To
10	Collect Past-Due Child Support on Behalf of
11	Children Who Are Not Minors.—
12	(1) IN GENERAL.—Section 464 (42 U.S.C. 664)
13	is amended—
13 14	is amended— (A) in subsection (a)(2)(A), by striking "(as
14	(A) in subsection (a)(2)(A), by striking "(as
14 15	(A) in subsection $(a)(2)(A)$, by striking "(as that term is defined for purposes of this para-
14 15 16	(A) in subsection $(a)(2)(A)$, by striking "(as that term is defined for purposes of this para- graph under subsection (c))"; and
14 15 16 17	 (A) in subsection (a)(2)(A), by striking "(as that term is defined for purposes of this paragraph under subsection (c))"; and (B) in subsection (c)—
14 15 16 17 18	 (A) in subsection (a)(2)(A), by striking "(as that term is defined for purposes of this paragraph under subsection (c))"; and (B) in subsection (c)— (i) in paragraph (1)—
14 15 16 17 18 19	 (A) in subsection (a)(2)(A), by striking "(as that term is defined for purposes of this paragraph under subsection (c))"; and (B) in subsection (c)— (i) in paragraph (1)— (I) by striking "(1) Except as
 14 15 16 17 18 19 20 	 (A) in subsection (a)(2)(A), by striking "(as that term is defined for purposes of this paragraph under subsection (c))"; and (B) in subsection (c)— (i) in paragraph (1)— (I) by striking "(1) Except as provided in paragraph (2), as used in"
 14 15 16 17 18 19 20 21 	 (A) in subsection (a)(2)(A), by striking "(as that term is defined for purposes of this paragraph under subsection (c))"; and (B) in subsection (c)— (i) in paragraph (1)— (I) by striking "(1) Except as provided in paragraph (2), as used in" and inserting "In"; and

1		(ii)	by	striking	paragraphs	(2)	and
2	(3).						

3 (2) EFFECTIVE DATE.—The amendments made 4 by paragraph (1) shall take effect on October 1, 2007. 5 (g) STATE OPTION TO USE STATEWIDE AUTOMATED 6 DATA PROCESSING AND INFORMATION RETRIEVAL SYSTEM 7 FOR INTERSTATE CASES.—Section 466(a)(14)(A)(iii) (42) 8 U.S.C. 666(a)(14)(A)(iii) is amended by inserting before 9 the semicolon the following: "(but the assisting State may 10 establish a corresponding case based on such other State's 11 request for assistance)".

12 SEC. 7302. MANDATORY REVIEW AND ADJUSTMENT OF13CHILD SUPPORT ORDERS FOR FAMILIES RE-14CEIVING TANF.

15 (a) IN GENERAL.—Section 466(a)(10)(A)(i) (42
16 U.S.C. 666(a)(10)(A)(i)) is amended—

17 (1) by striking "parent, or," and inserting "par18 ent or"; and

19 (2) by striking "upon the request of the State
20 agency under the State plan or of either parent,".

21 (b) EFFECTIVE DATE.—The amendments made by sub22 section (a) shall take effect on October 1, 2007.

1 SEC. 7303. DECREASE IN AMOUNT OF CHILD SUPPORT AR-2 **REARAGE TRIGGERING PASSPORT DENIAL.** 3 (a) IN GENERAL.—Section 452(k)(1) (42 U.S.C. 652(k)(1) is amended by striking "\$5,000" and inserting 4 5 *"\$2,500"*. 6 (b) Conforming Amendment.—Section 454(31) (42) 7 U.S.C. 654(31)) is amended by striking "\$5,000" and inserting "\$2,500". 8 9 (c) EFFECTIVE DATE.—The amendments made by this section shall take effect on October 1, 2006. 10 11 SEC. 7304. MAINTENANCE OF TECHNICAL ASSISTANCE 12 FUNDING. 13 Section 452(j) (42 U.S.C. 652(j)) is amended by inserting "or the amount appropriated under this paragraph for 14 fiscal year 2002, whichever is greater" before ", which shall 15 16 be available". 17 SEC. 7305. MAINTENANCE OF FEDERAL PARENT LOCATOR 18 SERVICE FUNDING. 19 Section 453(0) (42 U.S.C. 653(0)) is amended— 20 (1) in the first sentence, by inserting "or the 21 amount appropriated under this paragraph for fiscal 22 year 2002, whichever is greater" before ", which shall 23 be available"; and 24 (2) in the second sentence, by striking "for each

25 of fiscal years 1997 through 2001".

2	DATA.
3	(a) DUTIES OF THE SECRETARY.—Section 452 (42
4	U.S.C. 652) is amended by adding at the end the following:
5	"(l) Comparisons With Insurance Information.—
6	"(1) IN GENERAL.—The Secretary, through the
7	Federal Parent Locator Service, may—
8	"(A) compare information concerning indi-
9	viduals owing past-due support with informa-
10	tion maintained by insurers (or their agents)
11	concerning insurance claims, settlements,
12	awards, and payments; and
13	``(B) furnish information resulting from the
14	data matches to the State agencies responsible for
15	collecting child support from the individuals.
16	"(2) LIABILITY.—An insurer (including any
17	agent of an insurer) shall not be liable under any
18	Federal or State law to any person for any disclosure
19	provided for under this subsection, or for any other
20	action taken in good faith in accordance with this
21	subsection.".
22	(b) State Reimbursement of Federal Costs.—
23	Section $453(k)(3)$ (42 U.S.C. $653(k)(3)$) is amended by in-
24	serting "or section 452(l)" after "pursuant to this section".

1	SEC. 7307. REQUIREMENT THAT STATE CHILD SUPPORT EN-
2	FORCEMENT AGENCIES SEEK MEDICAL SUP-
3	PORT FOR CHILDREN FROM EITHER PARENT.
4	(a) State Agencies Required To Seek Medical
5	Support From Either Parent.—
6	(1) IN GENERAL.—Section $466(a)(19)(A)$ (42)
7	U.S.C. $666(a)(19)(A)$ is amended by striking "which
8	include a provision for the health care coverage of the
9	child are enforced" and inserting "shall include a
10	provision for medical support for the child to be pro-
11	vided by either or both parents, and shall be en-
12	forced".
13	(2) Conforming Amendments.—
14	(A) TITLE IV-D.—
15	(i) Section 452(f) (42 U.S.C. 652(f)) is
16	amended by striking "include medical sup-
17	port as part of any child support order and
18	enforce medical support" and inserting "en-
19	force medical support included as part of a
20	child support order".
21	(ii) Section $466(a)(19)$ (42 U.S.C.
22	666(a)(19)), as amended by paragraph (1)
23	of this subsection, is amended—
24	(I) in subparagraph (A)—

	002
1	(aa) by striking "section
2	401(e)(3)(C)" and inserting "sec-
3	tion 401(e)"; and
4	(bb) by striking "section
5	401(f)(5)(C)" and inserting "sec-
6	tion 401(f)";
7	(II) in subparagraph (B)—
8	(aa) by striking "noncusto-
9	dial" each place it appears; and
10	(bb) in clause (iii), by strik-
11	ing "section 466(b)" and inserting
12	"subsection (b)"; and
13	(III) in subparagraph (C), by
14	striking "noncustodial" each place it
15	appears and inserting "obligated".
16	(B) STATE OR LOCAL GOVERNMENTAL
17	GROUP HEALTH PLANS.—Section 401(e)(2) of the
18	Child Support Performance and Incentive Act of
19	1998 (29 U.S.C. 1169 note) is amended, in the
20	matter preceding subparagraph (A), by striking
21	"who is a noncustodial parent of the child".
22	(C) CHURCH PLANS.—Section $401(f)(5)(C)$
23	of the Child Support Performance and Incentive
24	Act of 1998 (29 U.S.C. 1169 note) is amended by
25	striking "noncustodial" each place it appears.

1 (b) ENFORCEMENT OF MEDICAL SUPPORT REQUIRE-MENTS.—Section 452(f) (42 U.S.C. 652(f)), as amended by 2 subsection (a)(2)(A)(i), is amended by inserting after the 3 4 first sentence the following: "A State agency administering 5 the program under this part may enforce medical support against a custodial parent if health care coverage is avail-6 7 able to the custodial parent at a reasonable cost, notwith-8 standing any other provision of this part.".

9 (c) DEFINITION OF MEDICAL SUPPORT.—Section 452(f) (42 U.S.C. 652(f)), as amended by subsections 10 11 (a)(2)(A)(i) and (b) of this section, is amended by adding at the end the following: "For purposes of this part, the 12 13 term 'medical support' may include health care coverage, such as coverage under a health insurance plan (including 14 15 payment of costs of premiums, co-payments, and deductibles) and payment for medical expenses incurred on 16 17 behalf of a child.".

18 SEC. 7308. REDUCTION OF FEDERAL MATCHING RATE FOR
19 LABORATORY COSTS INCURRED IN DETER20 MINING PATERNITY.

(a) IN GENERAL.—Section 455(a)(1)(C) (42 U.S.C.
655(a)(1)(C)) is amended by striking "90 percent (rather
than the percentage specified in subparagraph (A))" and
inserting "66 percent".

(b) EFFECTIVE DATE.—The amendment made by sub-2 section (a) shall take effect on October 1, 2006, and shall 3 apply to costs incurred on or after that date. 4 SEC. 7309. ENDING FEDERAL MATCHING OF STATE SPEND-5 ING OF FEDERAL INCENTIVE PAYMENTS. 6 (a) IN GENERAL.—Section 455(a)(1) (42 U.S.C. 7 655(a)(1) is amended by inserting "from amounts paid to 8 the State under section 458 or" before "to carry out an 9 agreement". 10 (b) EFFECTIVE DATE.—The amendment made by sub-11 section (a) shall take effect on October 1, 2007. 12 SEC. 7310. MANDATORY FEE FOR SUCCESSFUL CHILD SUP-13 PORT COLLECTION FOR FAMILY THAT HAS 14 NEVER RECEIVED TANF. 15 (a) IN GENERAL.—Section 454(6)(B) (42 U.S.C. 654(6)(B)) is amended— 16 17 (1) by inserting "(i)" after "(B)": 18 (2) by redesignating clauses (i) and (ii) as sub-19 clauses (I) and (II), respectively; 20 (3) by adding "and" after the semicolon; and 21 (4) by adding after and below the end the fol-22 lowing new clause: "(ii) in the case of an individual who has 23 24 never received assistance under a State program 25 funded under part A and for whom the State has

1	collected at least \$500 of support, the State shall
2	impose an annual fee of \$25 for each case in
3	which services are furnished, which shall be re-
4	tained by the State from support collected on be-
5	half of the individual (but not from the 1st \$500
6	so collected), paid by the individual applying for
7	the services, recovered from the absent parent, or
8	paid by the State out of its own funds (the pay-
9	ment of which from State funds shall not be con-
10	sidered as an administrative cost of the State for
11	the operation of the plan, and the fees shall be
12	considered income to the program);".
13	(b) Conforming Amendments.—Section 457(a)(3)
14	(42 U.S.C. 657(a)(3)) is amended to read as follows:
15	"(3) FAMILIES THAT NEVER RECEIVED ASSIST-
16	ANCE.—In the case of any other family, the State
17	shall distribute to the family the portion of the
18	amount so collected that remains after withholding
19	any fee pursuant to section $454(6)(B)(ii)$.".
20	(c) EFFECTIVE DATE.—The amendments made by this
21	section shall take effect on October 1, 2006.

1 SEC. 7311. EXCEPTION TO GENERAL EFFECTIVE DATE FOR 2 STATE PLANS REQUIRING STATE LAW AMEND 3 MENTS.

4 In the case of a State plan under part D of title IV 5 of the Social Security Act which the Secretary determines requires State legislation in order for the plan to meet the 6 7 additional requirements imposed by the amendments made 8 by this subtitle, the effective date of the amendments impos-9 ing the additional requirements shall be 3 months after the first day of the first calendar quarter beginning after the 10 11 close of the first regular session of the State legislature that 12 begins after the date of the enactment of this Act. For purposes of the preceding sentence, in the case of a State that 13 has a 2-year legislative session, each year of the session shall 14 be considered to be a separate regular session of the State 15 16 legislature.

Subtitle D—Child Welfare

18 SEC. 7401. STRENGTHENING COURTS.

- 19 (a) COURT IMPROVEMENT GRANTS.—
- 20 (1) IN GENERAL.—Section 438(a) (42 U.S.C.
- 21 *629h(a)) is amended*—

22 (A) by striking "and" at the end of para23 graph (1);

24 (B) by striking the period at the end of
25 paragraph (2) and inserting a semicolon; and

26 (C) by adding at the end the following:

1	"(3) to ensure that the safety, permanence, and
2	well-being needs of children are met in a timely and
3	complete manner; and
4	"(4) to provide for the training of judges, attor-
5	neys and other legal personnel in child welfare
6	cases.".
7	(2) Applications.—Section 438(b) (42 U.S.C.
8	629h(b)) is amended to read as follows:
9	"(b) Applications.—
10	"(1) IN GENERAL.—In order to be eligible to re-
11	ceive a grant under this section, a highest State court
12	shall submit to the Secretary an application at such
13	time, in such form, and including such information
14	and assurances as the Secretary may require,
15	including—
16	"(A) in the case of a grant for the purpose
17	described in subsection $(a)(3)$, a description of
18	how courts and child welfare agencies on the
19	local and State levels will collaborate and jointly
20	plan for the collection and sharing of all relevant
21	data and information to demonstrate how im-
22	proved case tracking and analysis of child abuse
23	and neglect cases will produce safe and timely
24	permanency decisions;

1	``(B) in the case of a grant for the purpose
2	described in subsection $(a)(4)$, a demonstration
3	that a portion of the grant will be used for cross-
4	training initiatives that are jointly planned and
5	executed with the State agency or any other
6	agency under contract with the State to admin-
7	ister the State program under the State plan
8	under subpart 1, the State plan approved under
9	section 434, or the State plan approved under
10	part E; and
11	"(C) in the case of a grant for any purpose
12	described in subsection (a), a demonstration of
13	meaningful and ongoing collaboration among the
14	courts in the State, the State agency or any
15	other agency under contract with the State who
16	is responsible for administering the State pro-
17	gram under part B or E, and, where applicable,
18	Indian tribes.
19	"(2) Separate applications.—A highest State
20	court desiring grants under this section for 2 or more
21	purposes shall submit separate applications for the
22	following grants:
23	"(A) A grant for the purposes described in
24	paragraphs (1) and (2) of subsection (a).

after "subsection (b)";

(B), respectively;

(C) by redesignating and indenting para-

graphs (1) and (2) as subparagraphs (A) and

(D) by inserting before and above such sub-
(D) by morning before and above such sub
paragraph (A) the following:
"(1) GRANTS TO ASSESS AND IMPROVE HAN-
DLING OF COURT PROCEEDINGS RELATING TO FOSTER
CARE AND ADOPTION.—"; and
(E) by adding at the end the following:
"(2) GRANTS FOR IMPROVED DATA COLLECTION
AND TRAINING.—
"(A) IN GENERAL.—Each highest State
court which has an application approved under
subsection (b) of this section for a grant referred
to in subparagraph (B) or (C) of subsection
(b)(2) shall be entitled to payment, for each of
fiscal years 2006 through 2010, from the amount
made available under whichever of paragraph
(1) or (2) of subsection (e) applies with respect
to the grant, of an amount equal to the sum of
\$85,000 plus the amount described in subpara-
graph (B) of this paragraph for the fiscal year
with respect to the grant.
"(B) FORMULA.—The amount described in
this subparagraph for any fiscal year with re-
spect to a grant referred to in subparagraph (B)
or (C) of subsection $(b)(2)$ is the amount that
bears the same ratio to the amount made avail-

1	able under subsection (e) for such a grant (re-
2	duced by the dollar amount specified in subpara-
3	graph (A) of this paragraph) as the number of
4	individuals in the State who have not attained
5	21 years of age bears to the total number of such
6	individuals in all States the highest State courts
7	of which have approved applications under sub-
8	section (b) for such a grant.".
9	(4) FUNDING.—Section 438 (42 U.S.C. 629h) is
10	amended by adding at the end the following:
11	"(e) Funding for Grants for Improved Data Col-
12	LECTION AND TRAINING.—Out of any money in the Treas-
13	ury of the United States not otherwise appropriated, there
14	are appropriated to the Secretary, for each of fiscal years
15	2006 through 2010—
16	"(1) \$10,000,000 for grants referred to in sub-
17	section $(b)(2)(B)$; and
18	"(2) \$10,000,000 for grants referred to in sub-
19	section $(b)(2)(C)$.".
20	(b) Requirement To Demonstrate Meaningful
21	Collaboration Between Courts and Agencies in
22	CHILD WELFARE SERVICES PROGRAMS.—Section 422(b)
23	(42 U.S.C. 622(b)) is amended—
24	(1) by striking "and" at the end of paragraph
25	(13);

1	(2) by striking the period at the end of para-
2	graph (14) and inserting "; and"; and
3	(3) by adding at the end the following:
4	"(15) demonstrate substantial, ongoing, and
5	meaningful collaboration with State courts in the de-
6	velopment and implementation of the State plan
7	under subpart 1, the State plan approved under sub-
8	part 2, and the State plan approved under part E ,
9	and in the development and implementation of any
10	program improvement plan required under section
11	<i>1123A."</i> .
12	(c) USE OF CHILD WELFARE RECORDS IN STATE
13	COURT PROCEEDINGS.—Section 471 (42 U.S.C. 671) is
14	amended—
15	(1) in subsection (a)(8), by inserting "subject to
16	subsection (c)," after "(8)"; and
17	(2) by adding at the end the following:
18	"(c) Use of Child Welfare Records in State
19	COURT PROCEEDINGS.—Subsection (a)(8) shall not be con-
20	strued to limit the flexibility of a State in determining
21	State policies relating to public access to court proceedings
22	to determine child abuse and neglect or other court hearings
23	held pursuant to part B or this part, except that such poli-
24	cies shall, at a minimum, ensure the safety and well-being
25	of the child, parents, and family.".

1SEC. 7402. FUNDING OF SAFE AND STABLE FAMILIES PRO-2GRAMS.

3 Section 436(a) (42 U.S.C. 629f(a)) is amended to read
4 as follows:

5 "(a) AUTHORIZATION.—In addition to any amount otherwise made available to carry out this subpart, there 6 7 are authorized to be appropriated to carry out this subpart 8 \$345,000,000 for fiscal year 2006. Notwithstanding the pre-9 ceding sentence, the total amount authorized to be so appropriated for fiscal year 2006 under this subsection and under 10 11 this subsection (as in effect before the date of the enactment of the Deficit Reduction Act of 2005) is \$345,000,000.". 12

13 SEC. 7403. CLARIFICATION REGARDING FEDERAL MATCH-

14ING OF CERTAIN ADMINISTRATIVE COSTS15UNDER THE FOSTER CARE MAINTENANCE16PAYMENTS PROGRAM.

17 (a) ADMINISTRATIVE COSTS RELATING TO UNLI18 CENSED CARE.—Section 472 (42 U.S.C. 672) is amended
19 by inserting after subsection (h) the following:

"(i) ADMINISTRATIVE COSTS ASSOCIATED WITH OTHERWISE ELIGIBLE CHILDREN NOT IN LICENSED FOSTER
CARE SETTINGS.—Expenditures by a State that would be
considered administrative expenditures for purposes of section 474(a)(3) if made with respect to a child who was residing in a foster family home or child-care institution shall

3	"(1) in the case of a child who has been removed
4	in accordance with subsection (a) of this section from
5	the home of a relative specified in section 406(a) (as
6	in effect on July 16, 1996), only for expenditures—
7	"(A) with respect to a period of not more
8	than the lesser of 12 months or the average
9	length of time it takes for the State to license or
10	approve a home as a foster home, in which the
11	child is in the home of a relative and an appli-
12	cation is pending for licensing or approval of the
13	home as a foster family home; or
14	``(B) with respect to a period of not more
15	than 1 calendar month when a child moves from
16	a facility not eligible for payments under this
17	part into a foster family home or child care in-
18	stitution licensed or approved by the State; and
19	"(2) in the case of any other child who is poten-
20	tially eligible for benefits under a State plan ap-
21	proved under this part and at imminent risk of re-
22	moval from the home, only if—
a a	

23 "(A) reasonable efforts are being made in
24 accordance with section 471(a)(15) to prevent the

1	need for, or if necessary to pursue, removal of the
2	child from the home; and
3	"(B) the State agency has made, not less
4	often than every 6 months, a determination (or
5	redetermination) as to whether the child remains
6	at imminent risk of removal from the home.".
7	(b) Conforming Amendment.—Section 474(a)(3) (42
8	U.S.C. $674(a)(3)$) is amended by inserting "subject to sec-
9	tion 472(i)" before "an amount equal to".
10	SEC. 7404. CLARIFICATION OF ELIGIBILITY FOR FOSTER
11	CARE MAINTENANCE PAYMENTS AND ADOP-
12	TION ASSISTANCE.
13	(a) Foster Care Maintenance Payments.—Section
15	(a) FOSTER OARE MAINTENANCE FAIMENTS.—Section
14	472(a) (42 U.S.C. 672(a)) is amended to read as follows:
14	472(a) (42 U.S.C. 672(a)) is amended to read as follows:
14 15	472(a) (42 U.S.C. 672(a)) is amended to read as follows: "(a) IN GENERAL.—
14 15 16	472(a) (42 U.S.C. 672(a)) is amended to read as follows: "(a) IN GENERAL.— "(1) ELIGIBILITY.—Each State with a plan ap-
14 15 16 17	472(a) (42 U.S.C. 672(a)) is amended to read as follows: "(a) IN GENERAL.— "(1) ELIGIBILITY.—Each State with a plan ap- proved under this part shall make foster care mainte-
14 15 16 17 18	472(a) (42 U.S.C. 672(a)) is amended to read as follows: "(a) IN GENERAL.— "(1) ELIGIBILITY.—Each State with a plan ap- proved under this part shall make foster care mainte- nance payments on behalf of each child who has been
14 15 16 17 18 19	472(a) (42 U.S.C. 672(a)) is amended to read as follows: "(a) IN GENERAL.— "(1) ELIGIBILITY.—Each State with a plan ap- proved under this part shall make foster care mainte- nance payments on behalf of each child who has been removed from the home of a relative specified in sec-
 14 15 16 17 18 19 20 	472(a) (42 U.S.C. 672(a)) is amended to read as follows: "(a) IN GENERAL.— "(1) ELIGIBILITY.—Each State with a plan ap- proved under this part shall make foster care mainte- nance payments on behalf of each child who has been removed from the home of a relative specified in sec- tion 406(a) (as in effect on July 16, 1996) into foster
 14 15 16 17 18 19 20 21 	472(a) (42 U.S.C. 672(a)) is amended to read as follows: "(a) IN GENERAL.— "(1) ELIGIBILITY.—Each State with a plan ap- proved under this part shall make foster care mainte- nance payments on behalf of each child who has been removed from the home of a relative specified in sec- tion 406(a) (as in effect on July 16, 1996) into foster care if—

1	"(B) the child, while in the home, would
2	have met the AFDC eligibility requirement of
3	paragraph (3).
4	"(2) Removal and foster care placement
5	REQUIREMENTS.—The removal and foster care place-
6	ment of a child meet the requirements of this para-
7	graph if—
8	``(A) the removal and foster care placement
9	are in accordance with—
10	((i) a voluntary placement agreement
11	entered into by a parent or legal guardian
12	of the child who is the relative referred to in
13	paragraph (1); or
14	"(ii) a judicial determination to the ef-
15	fect that continuation in the home from
16	which removed would be contrary to the
17	welfare of the child and that reasonable ef-
18	forts of the type described in section
19	471(a)(15) for a child have been made;
20	(B) the child's placement and care are the
21	responsibility of—
22	"(i) the State agency administering the
23	State plan approved under section 471; or
24	"(ii) any other public agency with
25	which the State agency administering or su-
1	pervising the administration of the State
----	--
2	plan has made an agreement which is in ef-
3	fect; and
4	``(C) the child has been placed in a foster
5	family home or child-care institution.
6	"(3) AFDC eligibility requirement.—
7	"(A) IN GENERAL.—A child in the home re-
8	ferred to in paragraph (1) would have met the
9	AFDC eligibility requirement of this paragraph
10	if the child—
11	"(i) would have received aid under the
12	State plan approved under section 402 (as
13	in effect on July 16, 1996) in the home, in
14	or for the month in which the agreement
15	was entered into or court proceedings lead-
16	ing to the determination referred to in
17	paragraph $(2)(A)(ii)$ of this subsection were
18	initiated; or
19	((ii)(I) would have received the aid in
20	the home, in or for the month referred to in
21	clause (i), if application had been made
22	therefor; or
23	"(II) had been living in the home with-
24	in 6 months before the month in which the
25	agreement was entered into or the pro-

1	ceedings were initiated, and would have re-
2	ceived the aid in or for such month, if, in
3	such month, the child had been living in the
4	home with the relative referred to in para-
5	graph (1) and application for the aid had
6	been made.
7	"(B) Resources determination.—For
8	purposes of subparagraph (A), in determining
9	whether a child would have received aid under a
10	State plan approved under section 402 (as in ef-
11	fect on July 16, 1996), a child whose resources
12	(determined pursuant to section $402(a)(7)(B)$, as
13	so in effect) have a combined value of not more
14	than \$10,000 shall be considered a child whose
15	resources have a combined value of not more
16	than \$1,000 (or such lower amount as the State
17	may determine for purposes of section
18	402(a)(7)(B)).
19	"(4) Eligibility of certain alien chil-
20	DREN.—Subject to title IV of the Personal Responsi-
21	bility and Work Opportunity Reconciliation Act of
22	1996, if the child is an alien disqualified under sec-
23	tion 245A(h) or 210(f) of the Immigration and Na-
24	tionality Act from receiving aid under the State plan
25	approved under section 402 in or for the month in

1	which the agreement described in paragraph $(2)(A)(i)$
2	was entered into or court proceedings leading to the
3	determination described in paragraph $(2)(A)(ii)$ were
4	initiated, the child shall be considered to satisfy the
5	requirements of paragraph (3), with respect to the
6	month, if the child would have satisfied the require-
7	ments but for the disqualification.".
8	(b) Adoption Assistance.—Section $473(a)(2)$ (42)
9	U.S.C. 673(a)(2) is amended to read as follows:
10	"(2)(A) For purposes of paragraph (1)(B)(ii), a child
11	meets the requirements of this paragraph if the child—
12	(i)(I)(aa) was removed from the home of a rel-
13	ative specified in section 406(a) (as in effect on July
14	16, 1996) and placed in foster care in accordance
15	with a voluntary placement agreement with respect to
16	which Federal payments are provided under section
17	474 (or section 403, as such section was in effect on
18	July 16, 1996), or in accordance with a judicial de-
19	termination to the effect that continuation in the
20	home would be contrary to the welfare of the child;
21	and
22	"(bb) met the requirements of section $472(a)(3)$
23	with respect to the home referred to in item (aa) of

24 this subclause;

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1	"(II) meets all of the requirements of title XVI
2	with respect to eligibility for supplemental security
3	income benefits; or
4	"(III) is a child whose costs in a foster family
5	home or child-care institution are covered by the fos-
6	ter care maintenance payments being made with re-
7	spect to the minor parent of the child as provided in
8	section $475(4)(B)$; and
9	"(ii) has been determined by the State, pursuant
10	to subsection (c) of this section, to be a child with spe-
11	cial needs.
12	"(B) Section $472(a)(4)$ shall apply for purposes of sub-
13	paragraph (A) of this paragraph, in any case in which the
14	child is an alien described in such section.
15	(C) A child shall be treated as meeting the require-
16	ments of this paragraph for the purpose of paragraph
17	(1)(B)(ii) if the child—
18	((i) meets the requirements of subparagraph
19	(A)(ii);
20	"(ii) was determined eligible for adoption assist-
21	ance payments under this part with respect to a prior
22	adoption;
23	"(iii) is available for adoption because—

1	((I) the prior adoption has been dissolved,
2	and the parental rights of the adoptive parents
3	have been terminated; or
4	"(II) the child's adoptive parents have died;
5	and
6	"(iv) fails to meet the requirements of subpara-
7	graph (A) but would meet such requirements if—
8	``(I) the child were treated as if the child
9	were in the same financial and other cir-
10	cumstances the child was in the last time the
11	child was determined eligible for adoption assist-
12	ance payments under this part; and
13	``(II) the prior adoption were treated as
14	never having occurred.".
15	Subtitle E—Supplemental Security
16	Income
17	SEC. 7501. REVIEW OF STATE AGENCY BLINDNESS AND DIS-
18	ABILITY DETERMINATIONS.
19	Section 1633 (42 U.S.C. 1383b) is amended by adding
20	at the end the following:
21	"(e)(1) The Commissioner of Social Security shall re-
22	view determinations, made by State agencies pursuant to
23	subsection (a) in connection with applications for benefits
24	under this title on the basis of blindness or disability, that
25	individuals who have attained 18 years of age are blind

or disabled as of a specified onset date. The Commissioner
of Social Security shall review such a determination before
any action is taken to implement the determination.
"(2)(A) In carrying out paragraph (1), the Commis-
sioner of Social Security shall review—
"(i) at least 20 percent of all determinations re-

ferred to in paragraph (1) that are made in fiscal year 2006;

9 "(ii) at least 40 percent of all such determina10 tions that are made in fiscal year 2007; and

11 "(iii) at least 50 percent of all such determina-12 tions that are made in fiscal year 2008 or thereafter. 13 "(B) In carrying out subparagraph (A), the Commis-14 sioner of Social Security shall, to the extent feasible, select 15 for review the determinations which the Commissioner of 16 Social Security identifies as being the most likely to be in-17 correct.".

18 SEC. 7502. PAYMENT OF CERTAIN LUMP SUM BENEFITS IN

19INSTALLMENTS UNDER THE SUPPLEMENTAL20SECURITY INCOME PROGRAM.

21 (a) IN GENERAL.—Section 1631(a)(10)(A)(i) (42
22 U.S.C. 1383(a)(10)(A)(i)) is amended by striking "12" and
23 inserting "3".

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(b) EFFECTIVE DATE.—The amendment made by sub section (a) shall take effect 3 months after the date of the
 enactment of this Act.

4 Subtitle F—Repeal of Continued 5 Dumping and Subsidy Offset

6 SEC. 7601. REPEAL OF CONTINUED DUMPING AND SUBSIDY
7 OFFSET.

8 (a) REPEAL.—Effective upon the date of enactment of
9 this Act, section 754 of the Tariff Act of 1930 (19 U.S.C.
10 1675c), and the item relating to section 754 in the table
11 of contents of title VII of that Act, are repealed.

(b) DISTRIBUTIONS ON CERTAIN ENTRIES.—All duties
on entries of goods made and filed before October 1, 2007,
that would, but for subsection (a) of this section, be distributed under section 754 of the Tariff Act of 1930, shall be
distributed as if section 754 of the Tariff Act of 1930 had
not been repealed by subsection (a).

18 Subtitle G—Effective Date

19 SEC. 7701. EFFECTIVE DATE.

20 Except as otherwise provided in this title, this title and
21 the amendments made by this title shall take effect as if
22 enacted on October 1, 2005.

TITLE VIII—EDUCATION AND PENSION BENEFIT PROVISIONS Subtitle A—Higher Education Provisions

5 SEC. 8001. SHORT TITLE; REFERENCE; EFFECTIVE DATE.

6 (a) SHORT TITLE.—This subtitle may be cited as the
7 "Higher Education Reconciliation Act of 2005".

8 (b) REFERENCES.—Except as otherwise expressly pro-9 vided, whenever in this subtitle an amendment or repeal 10 is expressed in terms of an amendment to, or repeal of, a 11 section or other provision, the reference shall be considered 12 to be made to a section or other provision of the Higher 13 Education Act of 1965 (20 U.S.C. 1001 et seq.).

(c) EFFECTIVE DATE.—Except as otherwise provided
in this subtitle or the amendments made by this subtitle,
the amendments made by this subtitle shall be effective July
1, 2006.

18 SEC. 8002. MODIFICATION OF 50/50 RULE.

19 Section 102(a)(3) (20 U.S.C. 1002(a)(3)) is
20 amended—

(1) in subparagraph (A), by inserting "(excluding courses offered by telecommunications as defined
in section 484(l)(4))" after "courses by correspondence"; and

1 (2) in subparagraph (B), by inserting "(exclud-2 ing courses offered by telecommunications as defined in section 484(l)(4))" after "correspondence courses". 3 4 SEC. 8003. ACADEMIC COMPETITIVENESS GRANTS. 5 Subpart 1 of part A of title IV (20 U.S.C. 1070a) is 6 amended by adding after section 401 the following new sec-7 tion: 8 "SEC. 401A. ACADEMIC COMPETITIVENESS GRANTS. 9 ACADEMIC COMPETITIVENESS GRANT PRO-"(a) -10 GRAM.— 11 "(1) ACADEMIC COMPETITIVENESS GRANTS AU-12 THORIZED.—The Secretary shall award grants, in the 13 amounts specified in subsection (d)(1), to eligible stu-14 dents to assist the eligible students in paying their 15 college education expenses. 16 "(2) Academic competitiveness council.—

17 (A)ESTABLISHMENT.—There is estab-18 lished an Academic Competitiveness Council (re-19 ferred to in this paragraph as the 'Council'). 20 From the funds made available under subsection 21 (e) for fiscal year 2006, \$50,000 shall be avail-22 able to the Council to carry out the duties de-23 scribed in subparagraph (B). The Council shall 24 be chaired by the Secretary of Education, and 25 the membership of the Council shall consist of of-

1	ficials from Federal agencies with responsibilities
2	for managing existing Federal programs that
3	promote mathematics and science (or designees of
4	such officials with significant decision-making
5	authority).
6	"(B) DUTIES.—The Council shall—
7	"(i) identify all Federal programs with
8	a mathematics or science focus;
9	"(ii) identify the target populations
10	being served by such programs;
11	"(iii) determine the effectiveness of
12	such programs;
13	"(iv) identify areas of overlap or du-
14	plication in such programs; and
15	"(v) recommend ways to efficiently in-
16	tegrate and coordinate such programs.
17	"(C) REPORT.—Not later than one year
18	after the date of enactment of the Higher Edu-
19	cation Reconciliation Act of 2005, the Council
20	shall transmit a report to each committee of
21	Congress with jurisdiction over a Federal pro-
22	gram identified under subparagraph $(B)(i)$, de-
23	tailing the findings and recommendations under
24	subparagraph (B), $including$ $recommendations$
25	for legislative or administrative action.

1	"(b) DESIGNATION.—A grant under this section—
2	"(1) for the first or second academic year of a
3	program of undergraduate education shall be known
4	as an 'Academic Competitiveness Grant'; and
5	"(2) for the third or fourth academic year of a
6	program of undergraduate education shall be known
7	as a 'National Science and Mathematics Access to Re-
8	tain Talent Grant' or a 'National SMART Grant'.
9	"(c) Definition of Eligible Student.—In this sec-
10	tion the term 'eligible student' means a full-time student
11	who, for the academic year for which the determination of
12	eligibility is made—
13	"(1) is a citizen of the United States;
14	"(2) is eligible for a Federal Pell Grant; and
15	"(3) in the case of a student enrolled or accepted
16	for enrollment in—
17	"(A) the first academic year of a program
18	of undergraduate education at a two- or four-
19	year degree-granting institution of higher
20	education—
21	"(i) has successfully completed, after
22	January 1, 2006, a rigorous secondary
23	school program of study established by a
24	State or local educational agency and recog-
25	nized as such by the Secretary; and

1	"(ii) has not been previously enrolled
2	in a program of undergraduate education;
3	"(B) the second academic year of a program
4	of undergraduate education at a two- or four-
5	year degree-granting institution of higher
6	education—
7	"(i) has successfully completed, after
8	January 1, 2005, a rigorous secondary
9	school program of study established by a
10	State or local educational agency and recog-
11	nized as such by the Secretary; and
12	"(ii) has obtained a cumulative grade
13	point average of at least 3.0 (or the equiva-
14	lent as determined under regulations pre-
15	scribed by the Secretary) at the end of the
16	first academic year of such program of un-
17	dergraduate education; or
18	"(C) the third or fourth academic year of a
19	program of undergraduate education at a four-
20	year degree-granting institution of higher
21	education—
22	"(i) is pursuing a major in—
23	``(I) the physical, life, or computer
24	sciences, mathematics, technology, or

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1	engineering (as determined by the Sec-
2	retary pursuant to regulations); or
3	"(II) a foreign language that the
4	Secretary, in consultation with the Di-
5	rector of National Intelligence, deter-
6	mines is critical to the national secu-
7	rity of the United States; and
8	"(ii) has obtained a cumulative grade
9	point average of at least 3.0 (or the equiva-
10	lent as determined under regulations pre-
11	scribed by the Secretary) in the coursework
12	required for the major described in clause
13	(i).
14	"(d) GRANT AWARD.—
15	"(1) Amounts.—
16	"(A) The Secretary shall award a grant
17	under this section in the amount of—
18	"(i) \$750 for an eligible student under
19	subsection $(c)(3)(A);$
20	"(ii) \$1,300 for an eligible student
21	under subsection $(c)(3)(B)$; or
22	"(iii) \$4,000 for an eligible student
23	under subsection $(c)(3)(C)$.
24	(B) Notwithstanding subparagraph (A)—

1	"(i) the amount of such grant, in com-
2	bination with the Federal Pell Grant assist-
3	ance and other student financial assistance
4	available to such student, shall not exceed
5	the student's cost of attendance;
6	"(ii) if the amount made available
7	under subsection (e) for any fiscal year is
8	less than the amount required to be pro-
9	vided grants to all eligible students in the
10	amounts determined under subparagraph
11	(A) and clause (i) of this subparagraph,
12	then the amount of the grant to each eligible
13	student shall be ratably reduced; and
14	"(iii) if additional amounts are appro-
15	priated for any such fiscal year, such re-
16	duced amounts shall be increased on the
17	same basis as they were reduced.
18	"(2) LIMITATIONS.—The Secretary shall not
19	award a grant under this section—
20	"(A) to any student for an academic year
21	of a program of undergraduate education de-
22	scribed in subparagraph (A), (B), or (C) of sub-
23	section $(c)(3)$ for which the student received cred-
24	it before the date of enactment of the Higher
25	Education Reconciliation Act of 2005; or

1	"(B) to any student for more than—
2	"(i) one academic year under sub-
3	section $(c)(3)(A);$
4	"(ii) one academic year under sub-
5	section $(c)(3)(B)$; or
6	"(iii) two academic years under sub-
7	section $(c)(3)(C)$.
8	"(e) Funding.—
9	"(1) AUTHORIZATION AND APPROPRIATION OF
10	FUNDS.—There are authorized to be appropriated,
11	and there are appropriated, out of any money in the
12	Treasury not otherwise appropriated, for the Depart-
13	ment of Education to carry out this section—
14	"(A) \$790,000,000 for fiscal year 2006;
15	"(B) \$850,000,000 for fiscal year 2007;
16	"(C) \$920,000,000 for fiscal year 2008;
17	"(D) \$960,000,000 for fiscal year 2009; and
18	"(E) \$1,010,000,000 for fiscal year 2010.
19	"(2) USE OF EXCESS FUNDS.—If, at the end of
20	a fiscal year, the funds available for awarding grants
21	under this section exceed the amount necessary to
22	make such grants in the amounts authorized by sub-
23	section (d), then all of the excess funds shall remain
24	available for awarding grants under this section dur-

ing the subsequent fiscal year.

"(f) RECOGNITION OF PROGRAMS OF STUDY.—The
 Secretary shall recognize at least one rigorous secondary
 school program of study in each State under subsection
 (c)(3)(A) and (B) for the purpose of determining student
 eligibility under such subsection.

6 "(g) SUNSET PROVISION.—The authority to make
7 grants under this section shall expire at the end of academic
8 year 2010–2011.".

9 SEC. 8004. REAUTHORIZATION OF FEDERAL FAMILY EDU10 CATION LOAN PROGRAM.

(a) AUTHORIZATION OF APPROPRIATIONS.—Section
421(b)(5) (20 U.S.C. 1071(b)(5)) is amended by striking
"an administrative cost allowance" and inserting "a loan
processing and issuance fee".

15 (b) EXTENSION OF AUTHORITY.—

16 (1) FEDERAL INSURANCE LIMITATIONS.—Section
17 424(a) (20 U.S.C. 1074(a)) is amended—

18 (A) by striking "2004" and inserting
19 "2012"; and

20 (B) by striking "2008" and inserting 21 "2016".

22 (2) GUARANTEED LOANS.—Section 428(a)(5) (20
23 U.S.C. 1078(a)(5)) is amended—

24 (A) by striking "2004" and inserting
25 "2012"; and

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1	(B) by striking "2008" and inserting
2	<i>"2016"</i> .
3	(3) Consolidation loans.—Section 428C(e)
4	(20 U.S.C. 1078–3(e)) is amended by striking "2004"
5	and inserting "2012".
6	SEC. 8005. LOAN LIMITS.
7	(a) FEDERAL INSURANCE LIMITS.—Section
8	425(a)(1)(A) (20 U.S.C. 1075(a)(1)(A)) is amended—
9	(1) in clause (i)(I), by striking "\$2,625" and in-
10	serting "\$3,500"; and
11	(2) in clause (ii)(I), by striking " $3,500$ " and
12	inserting "\$4,500".
13	(b) GUARANTEE LIMITS.—Section 428(b)(1)(A) (20
14	U.S.C. 1078(b)(1)(A)) is amended—
15	(1) in clause (i)(I), by striking "\$2,625" and in-
16	serting "\$3,500"; and
17	(2) in clause (ii)(I), by striking "\$3,500" and
18	inserting ''\$4,500''.
19	(c) FEDERAL PLUS LOANS.—Section 428B (20
20	U.S.C. 1078–2) is amended—
21	(1) in subsection $(a)(1)$ —
22	(A) in the matter preceding subparagraph
23	(A), by striking "Parents" and inserting "A
24	graduate or professional student or the parents";

1	(B) in subparagraph (A), by striking "the
2	parents" and inserting "the graduate or profes-
3	sional student or the parents"; and
4	(C) in subparagraph (B) , by striking "the
5	parents" and inserting "the graduate or profes-
6	sional student or the parents";
7	(2) in subsection (b), by striking "any parent"
8	and inserting "any graduate or professional student
9	or any parent";
10	(3) in subsection (c)(2), by striking "parent"
11	and inserting "graduate or professional student or
12	parent"; and
13	(4) in subsection (d)(1), by striking "the parent"
14	and inserting "the graduate or professional student or
15	the parent".
16	(d) Unsubsidized Stafford Loans for Graduate
17	OR PROFESSIONAL STUDENTS.—Section $428H(d)(2)$ (20)
18	U.S.C. 1078–8(d)(2)) is amended—
19	(1) in subparagraph (C), by striking "\$10,000"
20	and inserting "\$12,000"; and
21	(2) in subparagraph (D)—
22	(A) in clause (i), by striking "\$5,000" and
23	inserting "\$7,000"; and
24	(B) in clause (ii), by striking "\$5,000" and
25	inserting "\$7,000".

1	(e) Effective Date of Increases.—The amend-
2	ments made by subsections (a), (b), and (d) shall be effective
3	July 1, 2007.
4	SEC. 8006. PLUS LOAN INTEREST RATES AND ZERO SPECIAL
5	ALLOWANCE PAYMENT.
6	(a) PLUS LOANS.—Section 427A(l)(2) (20 U.S.C.
7	1077a(l)(2)) is amended by striking "7.9 percent" and in-
8	serting "8.5 percent".
9	(b) Conforming Amendments for Special Allow-
10	ANCES.—
11	(1) Amendments.—Subparagraph (I) of section
12	438(b)(2) (20 U.S.C. 1087–1(b)(2)) is amended—
13	(A) in clause (iii), by striking ", subject to
14	clause (v) of this subparagraph";
15	(B) in clause (iv), by striking ", subject to
16	clause (vi) of this subparagraph"; and
17	(C) by striking clauses (v) , (vi) , and (vii)
18	and inserting the following:
19	"(v) Recapture of excess inter-
20	EST.—
21	"(I) Excess credited.—With
22	respect to a loan on which the applica-
23	ble interest rate is determined under
24	subsection (k) or (l) of section $427A$
25	and for which the first disbursement of

1	principal is made on or after April 1,
2	2006, if the applicable interest rate for
3	any 3-month period exceeds the special
4	allowance support level applicable to
5	such loan under this subparagraph for
6	such period, then an adjustment shall
7	be made by calculating the excess inter-
8	est in the amount computed under sub-
9	clause (II) of this clause, and by cred-
10	iting the excess interest to the Govern-
11	ment not less often than annually.
12	"(II) CALCULATION OF EXCESS.—
13	The amount of any adjustment of in-
14	terest on a loan to be made under this
15	subsection for any quarter shall be
16	equal to—
17	"(aa) the applicable interest
18	rate minus the special allowance
19	support level determined under
20	this subparagraph; multiplied by
21	"(bb) the average daily prin-
22	cipal balance of the loan (not in-
23	cluding unearned interest added
24	to principal) during such cal-
25	endar quarter; divided by

1	"(cc) four.
2	"(III) Special allowance sup-
3	port level.—For purposes of this
4	clause, the term 'special allowance sup-
5	port level' means, for any loan, a num-
6	ber expressed as a percentage equal to
7	the sum of the rates determined under
8	subclauses (I) and (III) of clause (i),
9	and applying any substitution rules
10	applicable to such loan under clauses
11	(ii), (iii), and (iv) in determining such
12	sum.".
13	(2) EFFECTIVE DATE.—The amendments made
14	by this subsection shall not apply with respect to any
15	special allowance payment made under section 438 of
16	the Higher Education Act of 1965 (20 U.S.C. 1087–
17	1) before April 1, 2006.
18	SEC. 8007. DEFERMENT OF STUDENT LOANS FOR MILITARY
19	SERVICE.
20	(a) Federal Family Education Loans.—Section
21	428(b)(1)(M) (20 U.S.C. 1078(b)(1)(M)) is amended—
22	(1) by striking "or" at the end of clause (ii);
23	(2) by redesignating clause (iii) as clause (iv);
24	and

1	(3) by inserting after clause (ii) the following
2	new clause:
3	"(iii) not in excess of 3 years during
4	which the borrower—
5	"(I) is serving on active duty dur-
6	ing a war or other military operation
7	or national emergency; or
8	"(H) is performing qualifying
9	National Guard duty during a war or
10	other military operation or national
11	emergency; or".
12	(b) Direct Loans.—Section $455(f)(2)$ (20 U.S.C.
13	1087e(f)(2)) is amended—
14	(1) by redesignating subparagraph (C) as sub-
15	paragraph (D); and
16	(2) by inserting after subparagraph (B) the fol-
17	lowing new subparagraph:
18	"(C) not in excess of 3 years during which
19	the borrower—
20	"(i) is serving on active duty during a
21	war or other military operation or national
22	emergency; or
23	"(ii) is performing qualifying National
24	Guard duty during a war or other military
25	operation or national emergency; or".

1	(c) PERKINS LOANS.—Section 464(c)(2)(A) (20 U.S.C.
2	1087dd(c)(2)(A)) is amended—
3	(1) by redesignating clauses (iii) and (iv) as
4	clauses (iv) and (v), respectively; and
5	(2) by inserting after clause (ii) the following
6	new clause:
7	"(iii) not in excess of 3 years during
8	which the borrower—
9	((I) is serving on active duty dur-
10	ing a war or other military operation
11	or national emergency; or
12	"(II) is performing qualifying
13	National Guard duty during a war or
14	other military operation or national
15	emergency;".
16	(d) Definitions.—Section 481 (20 U.S.C. 1088) is
17	amended by adding at the end the following new subsection:
18	"(d) Definitions for Military Deferments.—For
19	purposes of parts B, D, and E of this title:
20	"(1) ACTIVE DUTY.—The term 'active duty' has
21	the meaning given such term in section $101(d)(1)$ of
22	title 10, United States Code, except that such term
23	does not include active duty for training or attend-
24	ance at a service school.

1	"(2) MILITARY OPERATION.—The term 'military
2	operation' means a contingency operation as such
3	term is defined in section 101(a)(13) of title 10,
4	United States Code.
5	"(3) NATIONAL EMERGENCY.—The term 'na-
6	tional emergency' means the national emergency by
7	reason of certain terrorist attacks declared by the
8	President on September 14, 2001, or subsequent na-
9	tional emergencies declared by the President by rea-
10	son of terrorist attacks.
11	"(4) Serving on active duty.—The term 'serv-
12	ing on active duty during a war or other military op-
13	eration or national emergency' means service by an
14	individual who is—
15	"(A) a Reserve of an Armed Force ordered
16	to active duty under section 12301(a), 12301(g),
17	12302, 12304, or 12306 of title 10, United States
18	Code, or any retired member of an Armed Force
19	ordered to active duty under section 688 of such
20	title, for service in connection with a war or
21	other military operation or national emergency,
22	regardless of the location at which such active
23	duty service is performed; and
24	"(B) any other member of an Armed Force
25	on active duty in connection with such emer-

gency or subsequent actions or conditions who

	generg of subsequent actions of conditions and
2	has been assigned to a duty station at a location
3	other than the location at which such member is
4	normally assigned.
5	"(5) QUALIFYING NATIONAL GUARD DUTY.—The
6	term 'qualifying National Guard duty during a war
7	or other military operation or national emergency'
8	means service as a member of the National Guard on
9	full-time National Guard duty (as defined in section
10	101(d)(5) of title 10, United States Code) under a call
11	to active service authorized by the President or the
12	Secretary of Defense for a period of more than 30
13	consecutive days under section 502(f) of title 32,
14	United States Code, in connection with a war, other
15	military operation, or a national emergency declared
16	by the President and supported by Federal funds.".
17	(e) RULE OF CONSTRUCTION.—Nothing in the amend-
18	ments made by this section shall be construed to authorize
19	any refunding of any repayment of a loan.
20	(f) EFFECTIVE DATE.—The amendments made by this
21	section shall apply with respect to loans for which the first
22	disbursement is made on or after July 1, 2001.
23	SEC. 8008. ADDITIONAL LOAN TERMS AND CONDITIONS.
24	(a) DISBURSEMENT.—Section 428(b)(1)(N) (20 U.S.C.
25	1078(b)(1)(N)) is amended—

1	(1) by striking "or" at the end of clause (i); and
2	(2) by striking clause (ii) and inserting the fol-
3	lowing:
4	"(ii) in the case of a student who is
5	studuing outside the United States in a pro-

studying outside the United States in a pro Э 6 gram of study abroad that is approved for 7 credit by the home institution at which such 8 student is enrolled. and only after 9 verification of the student's enrollment by 10 the lender or quaranty agency, are, at the 11 request of the student, disbursed directly to 12 the student by the means described in clause 13 (i), unless such student requests that the check be endorsed, or the funds transfer be 14 15 authorized, pursuant to an authorized 16 power-of-attorney; or

17 "(iii) in the case of a student who is 18 studying outside the United States in a pro-19 gram of study at an eligible foreign institu-20 tion, are, at the request of the foreign insti-21 tution, disbursed directly to the student, 22 only after verification of the student's en-23 rollment by the lender or guaranty agency 24 by the means described in clause (i).".

1	(b) Repayment Plans: Direct Loans.—Section
2	455(d)(1) (20 U.S.C. $1087e(d)(1)$) is amended by striking
3	subparagraphs (A), (B), and (C) and inserting the fol-
4	lowing:
5	"(A) a standard repayment plan, consistent
6	with subsection $(a)(1)$ of this section and with
7	$section \ 428(b)(9)(A)(i);$
8	``(B) a graduated repayment plan, con-
9	sistent with section 428(b)(9)(A)(ii);
10	``(C) an extended repayment plan, con-
11	sistent with section $428(b)(9)(A)(v)$, except that
12	the borrower shall annually repay a minimum
13	amount determined by the Secretary in accord-
14	ance with section $428(b)(1)(L)$; and".
15	(c) Origination Fees.—
16	(1) FFEL program.—Paragraph (2) of section
17	438(c) (20 U.S.C. 1087–1(c)) is amended—
18	(A) by striking the designation and heading
19	of such paragraph and inserting the following:
20	"(2) Amount of origination fees.—
21	"(A) IN GENERAL.—"; and
22	(B) by adding at the end the following new
23	subparagraph:
24	"(B) Subsequent reductions.—Subpara-
25	graph (A) shall be applied to loans made under

1	this part (other than loans made under sections
2	428C and 439(o))—
3	"(i) by substituting '2.0 percent' for
4	'3.0 percent' with respect to loans for which
5	the first disbursement of principal is made
6	on or after July 1, 2006, and before July 1,
7	2007;
8	"(ii) by substituting '1.5 percent' for
9	'3.0 percent' with respect to loans for which
10	the first disbursement of principal is made
11	on or after July 1, 2007, and before July 1,
12	2008;
13	"(iii) by substituting '1.0 percent' for
14	'3.0 percent' with respect to loans for which
15	the first disbursement of principal is made
16	on or after July 1, 2008, and before July 1,
17	2009;
18	"(iv) by substituting '0.5 percent' for
19	'3.0 percent' with respect to loans for which
20	the first disbursement of principal is made
21	on or after July 1, 2009, and before July 1,
22	2010; and
23	"(v) by substituting "0.0 percent" for
24	'3.0 percent' with respect to loans for which

1	the first disbursement of principal is made
2	on or after July 1, 2010.".
3	(2) Direct loan program.—Subsection (c) of
4	section 455 (20 U.S.C. 1087e(c)) is amended—
5	(A) by striking "(c) LOAN FEE.—" and in-
6	serting the following:
7	"(c) LOAN FEE.—
8	"(1) IN GENERAL.—"; and
9	(B) by adding at the end the following:
10	"(2) SUBSEQUENT REDUCTION.—Paragraph (1)
11	shall be applied to loans made under this part, other
12	than Federal Direct Consolidation loans and Federal
13	Direct PLUS loans—
14	"(A) by substituting '3.0 percent' for '4.0
15	percent' with respect to loans for which the first
16	disbursement of principal is made on or after the
17	date of enactment of the Higher Education Rec-
18	onciliation Act of 2005, and before July 1, 2007;
19	"(B) by substituting '2.5 percent' for '4.0
20	percent' with respect to loans for which the first
21	disbursement of principal is made on or after
22	July 1, 2007, and before July 1, 2008;
23	"(C) by substituting '2.0 percent' for '4.0
24	percent' with respect to loans for which the first

1	disbursement of principal is made on or after
2	July 1, 2008, and before July 1, 2009;
3	"(D) by substituting '1.5 percent' for '4.0
4	percent' with respect to loans for which the first
5	disbursement of principal is made on or after
6	July 1, 2009, and before July 1, 2010; and
7	"(E) by substituting '1.0 percent' for '4.0
8	percent' with respect to loans for which the first
9	disbursement of principal is made on or after
10	July 1, 2010.".
11	(3) Conforming Amendment.—Section
12	455(b)(8)(A) (20 U.S.C. 1087e(b)(8)(A)) is amended
13	by inserting "or origination fee" after "reductions in
14	the interest rate".
15	SEC. 8009. CONSOLIDATION LOAN CHANGES.
16	(a) Consolidation Between Programs.—Section
17	428C (20 U.S.C. 1078–3) is amended—
18	(1) in subsection $(a)(3)(B)(i)$ —
19	(A) by inserting "or under section $455(g)$ "
20	after "under this section" both places it appears;
21	(B) by inserting "under both sections" after
22	"terminates"
23	(C) by striking "and" at the end of sub-

1	(D) by striking the period at the end of sub-
2	clause (IV) and inserting "; and"; and
3	(E) by adding at the end the following new
4	subclause:
5	"(V) an individual may obtain a subse-
6	quent consolidation loan under section $455(g)$
7	only for the purposes of obtaining an income
8	contingent repayment plan, and only if the loan
9	has been submitted to the guaranty agency for
10	default aversion."; and
11	(2) in subsection $(b)(5)$, by striking the first sen-
12	tence and inserting the following: "In the event that
13	a lender with an agreement under subsection $(a)(1)$ of
14	this section denies a consolidation loan application
15	submitted to the lender by an eligible borrower under
16	this section, or denies an application submitted to the
17	lender by such a borrower for a consolidation loan
18	with income-sensitive repayment terms, the Secretary
19	shall offer any such borrower who applies for it, a
20	Federal Direct Consolidation loan. The Secretary
21	shall offer such a loan to a borrower who has de-
22	faulted, for the purpose of resolving the default.".
23	(b) Repeal of In-School Consolidation.—
24	(1) Definition of repayment period.—Sec-
25	tion $428(b)(7)(A)$ (20 U.S.C. $1078(b)(7)(A)$) is

1	amended by striking "shall begin—" and all that fol-
2	lows through "earlier date." and inserting the fol-
3	lowing: "shall begin the day after 6 months after the
4	date the student ceases to carry at least one-half the
5	normal full-time academic workload (as determined
6	by the institution).".
7	(2) Conforming change to eligible bor-
8	ROWER DEFINITION.—Section $428C(a)(3)(A)(ii)(I)$
9	(20 U.S.C. 1078–3(a)(3)(A)(ii)(I)) is amended by in-
10	serting "as determined under section $428(b)(7)(A)$ "
11	after "repayment status".
12	(c) Additional Amendments.—Section 428C (20
13	U.S.C. 1078–3) is amended in subsection (a)(3), by striking
14	subparagraph (C).
15	(d) Conforming Amendments to Direct Loan
16	PROGRAM.—Section 455 (20 U.S.C. 1087e) is amended
17	(1) in subsection (a)(1) by inserting " $428C$,"
18	after ''428 B ,'';
19	(2) in subsection $(a)(2)$ —
20	(A) by striking "and" at the end of sub-
21	paragraph (B);
22	(B) by redesignating subparagraph (C) as
23	subparagraph (D); and
24	(C) by inserting after subparagraph (B) the
25	following:

1	"(C) section 428C shall be known as 'Fed-
2	eral Direct Consolidation Loans'; and "; and
3	(3) in subsection (g)—
4	(A) by striking the second sentence; and
5	(B) by adding at the end the following new
6	sentences: "To be eligible for a consolidation loan
7	under this part, a borrower shall meet the eligi-
8	bility criteria set forth in section $428C(a)(3)$.
9	The Secretary, upon application for such a loan,
10	shall comply with the requirements applicable to
11	a lender under section $428C(b)(1)(F)$.".
12	SEC. 8010. REQUIREMENTS FOR DISBURSEMENTS OF STU-
13	DENT LOANS.
13 14	DENT LOANS. Section 428G (20 U.S.C. 1078–7) is amended—
14	Section 428G (20 U.S.C. 1078–7) is amended—
14 15	Section 428G (20 U.S.C. 1078–7) is amended— (1) in subsection (a)(3), by adding at the end the
14 15 16	Section 428G (20 U.S.C. 1078–7) is amended— (1) in subsection (a)(3), by adding at the end the following: "Notwithstanding section 422(d) of the
14 15 16 17	Section 428G (20 U.S.C. 1078–7) is amended— (1) in subsection (a)(3), by adding at the end the following: "Notwithstanding section 422(d) of the Higher Education Amendments of 1998, this para-
14 15 16 17 18	Section 428G (20 U.S.C. 1078–7) is amended— (1) in subsection (a)(3), by adding at the end the following: "Notwithstanding section 422(d) of the Higher Education Amendments of 1998, this para- graph shall be effective beginning on the date of enact-
14 15 16 17 18 19	Section 428G (20 U.S.C. 1078–7) is amended— (1) in subsection (a)(3), by adding at the end the following: "Notwithstanding section 422(d) of the Higher Education Amendments of 1998, this para- graph shall be effective beginning on the date of enact- ment of the Higher Education Reconciliation Act of
 14 15 16 17 18 19 20 	Section 428G (20 U.S.C. 1078–7) is amended— (1) in subsection (a)(3), by adding at the end the following: "Notwithstanding section 422(d) of the Higher Education Amendments of 1998, this para- graph shall be effective beginning on the date of enact- ment of the Higher Education Reconciliation Act of 2005.";
 14 15 16 17 18 19 20 21 	 Section 428G (20 U.S.C. 1078–7) is amended— (1) in subsection (a)(3), by adding at the end the following: "Notwithstanding section 422(d) of the Higher Education Amendments of 1998, this paragraph shall be effective beginning on the date of enactment of the Higher Education Reconciliation Act of 2005."; (2) in subsection (b)(1), by adding at the end the

1	on the date of enactment of the Higher Education
2	Reconciliation Act of 2005."; and
3	(3) in subsection (e), by striking ", made to a
4	student to cover the cost of attendance at an eligible
5	institution outside the United States".
6	SEC. 8011. SCHOOL AS LENDER.
7	Paragraph (2) of section 435(d) (20 U.S.C.
8	1085(d)(2)) is amended to read as follows:
9	"(2) REQUIREMENTS FOR ELIGIBLE INSTITU-
10	TIONS.—
11	"(A) IN GENERAL.—To be an eligible lender
12	under this part, an eligible institution—
13	"(i) shall employ at least one person
14	whose full-time responsibilities are limited
15	to the administration of programs of finan-
16	cial aid for students attending such institu-
17	tion;
18	"(ii) shall not be a home study school;
19	"(iii) shall not—
20	"(I) make a loan to any under-
21	graduate student;
22	"(II) make a loan other than a
23	loan under section 428 or 428H to a
24	graduate or professional student; or

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1	"(III) make a loan to a borrower
2	who is not enrolled at that institution;
3	"(iv) shall award any contract for fi-
4	nancing, servicing, or administration of
5	loans under this title on a competitive basis;
6	"(v) shall offer loans that carry an
7	origination fee or an interest rate, or both,
8	that are less than such fee or rate author-
9	ized under the provisions of this title;
10	"(vi) shall not have a cohort default
11	rate (as defined in section $435(m)$) greater
12	than 10 percent;
13	"(vii) shall, for any year for which the
14	institution engages in activities as an eligi-
15	ble lender, provide for a compliance audit
16	conducted in accordance with section
17	428(b)(1)(U)(iii)(I), and the regulations
18	thereunder, and submit the results of such
19	audit to the Secretary;
20	"(viii) shall use any proceeds from spe-
21	cial allowance payments and interest pay-
22	ments from borrowers, interest subsidies re-
23	ceived from the Department of Education,
24	and any proceeds from the sale or other dis-

position of loans, for need-based grant programs; and "(ix) shall have met the requirements of subparagraphs (A) through (F) of this paragraph as in effect on the day before the date of enactment of the Higher Education

Reconciliation Act of 2005, and made loans
under this part, on or before April 1, 2006.
"(B) ADMINISTRATIVE EXPENSES.—An eligible lender under subparagraph (A) shall be
permitted to use a portion of the proceeds described in subparagraph (A)(viii) for reasonable
and direct administrative expenses.

14 "(C) SUPPLEMENT, NOT SUPPLANT.—An el15 igible lender under subparagraph (A) shall en16 sure that the proceeds described in subparagraph
17 (A)(viii) are used to supplement, and not to sup18 plant, non-Federal funds that would otherwise be
19 used for need-based grant programs.".

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1 SEC. 8012. REPAYMENT BY THE SECRETARY OF LOANS OF 2 BANKRUPT, DECEASED, OR DISABLED BOR-3 ROWERS: TREATMENT OF BORROWERS AT-4 TENDING SCHOOLS THAT FAIL TO PROVIDE A 5 REFUND, ATTENDING CLOSED SCHOOLS, OR 6 FALSELY CERTIFIED AS ELIGIBLE TO BOR-7 ROW. 8 Section 437 (20 U.S.C. 1087) is amended— 9 (1) in the section heading, by striking "CLOSED 10 SCHOOLS OR FALSELY CERTIFIED AS ELIGIBLE 11 TO BORROW" and inserting "SCHOOLS THAT 12 FAIL TO PROVIDE A REFUND, ATTENDING 13 CLOSED SCHOOLS, OR FALSELY CERTIFIED AS 14 **ELIGIBLE TO BORROW**"; and 15 (2) in the first sentence of subsection (c)(1), by 16 inserting "or was falsely certified as a result of a 17 crime of identity theft" after "falsely certified by the 18 eligible institution". 19 SEC. 8013. ELIMINATION OF TERMINATION DATES FROM 20 TAXPAYER-TEACHER PROTECTION ACT OF 21 2004. 22 (a) EXTENSION OF LIMITATIONS ON SPECIAL ALLOW-23 ANCE FOR LOANS FROM THE PROCEEDS OF TAX EXEMPT 24 Issues.—Section 438(b)(2)(B)(20 U.S.C.)1087-25 1(b)(2)(B) is amended—

1	(1) in clause (iv), by striking "and before Janu-
2	ary 1, 2006,"; and
3	(2) in clause (v)(II)—
4	(A) by striking "and before January 1,
5	2006," each place it appears in divisions (aa)
6	and (bb); and
7	(B) by striking ", and before January 1,
8	2006" in division (cc).
9	(b) Additional Limitation on Special Allowance
10	FOR LOANS FROM THE PROCEEDS OF TAX EXEMPT
11	Issues.—Section 438(b)(2)(B) (20 U.S.C 1087–1(b)(2)(B))
12	is further amended by adding at the end thereof the fol-
13	lowing new clauses:
14	"(vi) Notwithstanding clauses (i), (ii), and (v),
15	but subject to clause (vii), the quarterly rate of the
16	special allowance shall be the rate determined under
17	subparagraph (A), (E), (F), (G), (H), or (I) of this
18	paragraph, as the case may be, for a holder of
19	loans—
20	``(I) that were made or purchased on or
21	after the date of enactment of the Higher Edu-
22	cation Reconciliation Act of 2005; or
23	"(II) that were not earning a quarterly rate
24	of special allowance determined under clauses (i)
25	or (ii) of subparagraph (B) of this paragraph

1	(20 U.S.C. 1087–1(b)(2)(b)) as of the date of en-
2	actment of the Higher Education Reconciliation
3	Act of 2005.
4	"(vii) Clause (vi) shall be applied by sub-
5	stituting 'December 31, 2010' for 'the date of enact-
6	ment of the Higher Education Reconciliation Act of
7	2005' in the case of a holder of loans that—
8	``(I) was, as of the date of enactment of the
9	Higher Education Reconciliation Act of 2005,
10	and during the quarter for which the special al-
11	lowance is paid, a unit of State or local govern-
12	ment or a nonprofit private entity;
13	``(II) was, as of such date of enactment, and
14	during such quarter, not owned or controlled by,
15	or under common ownership or control with, a
16	for-profit entity; and
17	"(III) held, directly or through any sub-
18	sidiary, affiliate, or trustee, a total unpaid bal-
19	ance of principal equal to or less than
20	\$100,000,000 on loans for which special allow-
21	ances were paid under this subparagraph in the
22	most recent quarterly payment prior to Sep-
23	tember 30, 2005.".
24	(c) Elimination of Effective Date Limitation on
25	Higher Teacher Loan Forgiveness Benefits.—

1	(1) TECHNICAL CLARIFICATION.—The matter
2	preceding paragraph (1) of section 2 of the Taxpayer-
3	Teacher Protection Act of 2004 (Pub. L. 108–409; 118
4	Stat. 2299) is amended by inserting "of the Higher
5	Education Act of 1965" after "Section $438(b)(2)(B)$ ".
6	(2) Amendment.—Paragraph (3) of section 3(b)
7	of the Taxpayer-Teacher Protection Act of 2004 (20
8	U.S.C. 1078–10 note) is amended by striking ", and
9	before October 1, 2005".
10	(3) EFFECTIVE DATES.—The amendment made
11	by paragraph (1) shall be effective as if enacted on
12	October 30, 2004, and the amendment made by para-
13	graph (2) shall be effective as if enacted on October
14	1, 2005.
15	(d) Coordination With Second Higher Edu-
16	CATION EXTENSION ACT OF 2005.—
17	(1) REPEAL.—Section 2 of the Second Higher
18	Education Extension Act of 2005 is amended by
19	striking subsections (b) and (c).
20	(2) EFFECT ON AMENDMENTS.—The amendments
21	made by subsections (a) and (c) of this section shall
22	be effective as if the amendments made in subsections
23	(b) and (c) of section 2 of the Second Higher Edu-
24	cation Extension Act of 2005 had not been enacted.

	10.
1	(e) Additional Changes to Teacher Loan For-
2	GIVENESS PROVISIONS.—
3	(1) $FFEL$ provisions.—Section 428J (20)
4	U.S.C. 1078–10) is amended—
5	(A) in subsection $(b)(1)(B)$, by inserting
6	after "1965" the following: ", or meets the re-
7	quirements of subsection $(g)(3)$ "; and
8	(B) in subsection (g) , by adding at the end
9	the following new paragraph:
10	"(3) PRIVATE SCHOOL TEACHERS.—An indi-
11	vidual who is employed as a teacher in a private
12	school and is exempt from State certification require-
13	ments (unless otherwise applicable under State law),
14	may, in lieu of the requirement of subsection
15	(b)(1)(B), have such employment treated as quali-
16	fying employment under this section if such indi-
17	vidual is permitted to and does satisfy rigorous sub-
18	ject knowledge and skills tests by taking competency
19	tests in the applicable grade levels and subject areas.
20	For such purposes, the competency tests taken by such
21	a private school teacher shall be recognized by 5 or
22	more States for the purpose of fulfilling the highly
23	qualified teacher requirements under section 9101 of
24	the Elementary and Secondary Education Act of
25	1965, and the score achieved by such teacher on each

1	test shall equal or exceed the average passing score of
2	those 5 States.".
3	(2) Direct loan provisions.—Section 460 (20
4	U.S.C. 1087j) is amended—
5	(A) in subsection $(b)(1)(A)(ii)$, by inserting
6	after "1965" the following: ", or meets the re-
7	quirements of subsection $(g)(3)$ "; and
8	(B) in subsection (g) , by adding at the end
9	the following new paragraph:
10	"(3) Private school teachers.—An indi-
11	vidual who is employed as a teacher in a private
12	school and is exempt from State certification require-
13	ments (unless otherwise applicable under State law),
14	may, in lieu of the requirement of subsection
15	(b)(1)(A)(ii), have such employment treated as quali-
16	fying employment under this section if such indi-
17	vidual is permitted to and does satisfy rigorous sub-
18	ject knowledge and skills tests by taking competency
19	tests in the applicable grade levels and subject areas.
20	For such purposes, the competency tests taken by such
21	a private school teacher shall be recognized by 5 or
22	more States for the purpose of fulfilling the highly
23	qualified teacher requirements under section 9101 of
24	the Elementary and Secondary Education Act of
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1	test shall equal or exceed the average passing score of
2	those 5 States.".
3	SEC. 8014. ADDITIONAL ADMINISTRATIVE PROVISIONS.
4	(a) Insurance Percentage.—
5	(1) Amendment.—Subparagraph (G) of section
6	428(b)(1) (20 U.S.C. $1078(b)(1)(G)$) is amended to
7	read as follows:
8	``(G) insures 98 percent of the unpaid prin-
9	cipal of loans insured under the program, except
10	that—
11	"(i) such program shall insure 100
12	percent of the unpaid principal of loans
13	made with funds advanced pursuant to sec-
14	tion 428(j) or 439(q);
15	"(ii) for any loan for which the first
16	disbursement of principal is made on or
17	after July 1, 2006, the preceding provisions
18	of this subparagraph shall be applied by
19	substituting '97 percent' for '98 percent';
20	and
21	"(iii) notwithstanding the preceding
22	provisions of this subparagraph, such pro-
23	gram shall insure 100 percent of the unpaid
24	principal amount of exempt claims as de-
25	fined in subsection $(c)(1)(G)$;".

1	(2) EFFECTIVE DATE OF AMENDMENT.—The
2	amendment made by this subsection shall apply with
3	respect to loans for which the first disbursement of
4	principal is made on or after July 1, 2006.
5	(b) Federal Default Fees.—
6	(1) IN GENERAL.—Subparagraph (H) of section
7	428(b)(1) (20 U.S.C. 1078(b)(1)(H)) is amended to
8	read as follows:
9	"(H) provides—
10	"(i) for loans for which the date of
11	guarantee of principal is before July 1,
12	2006, for the collection of a single insurance
13	premium equal to not more than 1.0 per-
14	cent of the principal amount of the loan, by
15	deduction proportionately from each install-
16	ment payment of the proceeds of the loan to
17	the borrower, and ensures that the proceeds
18	of the premium will not be used for incen-
19	tive payments to lenders; or
20	"(ii) for loans for which the date of
21	guarantee of principal is on or after July
22	1, 2006, for the collection, and the deposit
23	into the Federal Student Loan Reserve
24	Fund under section 422A of a Federal de-
25	fault fee of an amount equal to 1.0 percent

1	of the principal amount of the loan, which
2	fee shall be collected either by deduction
3	from the proceeds of the loan or by payment
4	from other non-Federal sources, and ensures
5	that the proceeds of the Federal default fee
6	will not be used for incentive payments to
7	lenders;".
8	(2) Unsubsidized loans.—Section 428H(h)
9	(20 U.S.C. 1078–8(h)) is amended by adding at the
10	end the following new sentences: "Effective for loans
11	for which the date of guarantee of principal is on or
12	after July 1, 2006, in lieu of the insurance premium
13	authorized under the preceding sentence, each State or
14	nonprofit private institution or organization having
15	an agreement with the Secretary under section
16	428(b)(1) shall collect and deposit into the Federal
17	Student Loan Reserve Fund under section 422A, a
18	Federal default fee of an amount equal to 1.0 percent
19	of the principal amount of the loan, which fee shall
20	be collected either by deduction from the proceeds of
21	the loan or by payment from other non-Federal
22	sources. The Federal default fee shall not be used for
23	incentive payments to lenders.".

1	(3) VOLUNTARY FLEXIBLE AGREEMENTS.—Sec-
2	tion $428A(a)(1)$ (20 U.S.C. 1078–1(a)(1)) is
3	amended—
4	(A) by striking "or" at the end of subpara-
5	graph (A);
6	(B) by striking the period at the end of sub-
7	paragraph (B) and inserting "; or"; and
8	(C) by adding at the end the following new
9	subparagraph:
10	"(C) the Federal default fee required by sec-
11	tion $428(b)(1)(H)$ and the second sentence of sec-
12	tion 428H(h).".
13	(c) TREATMENT OF EXEMPT CLAIMS.—
14	(1) Amendment.—Section 428(c)(1) (20 U.S.C.
15	1078(c)(1)) is amended—
16	(A) by redesignating subparagraph (G) as
17	subparagraph (H), and moving such subpara-
18	graph 2 em spaces to the left; and
19	(B) by inserting after subparagraph (F) the
20	following new subparagraph:
21	(G)(i) Notwithstanding any other provisions of
22	this section, in the case of exempt claims, the Sec-
23	retary shall apply the provisions of—
24	"(I) the fourth sentence of subparagraph (A)
25	by substituting '100 percent' for '95 percent';

1	"(II) subparagraph (B)(i) by substituting
2	'100 percent' for '85 percent'; and
3	"(III) subparagraph (B)(ii) by substituting
4	'100 percent' for '75 percent'.
5	"(ii) For purposes of clause (i) of this subpara-
6	graph, the term 'exempt claims' means claims with
7	respect to loans for which it is determined that the
8	borrower (or the student on whose behalf a parent has
9	borrowed), without the lender's or the institution's
10	knowledge at the time the loan was made, provided
11	false or erroneous information or took actions that
12	caused the borrower or the student to be ineligible for
13	all or a portion of the loan or for interest benefits
14	thereon.".
15	(2) EFFECTIVE DATE OF AMENDMENTS.—The
16	amendments made by this subsection shall apply with
17	respect to loans for which the first disbursement of
18	principal is made on or after July 1, 2006.
19	(d) Consolidation of Defaulted Loans.—Section
20	428(c) (20 U.S.C. 1078(c)) is further amended—
21	(1) in paragraph (2)(A)—
22	(A) by inserting "(i)" after "including";
23	and
24	(B) by inserting before the semicolon at the
25	end the following: "and (ii) requirements estab-

1	lishing procedures to preclude consolidation lend-
2	ing from being an excessive proportion of guar-
3	anty agency recoveries on defaulted loans under
4	this part";
5	(2) in paragraph $(2)(D)$, by striking "paragraph
6	(6)" and inserting "paragraph (6)(A)"; and
7	(3) in paragraph (6)—
8	(A) by redesignating subparagraphs (A)
9	and (B) as clauses (i) and (ii), respectively;
10	(B) by inserting "(A)" before "For the pur-
11	pose of paragraph (2)(D),"; and
12	(C) by adding at the end the following new
13	subparagraphs:
14	"(B) A guaranty agency shall—
15	"(i) on or after October 1, 2006—
16	((I) not charge the borrower collection
17	costs in an amount in excess of 18.5 percent
18	of the outstanding principal and interest of
19	a defaulted loan that is paid off through
20	consolidation by the borrower under this
21	title; and
22	"(II) remit to the Secretary a portion
23	of the collection charge under subclause (I)
24	equal to 8.5 percent of the outstanding prin-

1	cipal and interest of such defaulted loan;
2	and
3	"(ii) on and after October 1, 2009, remit to
4	the Secretary the entire amount charged under
5	clause $(i)(I)$ with respect to each defaulted loan
6	that is paid off with excess consolidation pro-
7	ceeds.
8	"(C) For purposes of subparagraph (B), the term
9	'excess consolidation proceeds' means, with respect to
10	any guaranty agency for any Federal fiscal year be-
11	ginning on or after October 1, 2009, the proceeds of
12	consolidation of defaulted loans under this title that
13	exceed 45 percent of the agency's total collections on
14	defaulted loans in such Federal fiscal year.".
15	(e) Documentation of Forbearance Agree-
16	MENTS.—Section 428(c) (20 U.S.C. 1078(c)) is further
17	amended—
18	(1) in paragraph (3)(A)(i)—
19	(A) by striking "in writing"; and
20	(B) by inserting "and documented in ac -
21	cordance with paragraph (10)" after "approval
22	of the insurer"; and
23	(2) by adding at the end the following new para-
24	graph:

1	"(10) Documentation of forbearance
2	AGREEMENTS.—For the purposes of paragraph (3),
3	the terms of forbearance agreed to by the parties shall
4	be documented by confirming the agreement of the
5	borrower by notice to the borrower from the lender,
6	and by recording the terms in the borrower's file.".
7	(f) Voluntary Flexible Agreements.—Section
8	428A(a) (20 U.S.C. 1078–1(a)) is further amended—
9	(1) in paragraph $(1)(B)$, by striking "unless the
10	Secretary" and all that follows through "designated
11	guarantor";
12	(2) by striking paragraph (2);
13	(3) by redesignating paragraph (3) as para-
14	graph (2); and
15	(4) by striking paragraph (4).
16	(g) Fraud; Repayment Required.—Section
17	428B(a)(1) (20 U.S.C. 1078–2(a)(1)) is further amended—
18	(1) by striking "and" at the end of subpara-
19	graph (A);
20	(2) by redesignating subparagraph (B) as sub-
21	paragraph (C); and
22	(3) by inserting after subparagraph (A) the fol-
23	lowing new subparagraph:
24	``(B) in the case of a graduate or profes-
25	sional student or parent who has been convicted

1	of, or has pled nolo contendere or guilty to, a
2	crime involving fraud in obtaining funds under
3	this title, such graduate or professional student
4	or parent has completed the repayment of such
5	funds to the Secretary, or to the holder in the
6	case of a loan under this title obtained by fraud;
7	and".
8	(h) DEFAULT REDUCTION PROGRAM.—Section
9	428F(a)(1) (20 U.S.C. 1078–6(a)(1)) is amended—
10	(1) in subparagraph (A), by striking "consecu-
11	tive payments for 12 months" and inserting "9 pay-
12	ments made within 20 days of the due date during
13	10 consecutive months";
14	(2) by redesignating subparagraph (C) as sub-
15	paragraph (D); and
16	(3) by inserting after subparagraph (B) the fol-
17	lowing new subparagraph:
18	``(C) A guaranty agency may charge the
19	borrower and retain collection costs in an
20	amount not to exceed 18.5 percent of the out-
21	standing principal and interest at the time of
22	sale of a loan rehabilitated under subparagraph
23	<i>(A)."</i> .
24	(i) Exceptional Performance Insurance Rate.—
25	Section 428I(b)(1) (20 U.S.C. 1078–9(b)(1)) is amended—

1	(1) in the heading, by striking "100 PERCENT"
2	and inserting "99 PERCENT"; and
3	(2) by striking "100 percent of the unpaid" and
4	inserting "99 percent of the unpaid".
5	(j) Uniform Administrative and Claims Proce-
6	DURE.—Section $432(l)(1)(H)$ (20 U.S.C. $1082(l)(1)(H)$) is
7	amended by inserting "and anticipated graduation date"
8	after "status change".
9	(1) Section $428(a)(3)(A)(v)$ (20 U.S.C.
10	1078(a)(3)(A)(v)) is amended—
11	(A) by striking "or" at the end of subclause
12	(I);
13	(B) by striking the period at the end of sub-
14	clause (II) and inserting "; or"; and
15	(C) by adding after subclause (II) the fol-
16	lowing new subclause:
17	"(III) in the case of a loan disbursed
18	through an escrow agent, 3 days before the first
19	disbursement of the loan.".
20	(2) Section $428(c)(1)(A)$ (20 U.S.C.
21	1078(c)(1)(A)) is amended by striking "45 days" in
22	the last sentence and inserting "30 days".
23	(3) Section $428(i)(1)$ (20 U.S.C. $1078(i)(1)$) is
24	amended by striking "21 days" in the third sentence
25	and inserting "10 days".

1	SEC. 8015. FUNDS FOR ADMINISTRATIVE EXPENSES.
2	Section 458 is amended to read as follows:
3	"SEC. 458. FUNDS FOR ADMINISTRATIVE EXPENSES.
4	"(a) Administrative Expenses.—
5	"(1) Mandatory funds for fiscal year
6	2006.—For fiscal year 2006, there shall be available to
7	the Secretary, from funds not otherwise appropriated,
8	funds to be obligated for—
9	"(A) administrative costs under this part
10	and part B, including the costs of the direct stu-
11	dent loan programs under this part; and
12	``(B) account maintenance fees payable to
13	guaranty agencies under part B and calculated
14	in accordance with subsections (b) and (c),
15	not to exceed (from such funds not otherwise appro-
16	priated) \$820,000,000 in fiscal year 2006.
17	"(2) AUTHORIZATION FOR ADMINISTRATIVE
18	COSTS BEGINNING IN FISCAL YEARS 2007 THROUGH
19	2011.—For each of the fiscal years 2007 through 2011,
20	there are authorized to be appropriated such sums as
21	may be necessary for administrative costs under this
22	part and part B, including the costs of the direct stu-
23	dent loan programs under this part.
24	"(3) Continuing mandatory funds for ac-
25	COUNT MAINTENANCE FEES.—For each of the fiscal
26	years 2007 through 2011, there shall be available to
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1	the Secretary, from funds not otherwise appropriated,
2	funds to be obligated for account maintenance fees
3	payable to guaranty agencies under part B and cal-
4	culated in accordance with subsection (b).
5	"(4) Account maintenance fees.—Account
6	maintenance fees under paragraph (3) shall be paid
7	quarterly and deposited in the Agency Operating
8	Fund established under section 422B.
9	"(5) CARRYOVER.—The Secretary may carry
10	over funds made available under this section to a sub-
11	sequent fiscal year.
12	"(b) CALCULATION BASIS.—Account maintenance fees
13	payable to guaranty agencies under subsection $(a)(3)$ shall
14	not exceed the basis of 0.10 percent of the original principal
15	amount of outstanding loans on which insurance was issued
16	under part B.
17	"(c) Budget Justification.—No funds may be ex-
18	pended under this section unless the Secretary includes in
19	the Department of Education's annual budget justification
20	to Congress a detailed description of the specific activities
21	for which the funds made available by this section have been
22	used in the prior and current years (if applicable), the ac-
23	tivities and costs planned for the budget year, and the pro-
24	jection of activities and costs for each remaining year for

1	which administrative expenses under this section are made
2	available.".
3	SEC. 8016. COST OF ATTENDANCE.
4	Section 472 (20 U.S.C. 108711) is amended—
5	(1) by striking paragraph (4) and inserting the
6	following:
7	"(4) for less than half-time students (as deter-
8	mined by the institution), tuition and fees and an al-
9	lowance for only—
10	``(A) books, supplies, and transportation (as
11	determined by the institution);
12	``(B) dependent care expenses (determined
13	in accordance with paragraph (8)); and
14	(C) room and board costs (determined in
15	accordance with paragraph (3)), except that a
16	student may receive an allowance for such costs
17	under this subparagraph for not more than 3 se-
18	mesters or the equivalent, of which not more than
19	2 semesters or the equivalent may be consecu-
20	tive;";
21	(2) in paragraph (11), by striking "and" after
22	the semicolon;
23	(3) in paragraph (12), by striking the period
24	7
24	and inserting "; and"; and

1	"(13) at the option of the institution, for a stu-
2	dent in a program requiring professional licensure or
3	certification, the one-time cost of obtaining the first
4	professional credentials (as determined by the institu-
5	tion).".
6	SEC. 8017. FAMILY CONTRIBUTION.
7	(a) FAMILY CONTRIBUTION FOR DEPENDENT STU-
8	DENTS.—
9	(1) Amendments.—Section 475 (20 U.S.C.
10	108700) is amended—
11	(A) in subsection $(g)(2)(D)$, by striking
12	"\$2,200" and inserting "\$3,000"; and
13	(B) in subsection (h), by striking " 35 " and
14	inserting "20".
15	(2) EFFECTIVE DATE.—The amendments made
16	by paragraph (1) shall apply with respect to deter-
17	minations of need for periods of enrollment beginning
18	on or after July 1, 2007.
19	(b) Family Contribution for Independent Stu-
20	DENTS WITHOUT DEPENDENTS OTHER THAN A SPOUSE.—
21	(1) Amendments.—Section 476 (20 U.S.C.
22	1087pp) is amended—
23	(A) in subsection $(b)(1)(A)(iv)$ —
24	(i) in subclause (I), by striking
25	"\$5,000" and inserting "\$6,050";

1	(ii) in subclause (II), by striking
2	"\$5,000" and inserting "\$6,050"; and
3	(iii) in subclause (III), by striking
4	"\$8,000" and inserting "\$9,700"; and
5	(B) in subsection (c)(4), by striking " 35 "
6	and inserting "20".
7	(2) EFFECTIVE DATE.—The amendments made
8	by paragraph (1) shall apply with respect to deter-
9	minations of need for periods of enrollment beginning
10	on or after July 1, 2007.
11	(c) FAMILY CONTRIBUTION FOR INDEPENDENT STU-
12	DENTS WITH DEPENDENTS OTHER THAN A SPOUSE.—
13	(1) Amendment.—Section 477(c)(4) (20 U.S.C.
14	1087qq(c)(4)) is amended by striking "12" and in-
15	serting "7".
16	(2) EFFECTIVE DATE.—The amendment made by
17	paragraph (1) shall apply with respect to determina-
18	tions of need for periods of enrollment beginning on
19	or after July 1, 2007.
20	(d) Regulations; Updated Tables.—Section
21	478(b) (20 U.S.C. 1087rr(b)) is amended—
22	(1) in paragraph (1), by adding at the end the
23	following: "For the 2007–2008 academic year, the
24	Secretary shall revise the tables in accordance with
25	this paragraph, except that the Secretary shall in-

1	crease the amounts contained in the table in section
2	477(b)(4) by a percentage equal to the greater of the
3	estimated percentage increase in the Consumer Price
4	Index (as determined under the preceding sentence) or
5	5 percent."; and
6	(2) in paragraph (2)—
7	(A) by striking "2000–2001" and inserting
8	"2007–2008"; and
9	(B) by striking "1999" and inserting
10	<i>"2006"</i> .
11	(e) Employment Expense Allowance.—Section
12	478(h) (20 U.S.C. 1087rr(h)) is amended—
13	(1) by striking "476(b)(4)(B),"; and
14	(2) by striking "meals away from home, apparel
15	and upkeep, transportation, and housekeeping serv-
16	ices" and inserting "food away from home, apparel,
17	transportation, and household furnishings and oper-
18	ations".
19	SEC. 8018. SIMPLIFIED NEED TEST AND AUTOMATIC ZERO
20	IMPROVEMENTS.
21	(a) Amendments.—Section 479 (20 U.S.C. 1087ss) is
22	amended—
23	(1) in subsection (b)—
24	(A) in paragraph (1)—

1	(i) in subparagraph (A), by striking
2	clause (i) and inserting the following:
3	"(i) the student's parents—
4	``(I) file, or are eligible to file, a
5	form described in paragraph (3);
6	"(II) certify that the parents are
7	not required to file a Federal income
8	tax return; or
9	"(III) received, or the student re-
10	ceived, benefits at some time during the
11	previous 12-month period under a
12	means-tested Federal benefit program
13	as defined under subsection (d); and";
14	and
15	(ii) in subparagraph (B), by striking
16	clause (i) and inserting the following:
17	"(i) the student (and the student's
18	spouse, if any)—
19	((I) files, or is eligible to file, a
20	form described in paragraph (3);
21	"(II) certifies that the student
22	(and the student's spouse, if any) is
23	not required to file a Federal income
24	tax return; or

1	"(III) received benefits at some
2	time during the previous 12-month pe-
3	riod under a means-tested Federal ben-
4	efit program as defined under sub-
5	section (d); and"; and
6	(B) in the matter preceding subparagraph
7	(A) of paragraph (3), by striking "A student or
8	family files a form described in this subsection,
9	or subsection (c), as the case maybe, if the stu-
10	dent or family, respectively, files" and inserting
11	"In the case of an independent student, the stu-
12	dent, or in the case of a dependent student, the
13	family, files a form described in this subsection,
14	or subsection (c), as the case may be, if the stu-
15	dent or family, as appropriate, files";
16	(2) in subsection (c)—
17	(A) in paragraph (1)—
18	(i) by striking subparagraph (A) and
19	inserting the following:
20	"(A) the student's parents—
21	"(i) file, or are eligible to file, a form
22	described in subsection $(b)(3)$;
23	"(ii) certify that the parents are not
24	required to file a Federal income tax return;
25	OT

1	"(iii) received, or the student received,
2	benefits at some time during the previous
3	12-month period under a means-tested Fed-
4	eral benefit program as defined under sub-
5	section (d); and"; and
6	(ii) by striking subparagraph (B) and
7	inserting the following:
8	(B) the sum of the adjusted gross income
9	of the parents is less than or equal to \$20,000;
10	or"; and
11	(B) in paragraph (2)—
12	(i) by striking subparagraph (A) and
13	inserting the following:
14	"(A) the student (and the student's spouse,
15	if any)—
16	"(i) files, or is eligible to file, a form
17	described in subsection (b)(3);
18	"(ii) certifies that the student (and the
19	student's spouse, if any) is not required to
20	file a Federal income tax return; or
21	"(iii) received benefits at some time
22	during the previous 12-month period under
23	a means-tested Federal benefit program as
24	defined under subsection (d); and"; and

1	(ii) by striking subparagraph (B) and
2	inserting the following:
3	``(B) the sum of the adjusted gross income
4	of the student and spouse (if appropriate) is less
5	than or equal to \$20,000."; and
6	(3) by adding at the end the following:
7	"(d) Definition of Means-Tested Federal Ben-
8	EFIT PROGRAM.—In this section, the term 'means-tested
9	Federal benefit program' means a mandatory spending pro-
10	gram of the Federal Government, other than a program
11	under this title, in which eligibility for the program's bene-
12	fits, or the amount of such benefits, are determined on the
13	basis of income or resources of the individual or family seek-
14	ing the benefit, and may include such programs as—
15	"(1) the supplemental security income program
16	under title XVI of the Social Security Act (42 U.S.C.
17	1381 et seq.);
18	(2) the food stamp program under the Food
19	Stamp Act of 1977 (7 U.S.C. 2011 et seq.);
20	"(3) the free and reduced price school lunch pro-
21	gram established under the Richard B. Russell Na-
22	tional School Lunch Act (42 U.S.C. 1751 et seq.);
23	"(4) the program of block grants for States for
24	temporary assistance for needy families established

1	under part A of title IV of the Social Security Act (42
2	U.S.C. 601 et seq.);
3	"(5) the special supplemental nutrition program
4	for women, infants, and children established by sec-
5	tion 17 of the Child Nutrition Act of 1966 (42 U.S.C.
6	1786); and
7	"(6) other programs identified by the Sec-
8	retary.".
9	(b) Evaluation of Simplified Needs Test.—
10	(1) ELIGIBILITY GUIDELINES.—The Secretary of
11	Education shall regularly evaluate the impact of the
12	eligibility guidelines in subsections $(b)(1)(A)(i)$,
13	(b)(1)(B)(i), (c)(1)(A), and (c)(2)(A) of section 479 of
14	the Higher Education Act of 1965 (20 U.S.C.
15	1087ss(b)(1)(A)(i), $(b)(1)(B)(i),$ $(c)(1)(A),$ and
16	(c)(2)(A)).
17	(2) Means-tested federal benefit pro-
18	GRAM.—For each 3-year period, the Secretary of Edu-
19	cation shall evaluate the impact of including the re-
20	ceipt of benefits by a student or parent under a
21	means-tested Federal benefit program (as defined in
22	section 479(d) of the Higher Education Act of 1965
23	(20 U.S.C. 1087ss(d)) as a factor in determining eli-
24	gibility under subsections (b) and (c) of section 479

of the Higher Education Act of 1965 (20 U.S.C.
 1087ss(b) and (c)).

3 SEC. 8019. ADDITIONAL NEED ANALYSIS AMENDMENTS.

4 (a) TREATING ACTIVE DUTY MEMBERS OF THE
5 ARMED FORCES AS INDEPENDENT STUDENTS.—Section
6 480(d)(3) (20 U.S.C. 1087vv(d)(3)) is amended by inserting
7 before the semicolon at the end the following: "or is cur8 rently serving on active duty in the Armed Forces for other
9 than training purposes".

(b) DEFINITION OF ASSETS.—Section 480(f)(1) (20
U.S.C. 1087vv(f)(1)) is amended by inserting "qualified
education benefits (except as provided in paragraph (3)),"
after "tax shelters,".

14 (c) TREATMENT OF FAMILY OWNERSHIP OF SMALL
15 BUSINESSES.—Section 480(f)(2) (20 U.S.C. 1087vv(f)(2))
16 is amended—

17 (1) in subparagraph (A), by striking "or";

18 (2) in subparagraph (B), by striking the period
19 at the end and inserting "; or"; and

20 (3) by adding at the end the following new sub21 paragraph:

"(C) a small business with not more than 100
full-time or full-time equivalent employees (or any
part of such a small business) that is owned and controlled by the family.".

(d) ADDITIONAL DEFINITIONS.—Section 480(f) is fur ther amended by adding at the end the following new para graphs:

4 "(3) A qualified education benefit shall not be consid5 ered an asset of a student for purposes of section 475.

6 "(4) In determining the value of assets in a determina7 tion of need under this title (other than for subpart 4 of
8 part A), the value of a qualified education benefit shall be—

9 "(A) the refund value of any tuition credits or
10 certificates purchased under a qualified education
11 benefit; and

12 "(B) in the case of a program in which contribu-13 tions are made to an account that is established for 14 the purpose of meeting the qualified higher education 15 expenses of the designated beneficiary of the account, 16 the current balance of such account.

17 "(5) In this subsection:

18 "(A) The term 'qualified education benefit'
19 means—

20 "(i) a qualified tuition program (as defined
21 in section 529(b)(1)(A) of the Internal Revenue
22 Code of 1986) or other prepaid tuition plan of23 fered by a State; and

1	"(ii) a Coverdell education savings account
2	(as defined in section 530(b)(1) of the Internal
3	Revenue Code of 1986).
4	"(B) The term 'qualified higher education ex-
5	penses' has the meaning given the term in section
6	529(e) of the Internal Revenue Code of 1986.".
7	(e) Designated Assistance.—Section 480(j) (20
8	U.S.C. 1087vv(j)) is amended—
9	(1) in the subsection heading, by striking "; TUI-
10	TION PREPAYMENT PLANS";
11	(2) by striking paragraph (2);
12	(3) by redesignating paragraph (3) as para-
13	graph (2); and
14	(4) by adding at the end the following new para-
15	graph:
16	"(3) Notwithstanding paragraph (1) and section 472,
17	assistance not received under this title may be excluded
18	from both estimated financial assistance and cost of attend-
19	ance, if that assistance is provided by a State and is des-
20	ignated by such State to offset a specific component of the
21	cost of attendance. If that assistance is excluded from either
22	estimated financial assistance or cost of attendance, it shall
23	be excluded from both.".

1 SEC. 8020. GENERAL PROVISIONS.

2 (a) ACADEMIC YEAR.—Paragraph (2) of section 481(a)
3 (20 U.S.C. 1088(a)) is amended to read as follows:

4 "(2)(A) For the purpose of any program under this
5 title, the term 'academic year' shall—

6 "(i) require a minimum of 30 weeks of instruc7 tional time for a course of study that measures its
8 program length in credit hours; or

9 "(ii) require a minimum of 26 weeks of instruc10 tional time for a course of study that measures its
11 program length in clock hours; and

12 "(iii) require an undergraduate course of study 13 to contain an amount of instructional time whereby 14 a full-time student is expected to complete at least— 15 "(I) 24 semester or trimester hours or 36 16 quarter credit hours in a course of study that

measures its program length in credit hours; or
"(II) 900 clock hours in a course of study

19 that measures its program length in clock hours.
20 "(B) The Secretary may reduce such minimum of 30
21 weeks to not less than 26 weeks for good cause, as deter22 mined by the Secretary on a case-by-case basis, in the case
23 of an institution of higher education that provides a 2-year
24 or 4-year program of instruction for which the institution
25 awards an associate or baccalaureate degree.".

(b) DISTANCE EDUCATION: ELIGIBLE PROGRAM.—Sec tion 481(b) (20 U.S.C. 1088(b)) is amended by adding at
 the end the following new paragraphs:

4 "(3) An otherwise eligible program that is offered in whole or in part through telecommunications is eligible for 5 the purposes of this title if the program is offered by an 6 7 institution, other than a foreign institution, that has been 8 evaluated and determined (before or after the date of enact-9 ment of the Higher Education Reconciliation Act of 2005) 10 to have the capability to effectively deliver distance edu-11 cation programs by an accrediting agency or association 12 that—

13 "(A) is recognized by the Secretary under sub14 part 2 of part H; and

"(B) has evaluation of distance education programs within the scope of its recognition, as described
in section 496(n)(3).

18 "(4) For purposes of this title, the term 'eligible program' includes an instructional program that, in lieu of 19 credit hours or clock hours as the measure of student learn-20 21 ing, utilizes direct assessment of student learning, or recog-22 nizes the direct assessment of student learning by others, 23 if such assessment is consistent with the accreditation of 24 the institution or program utilizing the results of the assessment. In the case of a program being determined eligible 25

1	for the first time under this paragraph, such determination
2	shall be made by the Secretary before such program is con-
3	sidered to be an eligible program.".
4	(c) Correspondence Courses.—Section $484(l)(1)$
5	(20 U.S.C. 1091(l)(1)) is amended—
6	(1) in subparagraph (A)—
7	(A) by striking "for a program of study of
8	1 year or longer"; and
9	(B) by striking "unless the total" and all
10	that follows through "courses at the institution";
11	and
12	(2) by amending subparagraph (B) to read as
13	follows:
14	(B) Exception.—Subparagraph (A) shall
15	not apply to an institution or school described in
16	section 3(3)(C) of the Carl D. Perkins Vocational
17	
	and Technical Education Act of 1998.".
18	and Technical Education Act of 1998.". SEC. 8021. STUDENT ELIGIBILITY.
18 19	· ·
	SEC. 8021. STUDENT ELIGIBILITY.
19	SEC. 8021. STUDENT ELIGIBILITY. (a) FRAUD: REPAYMENT REQUIRED.—Section 484(a)
19 20	SEC. 8021. STUDENT ELIGIBILITY. (a) FRAUD: REPAYMENT REQUIRED.—Section 484(a) (20 U.S.C. 1091(a)) is amended—
19 20 21	SEC. 8021. STUDENT ELIGIBILITY. (a) FRAUD: REPAYMENT REQUIRED.—Section 484(a) (20 U.S.C. 1091(a)) is amended— (1) by striking the period at the end of para-

1	"(6) if the student has been convicted of, or has
2	pled nolo contendere or guilty to, a crime involving
3	fraud in obtaining funds under this title, have com-
4	pleted the repayment of such funds to the Secretary,
5	or to the holder in the case of a loan under this title
6	obtained by fraud.".
7	(b) Verification of Income Date.—Paragraph (1)
8	of section $484(q)$ (20 U.S.C. $1091(q)$) is amended to read
9	as follows:
10	"(1) Confirmation with IRS.—The Secretary
11	of Education, in cooperation with the Secretary of the
12	Treasury, is authorized to confirm with the Internal
13	Revenue Service the information specified in section
14	6103(l)(13) of the Internal Revenue Code of 1986 re-
15	ported by applicants (including parents) under this
16	title on their Federal income tax returns for the pur-
17	pose of verifying the information reported by appli-
18	cants on student financial aid applications.".
19	(c) Suspension of Eligibility for Drug Of-
20	FENSES.—Section $484(r)(1)$ (20 U.S.C. $1091(r)(1)$) is
21	amended by striking everything preceding the table and in-
22	serting the following:
23	"(1) IN GENERAL.—A student who is convicted
24	of any offense under any Federal or State law involv-

25 ing the possession or sale of a controlled substance for

1	conduct that occurred during a period of enrollment
2	for which the student was receiving any grant, loan,
3	or work assistance under this title shall not be eligible
4	to receive any grant, loan, or work assistance under
5	this title from the date of that conviction for the pe-
6	riod of time specified in the following table:".
7	SEC. 8022. INSTITUTIONAL REFUNDS.
8	Section 484B (20 U.S.C. 1091b) is amended—
9	(1) in the matter preceding clause (i) of sub-
10	section (a)(2)(A), by striking "a leave of" and insert-
11	ing "1 or more leaves of";
12	(2) in subsection $(a)(3)(B)(ii)$, by inserting "(as
13	determined in accordance with subsection (d))" after
14	"student has completed";
15	(3) in subsection $(a)(3)(C)(i)$, by striking "grant
16	or loan assistance under this title" and inserting
17	"grant assistance under subparts 1 and 3 of part A,
18	or loan assistance under parts B, D, and E,";
19	(4) in subsection (a)(4), by amending subpara-
20	graph (A) to read as follows:
21	"(A) IN GENERAL.—After determining the
22	eligibility of the student for a late disbursement
23	or post-withdrawal disbursement (as required in
24	regulations prescribed by the Secretary), the in-
25	stitution of higher education shall contact the

1	borrower and obtain confirmation that the loan
2	funds are still required by the borrower. In mak-
3	ing such contact, the institution shall explain to
4	the borrower the borrower's obligation to repay
5	the funds following any such disbursement. The
6	institution shall document in the borrower's file
7	the result of such contact and the final deter-
8	mination made concerning such disbursement.";
9	(5) in subsection (b)(1), by inserting "not later
10	than 45 days from the determination of withdrawal"
11	after "return";
12	(6) in subsection (b)(2), by amending subpara-
13	graph (C) to read as follows:
14	"(C) GRANT OVERPAYMENT REQUIRE-
15	MENTS.—
16	"(i) In General.—Notwithstanding
17	subparagraphs (A) and (B), a student shall
18	only be required to return grant assistance
19	in the amount (if any) by which—
20	((I) the amount to be returned by
21	the student (as determined under sub-
22	paragraphs (A) and (B)), exceeds
23	"(II) 50 percent of the total grant
24	assistance received by the student
1	under this title for the payment period
----	--
2	or period of enrollment.
3	"(ii) Minimum.—A student shall not
4	be required to return amounts of \$50 or
5	less.";
6	(7) in subsection (d), by striking " $(a)(3)(B)(i)$ "
7	and inserting " $(a)(3)(B)$ "; and
8	(8) in subsection $(d)(2)$, by striking "clock
9	hours—" and all that follows through the period and
10	inserting "clock hours scheduled to be completed by
11	the student in that period as of the day the student
12	withdrew.".
13	SEC. 8023. COLLEGE ACCESS INITIATIVE.
14	Part G is further amended by inserting after section
15	485C (20 U.S.C. 1092c) the following new section:
16	"SEC. 485D. COLLEGE ACCESS INITIATIVE.
17	"(a) State-by-State Information.—The Secretary
18	shall direct each guaranty agency with which the Secretary
19	has an agreement under section 428(c) to provide to the
20	Secretary the information necessary for the development of
21	Internet web links and access for students and families to
22	a comprehensive listing of the postsecondary education op-
23	portunities, programs, publications, Internet web sites, and
24	other services available in the States for which such agency
25	serves as the designated guarantor.

1 "(b) GUARANTY AGENCY ACTIVITIES.—

2 "(1) PLAN AND ACTIVITY REQUIRED.—Each 3 quaranty agency with which the Secretary has an 4 agreement under section 428(c) shall develop a plan, 5 and undertake the activity necessary, to gather the in-6 formation required under subsection (a) and to make 7 such information available to the public and to the 8 Secretary in a form and manner as prescribed by the 9 Secretary.

10 "(2) ACTIVITIES.—Each quaranty agency shall 11 undertake such activities as are necessary to promote 12 access to postsecondary education for students through 13 providing information on college planning, career 14 preparation, and paying for college. The guaranty 15 agency shall publicize such information and coordinate such activities with other entities that either pro-16 17 vide or distribute such information in the States for 18 which such quaranty agency serves as the designated 19 *guarantor*.

20 "(3) FUNDING.—The activities required by this
21 section may be funded from the guaranty agency's
22 Operating Fund established pursuant to section 422B
23 and, to the extent funds remain, from earnings on the
24 restricted account established pursuant to section
25 422(h)(4).

1	"(4) Rule of construction.—Nothing in this
2	subsection shall be construed to require a guaranty
3	agency to duplicate any efforts under way on the date
4	of enactment of the Higher Education Reconciliation
5	Act of 2005 that meet the requirements of this section.
6	"(c) Access to Information.—
7	"(1) Secretary's responsibility.—The Sec-
8	retary shall ensure the availability of the information
9	provided, by the guaranty agencies in accordance
10	with this section, to students, parents, and other in-
11	terested individuals, through Internet web links or
12	other methods prescribed by the Secretary.
13	"(2) GUARANTY AGENCY RESPONSIBILITY.—The
14	guaranty agencies shall ensure that the information
15	required by this section is available without charge in
16	printed format for students and parents requesting
17	such information.
18	"(3) PUBLICITY.—Not later than 270 days after
19	the date of enactment of the Higher Education Rec-
20	onciliation Act of 2005, the Secretary and guaranty
21	agencies shall publicize the availability of the infor-
22	mation required by this section, with special empha-
23	sis on ensuring that populations that are tradition-
24	ally underrepresented in postsecondary education are
25	made aware of the availability of such information.".

	112
1	SEC. 8024. WAGE GARNISHMENT REQUIREMENT.
2	Section 488A(a)(1) (20 U.S.C. 1095a(a)(1)) is amend-
3	ed by striking "10 percent" and inserting "15 percent".
4	Subtitle B—Pensions
5	SEC. 8201. INCREASES IN PBGC PREMIUMS.
6	(a) FLAT-RATE PREMIUMS.—
7	(1) Single-employer plans.—
8	(A) IN GENERAL.—Clause (i) of section
9	4006(a)(3)(A) of the Employee Retirement In-
10	come Security Act of 1974 (29 U.S.C.
11	1306(a)(3)(A)) is amended by striking "\$19"
12	and inserting "\$30".
13	(B) Adjustment for inflation.—Section
14	4006(a)(3) of such Act (29 U.S.C. 1306(a)(3)) is
15	amended by adding at the end the following new
16	subparagraph:
17	``(F) For each plan year beginning in a calendar year
18	after 2006, there shall be substituted for the premium rate
19	specified in clause (i) of subparagraph (A) an amount equal
20	to the greater of—
21	"(i) the product derived by multiplying the pre-
22	mium rate specified in clause (i) of subparagraph (A)
23	by the ratio of—
24	``(I) the national average wage index (as de-
25	fined in section 209(k)(1) of the Social Security
26	Act) for the first of the 2 calendar years pre-
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2	year begins, to
3	``(II) the national average wage index (as so
4	defined) for 2004; and
5	"(ii) the premium rate in effect under clause (i)
6	of subparagraph (A) for plan years beginning in the
7	preceding calendar year.
8	If the amount determined under this subparagraph is not
9	a multiple of \$1, such product shall be rounded to the near-
10	est multiple of \$1.".
11	(2) Multiemployer plans.—
12	(A) IN GENERAL.—Section $4006(a)(3)(A)$ of
13	such Act (29 U.S.C. $1306(a)(3)(A)$) is
14	amended—
15	(i) in clause (iii)—
16	(I) by inserting "and before Janu-
17	ary 1, 2006," after "Act of 1980,"; and
18	(II) by striking the period at the
19	end and inserting ", or"; and
20	(ii) by adding at the end the following:
21	"(iv) in the case of a multiemployer plan, for
22	plan years beginning after December 31, 2005, \$8.00
23	for each individual who is a participant in such plan
24	during the applicable plan year.".

1	(B) Adjustment for inflation.—Section
2	4006(a)(3) of such Act (29 U.S.C. 1306(a)(3)),
3	as amended by this subsection, is amended by
4	adding at the end the following new subpara-
5	graph:
6	``(G) For each plan year beginning in a calendar year
7	after 2006, there shall be substituted for the premium rate
8	specified in clause (iv) of subparagraph (A) an amount
9	equal to the greater of—
10	"(i) the product derived by multiplying the pre-
11	mium rate specified in clause (iv) of subparagraph
12	(A) by the ratio of—
13	``(I) the national average wage index (as de-
14	fined in section 209(k)(1) of the Social Security
15	Act) for the first of the 2 calendar years pre-
16	ceding the calendar year in which such plan
17	year begins, to
18	``(II) the national average wage index (as so
19	defined) for 2004; and
20	"(ii) the premium rate in effect under clause (iv)
21	of subparagraph (A) for plan years beginning in the
22	preceding calendar year.
23	If the amount determined under this subparagraph is not
24	a multiple of \$1, such product shall be rounded to the near-
25	est multiple of \$1.".

(b) PREMIUM RATE FOR CERTAIN TERMINATED SIN GLE-EMPLOYER PLANS.—Subsection (a) of section 4006 of
 such Act (29 U.S.C. 1306) is amended by adding at the
 end the following:

5 "(7) PREMIUM RATE FOR CERTAIN TERMINATED SIN6 GLE-EMPLOYER PLANS.—

7 "(A) IN GENERAL.—If there is a termination of 8 a single-employer plan under clause (ii) or (iii) of 9 section 4041(c)(2)(B) or section 4042, there shall be 10 payable to the corporation, with respect to each appli-11 cable 12-month period, a premium at a rate equal to 12 \$1,250 multiplied by the number of individuals who 13 were participants in the plan immediately before the 14 termination date. Such premium shall be in addition 15 to any other premium under this section.

16 "(B) Special rule for plans terminated in 17 BANKRUPTCY REORGANIZATION.—In the case of a sin-18 gle-employer plan terminated under section 19 4041(c)(2)(B)(ii) or under section 4042 during pend-20 ency of any bankruptcy reorganization proceeding 21 under chapter 11 of title 11, United States Code, or 22 under any similar law of a State or a political sub-23 division of a State (or a case described in section 24 4041(c)(2)(B)(i) filed by or against such person has 25 been converted, as of such date, to such a case in

2	shall not apply to such plan until the date of the dis-
3	charge or dismissal of such person in such case.
4	"(C) Applicable 12-month period.—For pur-
5	poses of subparagraph (A)—
6	"(i) IN GENERAL.—The term 'applicable 12-
7	month period' means—
8	``(I) the 12-month period beginning
9	with the first month following the month in
10	which the termination date occurs, and
11	"(II) each of the first two 12-month pe-
12	riods immediately following the period de-
13	scribed in subclause (I).
14	"(ii) Plans terminated in bankruptcy
15	REORGANIZATION.—In any case in which the re-
16	quirements of subparagraph $(B)(i)(I)$ are met in
17	connection with the termination of the plan with
18	respect to 1 or more persons described in such
19	subparagraph, the 12-month period described in
20	clause $(i)(I)$ shall be the 12-month period begin-
21	ning with the first month following the month
22	which includes the earliest date as of which each
23	such person is discharged or dismissed in the
24	case described in such clause in connection with
25	such person.

1	"(D) Coordination with section 4007.—
2	"(i) Notwithstanding section 4007—
3	``(I) premiums under this paragraph
4	shall be due within 30 days after the begin-
5	ning of any applicable 12-month period,
6	and
7	"(II) the designated payor shall be the
8	person who is the contributing sponsor as of
9	immediately before the termination date.
10	"(ii) The fifth sentence of section 4007(a)
11	shall not apply in connection with premiums de-
12	termined under this paragraph.
13	"(E) TERMINATION.—Subparagraph (A) shall
14	not apply with respect to any plan terminated after
15	December 31, 2010.".
16	(c) Conforming Amendment.—Section
17	4006(a)(3)(B) of such Act (29 U.S.C. $1306(a)(3)(B)$) is
18	amended by striking "subparagraph $(A)(iii)$ " and inserting
19	"clause (iii) or (iv) of subparagraph (A)".
20	(d) Effective Dates.—
21	(1) IN GENERAL.—Except as otherwise provided
22	in this subsection, the amendments made by this sec-
23	tion shall apply to plan years beginning after Decem-
24	ber 31, 2005.

1	(2) Premium rate for certain terminated
2	SINGLE-EMPLOYER PLANS.—
3	(A) IN GENERAL.—Except as provided in
4	subparagraph (B) , the amendment made by sub-
5	section (b) shall apply to plans terminated after
6	December 31, 2005.
7	(B) Special rule for plans terminated
8	IN BANKRUPTCY.—The amendment made by sub-
9	section (b) shall not apply to a termination of
10	a single-employer plan that is terminated during
11	the pendency of any bankruptcy reorganization
12	proceeding under chapter 11 of title 11, United
13	States Code (or under any similar law of a State
14	or political subdivision of a State), if the pro-
15	ceeding is pursuant to a bankruptcy filing occur-
16	ring before October 18, 2005.
17	TITLE IX—LIHEAP PROVISIONS
18	SEC. 9001. FUNDING AVAILABILITY.
19	(a) IN GENERAL.—In addition to amounts otherwise
20	made available, there are appropriated, out of any money
21	in the Treasury not otherwise appropriated, to the Sec-
22	retary of Health and Human Services for a 1-time only
23	obligation and expenditure—
24	(1) \$250,000,000 for fiscal year 2007 for alloca-
25	tion under section 2604(a) through (d) of the Low-In-

1	come Home Energy Assistance Act of 1981 (42 U.S.C.
2	8623(a) through (d)); and
3	(2) \$750,000,000 for fiscal year 2007 for alloca-
4	tion under section 2604(e) of the Low-Income Home
5	Energy Assistance Act of 1981 (42 U.S.C. 8623(e)).
6	(b) SUNSET.—The provisions of this section shall ter-
7	minate, be null and void, and have no force and effect what-
8	soever after September 30, 2007. No monies provided for
9	under this section shall be available after such date.
10	TITLE X—JUDICIARY RELATED
11	PROVISIONS
12	Subtitle A—Civil Filing
13	Adjustments
14	SEC. 10001. CIVIL CASE FILING FEE INCREASES.
15	(a) Civil Actions Filed in District Courts.—Sec-
16	tion 1914(a) of title 28, United States Code, is amended
17	by striking "\$250" and inserting "\$350".
18	(b) Appeals Filed in Courts of Appeals.—The
19	\$250 fee for docketing a case on appeal or review, or dock-
20	eting any other proceeding, in a court of appeals, as pre-
21	scribed by the Judicial Conference, effective as of January
22	1, 2005, under section 1913 of title 28, United States Code,
23	shall be increased to \$450.
24	(c) EXPENDITURE LIMITATION.—Incremental amounts
25	collected by reason of the enactment of this section shall be

deposited in a special fund in the Treasury to be established
 after the enactment of this Act. Such amounts shall be
 available for the purposes specified in section 1931(a) of
 title 28, United States Code, but only to the extent specifi cally appropriated by an Act of Congress enacted after the
 enactment of this Act.

7 (d) EFFECTIVE DATE.—This section and the amend8 ment made by this section shall take effect 60 days after
9 the date of the enactment of this Act.

10 Subtitle B—Bankruptcy Fees

11 SEC. 11101. BANKRUPTCY FEES.

12 (a) BANKRUPTCY FILING FEES.—Section 1930(a) of
13 title 28, United States Code, is amended—

14 (1) in paragraph (1)—

- 15 (A) in subparagraph (A) by striking
 16 "\$220" and inserting "\$245"; and
- 17 (B) in subparagraph (B) by striking
 18 "\$150" and inserting "\$235"; and

19 (2) in paragraph (2) by striking "\$1,000" and
20 inserting "\$2,750".

(b) EXPENDITURE LIMITATION.—Incremental
amounts collected by reason of the amendments made by
subsection (a) shall be deposited in a special fund in the
Treasury to be established after the enactment of this Act.
Such amounts shall be available for the purposes specified

in section 1931(a) of title 28, United States Code, but only
 to the extent specifically appropriated by an Act of Congress
 enacted after the enactment of this Act.

- 4 (c) EFFECTIVE DATE.—This section and the amend-
- 5 ments made by this section shall take effect 60 days after
- 6 the date of the enactment of this Act.

Attest:

Secretary.



SENATE AMENDMENT TO HOUSE AMENDMENT