

Doyle 2

Thurs 7/30
7:52pm
A

**AMENDMENT
OFFERED BY MR. DOYLE of PENNSYLVANIA, MR. DEAL OF GEORGIA and
MR. ENGEL OF NEW YORK**

(Amendment drafted to AINS-EC_001)

In section 122(b), relating to minimum services to be covered in the essential benefits package:

Strike (7) Mental health and substance use disorder services.

And add: (7) Mental health and substance use disorder services, including behavioral health treatments.

14 Thurs 7/30
10:17 am
B

AMENDMENT

OFFERED BY MS. Eshoo + Mr. Rogers

AINS-EC_001

Section 1866D(b)(2)(B) of the Social Security Act
(as added by section 1301 of the bill) is amended by in-
serting after “primary care physicians” the following:
“(regardless of specialty)”.



Thurs 7/30
7:32pm
B

**AMENDMENT TO THE AMENDMENT IN THE
NATURE OF A SUBSTITUTE TO H.R. 3200
OFFERED BY MS. SCHAKOWSKY OF ILLINOIS AND
MR. UPTON OF MICHIGAN**

Add at the end of title IX of division B the following
new sections:

1 **SEC. ____ . NATIONWIDE PROGRAM FOR NATIONAL AND**
2 **STATE BACKGROUND CHECKS ON DIRECT PA-**
3 **TIENT ACCESS EMPLOYEES OF LONG-TERM**
4 **CARE FACILITIES AND PROVIDERS.**

5 (a) IN GENERAL.—The Secretary of Health and
6 Human Services (in this section referred to as the “Sec-
7 retary”), shall establish a program to identify efficient, ef-
8 fective, and economical procedures for long term care fa-
9 cilities or providers to conduct background checks on pro-
10 spective direct patient access employees on a nationwide
11 basis (in this subsection, such program shall be referred
12 to as the “nationwide program”). Except for the following
13 modifications, the Secretary shall carry out the nationwide
14 program under similar terms and conditions as the pilot
15 program under section 307 of the Medicare Prescription
16 Drug, Improvement, and Modernization Act of 2003 (Pub-
17 lic Law 108–173; 117 Stat. 2257), including the prohibi-

1 tion on hiring abusive workers and the authorization of
2 the imposition of penalties by a participating State under
3 subsections (b)(3)(A) and (b)(6), respectively, of such sec-
4 tion 307:

5 (1) AGREEMENTS.—

6 (A) NEWLY PARTICIPATING STATES.—The
7 Secretary shall enter into agreements with each
8 State—

9 (i) that the Secretary has not entered
10 into an agreement with under subsection
11 (c)(1) of such section 307;

12 (ii) that agrees to conduct background
13 checks under the nationwide program on a
14 Statewide basis; and

15 (iii) that submits an application to the
16 Secretary containing such information and
17 at such time as the Secretary may specify.

18 (B) CERTAIN PREVIOUSLY PARTICIPATING
19 STATES.—The Secretary shall enter into agree-
20 ments with each State—

21 (i) that the Secretary has entered into
22 an agreement with under such subsection
23 (c)(1), but only in the case where such
24 agreement did not require the State to
25 conduct background checks under the pro-

1 gram established under subsection (a) of
2 such section 307 on a Statewide basis;

3 (ii) that agrees to conduct background
4 checks under the nationwide program on a
5 Statewide basis; and

6 (iii) that submits an application to the
7 Secretary containing such information and
8 at such time as the Secretary may specify.

9 (2) NONAPPLICATION OF SELECTION CRI-
10 TERIA.—The selection criteria required under sub-
11 section (c)(3)(B) of such section 307 shall not apply.

12 (3) REQUIRED FINGERPRINT CHECK AS PART
13 OF CRIMINAL HISTORY BACKGROUND CHECK.—The
14 procedures established under subsection (b)(1) of
15 such section 307 shall—

16 (A) require that the long-term care facility
17 or provider (or the designated agent of the
18 long-term care facility or provider) obtain State
19 and national criminal history background
20 checks on the prospective employee through
21 such means as the Secretary determines appro-
22 priate that utilize a search of State-based abuse
23 and neglect registries and databases, including
24 the abuse and neglect registries of another
25 State in the case where a prospective employee

1 previously resided in that State, State criminal
2 history records, the records of any proceedings
3 in the State that may contain disqualifying in-
4 formation about prospective employees (such as
5 proceedings conducted by State professional li-
6 censing and disciplinary boards and State Med-
7 icaid Fraud Control Units), and Federal crimi-
8 nal history records, including a fingerprint
9 check using the Integrated Automated Finger-
10 print Identification System of the Federal Bu-
11 reau of Investigation; and

12 (B) require States to describe and test
13 methods that reduce duplicative fingerprinting,
14 including providing for the development of “rap
15 back” capability by the State such that, if a di-
16 rect patient access employee of a long-term care
17 facility or provider is convicted of a crime fol-
18 lowing the initial criminal history background
19 check conducted with respect to such employee,
20 and the employee’s fingerprints match the
21 prints on file with the State law enforcement
22 department, the department will immediately
23 inform the State and the State will immediately
24 inform the long-term care facility or provider

1 which employs the direct patient access em-
2 ployee of such conviction.

3 (4) STATE REQUIREMENTS.—An agreement en-
4 tered into under paragraph (1) shall require that a
5 participating State—

6 (A) be responsible for monitoring compli-
7 ance with the requirements of the nationwide
8 program;

9 (B) have procedures in place to—

10 (i) conduct screening and criminal his-
11 tory background checks under the nation-
12 wide program in accordance with the re-
13 quirements of this section;

14 (ii) monitor compliance by long-term
15 care facilities and providers with the proce-
16 dures and requirements of the nationwide
17 program;

18 (iii) as appropriate, provide for a pro-
19 visional period of employment by a long-
20 term care facility or provider of a direct
21 patient access employee, not to exceed 30
22 days, pending completion of the required
23 criminal history background check and, in
24 the case where the employee has appealed
25 the results of such background check,

1 pending completion of the appeals process,
2 during which the employee shall be subject
3 to direct on-site supervision (in accordance
4 with procedures established by the State to
5 ensure that a long-term care facility or
6 provider furnishes such direct on-site su-
7 pervision);

8 (iv) provide an independent process by
9 which a provisional employee or an em-
10 ployee may appeal or dispute the accuracy
11 of the information obtained in a back-
12 ground check performed under the nation-
13 wide program, including the specification
14 of criteria for appeals for direct patient ac-
15 cess employees found to have disqualifying
16 information which shall include consider-
17 ation of the passage of time, extenuating
18 circumstances, demonstration of rehabilita-
19 tion, and relevancy of the particular dis-
20 qualifying information with respect to the
21 current employment of the individual;

22 (v) provide for the designation of a
23 single State agency as responsible for—

24 (I) overseeing the coordination of
25 any State and national criminal his-

1 tory background checks requested by
2 a long-term care facility or provider
3 (or the designated agent of the long-
4 term care facility or provider) utilizing
5 a search of State and Federal crimi-
6 nal history records, including a finger-
7 print check of such records;

8 (II) overseeing the design of ap-
9 propriate privacy and security safe-
10 guards for use in the review of the re-
11 sults of any State or national criminal
12 history background checks conducted
13 regarding a prospective direct patient
14 access employee to determine whether
15 the employee has any conviction for a
16 relevant crime;

17 (III) immediately reporting to
18 the long-term care facility or provider
19 that requested the criminal history
20 background check the results of such
21 review; and

22 (IV) in the case of an employee
23 with a conviction for a relevant crime
24 that is subject to reporting under sec-
25 tion 1128E of the Social Security Act

1 (42 U.S.C. 1320a-7e), reporting the
2 existence of such conviction to the
3 database established under that sec-
4 tion;

5 (vi) determine which individuals are
6 direct patient access employees (as defined
7 in paragraph (6)(B)) for purposes of the
8 nationwide program;

9 (vii) as appropriate, specify offenses,
10 including convictions for violent crimes, for
11 purposes of the nationwide program; and

12 (viii) describe and test methods that
13 reduce duplicative fingerprinting, including
14 providing for the development of “rap
15 back” capability such that, if a direct pa-
16 tient access employee of a long-term care
17 facility or provider is convicted of a crime
18 following the initial criminal history back-
19 ground check conducted with respect to
20 such employee, and the employee’s finger-
21 prints match the prints on file with the
22 State law enforcement department—

23 (I) the department will imme-
24 diately inform the State agency des-
25 ignated under clause (v) and such

1 agency will immediately inform the fa-
2 cility or provider which employs the
3 direct patient access employee of such
4 conviction; and

5 (II) the State will provide, or will
6 require the facility to provide, to the
7 employee a copy of the results of the
8 criminal history background check
9 conducted with respect to the em-
10 ployee at no charge in the case where
11 the individual requests such a copy.

12 (5) PAYMENTS.—

13 (A) NEWLY PARTICIPATING STATES.—

14 (i) IN GENERAL.—As part of the ap-
15 plication submitted by a State under para-
16 graph (1)(A)(iii), the State shall guar-
17 antee, with respect to the costs to be in-
18 curred by the State in carrying out the na-
19 tionwide program, that the State will make
20 available (directly or through donations
21 from public or private entities) a particular
22 amount of non-Federal contributions, as a
23 condition of receiving the Federal match
24 under clause (ii).

1 (ii) FEDERAL MATCH.—The payment
2 amount to each State that the Secretary
3 enters into an agreement with under para-
4 graph (1)(A) shall be 3 times the amount
5 that the State guarantees to make avail-
6 able under clause (i), except that in no
7 case may the payment amount exceed
8 \$3,000,000.

9 (B) PREVIOUSLY PARTICIPATING
10 STATES.—

11 (i) IN GENERAL.—As part of the ap-
12 plication submitted by a State under para-
13 graph (1)(B)(iii), the State shall guar-
14 antee, with respect to the costs to be in-
15 curred by the State in carrying out the na-
16 tionwide program, that the State will make
17 available (directly or through donations
18 from public or private entities) a particular
19 amount of non-Federal contributions, as a
20 condition of receiving the Federal match
21 under clause (ii).

22 (ii) FEDERAL MATCH.—The payment
23 amount to each State that the Secretary
24 enters into an agreement with under para-
25 graph (1)(B) shall be 3 times the amount

1 that the State guarantees to make avail-
2 able under clause (i), except that in no
3 case may the payment amount exceed
4 \$1,500,000.

5 (6) DEFINITIONS.—Under the nationwide pro-
6 gram:

7 (A) LONG-TERM CARE FACILITY OR PRO-
8 VIDER.—The term “long-term care facility or
9 provider” means the following facilities or pro-
10 viders which receive payment for services under
11 title XVIII or XIX of the Social Security Act:

12 (i) A skilled nursing facility (as de-
13 fined in section 1819(a) of the Social Secu-
14 rity Act (42 U.S.C. 1395i-3(a))).

15 (ii) A nursing facility (as defined in
16 section 1919(a) of such Act (42 U.S.C.
17 1396r(a))).

18 (iii) A home health agency.

19 (iv) A provider of hospice care (as de-
20 fined in section 1861(dd)(1) of such Act
21 (42 U.S.C. 1395x(dd)(1))).

22 (v) A long-term care hospital (as de-
23 scribed in section 1886(d)(1)(B)(iv) of
24 such Act (42 U.S.C.
25 1395ww(d)(1)(B)(iv))).

1 (vi) A provider of personal care serv-
2 ices.

3 (vii) A provider of adult day care.

4 (viii) A residential care provider that
5 arranges for, or directly provides, long-
6 term care services, including an assisted
7 living facility that provides a level of care
8 established by the Secretary.

9 (ix) An intermediate care facility for
10 the mentally retarded (as defined in sec-
11 tion 1905(d) of such Act (42 U.S.C.
12 1396d(d))).

13 (x) Any other facility or provider of
14 long-term care services under such titles as
15 the participating State determines appro-
16 priate.

17 (B) DIRECT PATIENT ACCESS EM-
18 PLOYEE.—The term “direct patient access em-
19 ployee” means any individual who has access to
20 a patient or resident of a long-term care facility
21 or provider through employment or through a
22 contract with such facility or provider and has
23 duties that involve (or may involve) one-on-one
24 contact with a patient or resident of the facility
25 or provider, as determined by the State for pur-

1 poses of the nationwide program. Such term
2 does not include a volunteer unless the volun-
3 teer has duties that are equivalent to the duties
4 of a direct patient access employee and those
5 duties involve (or may involve) one-on-one con-
6 tact with a patient or resident of the long-term
7 care facility or provider.

8 (7) EVALUATION AND REPORT.—

9 (A) EVALUATION.—The Inspector General
10 of the Department of Health and Human Serv-
11 ices shall conduct an evaluation of the nation-
12 wide program.

13 (B) REPORT.—Not later than 180 days
14 after the completion of the nationwide program,
15 the Inspector General of the Department of
16 Health and Human Services shall submit a re-
17 port to Congress containing the results of the
18 evaluation conducted under subparagraph (A).

19 (b) FUNDING.—

20 (1) NOTIFICATION.—The Secretary of Health
21 and Human Services shall notify the Secretary of
22 the Treasury of the amount necessary to carry out
23 the nationwide program under this section for the
24 period of fiscal years 2010 through 2012, except

1 that in no case shall such amount exceed
2 \$160,000,000.

3 (2) TRANSFER OF FUNDS.—Out of any funds
4 in the Treasury not otherwise appropriated, the Sec-
5 retary of the Treasury shall provide for the transfer
6 to the Secretary of Health and Human Services of
7 the amount specified as necessary to carry out the
8 nationwide program under paragraph (1). Such
9 amount shall remain available until expended.

10 **SEC. ____ . MANDATORY STATE USE OF NATIONAL COR-**
11 **RECT CODING INITIATIVE.**

12 (a) IN GENERAL.—Section 1903(r) of the Social Se-
13 curity Act (42 U.S.C. 1396b(r)) is amended—

14 (1) in paragraph (1)(B)—

15 (A) in clause (ii), by striking “and” at the
16 end;

17 (B) in clause (iii), by adding “and” after
18 the semi-colon; and

19 (C) by adding at the end the following new
20 clause:

21 “(iv) effective for claims filed on or
22 after October 1, 2010, incorporate compat-
23 ible methodologies of the National Correct
24 Coding Initiative administered by the Sec-
25 retary (or any successor initiative to pro-

1 mote correct coding and to control im-
2 proper coding leading to inappropriate pay-
3 ment) and such other methodologies of
4 that Initiative (or such other national cor-
5 rect coding methodologies) as the Sec-
6 retary identifies in accordance with para-
7 graph (4);” and

8 (2) by adding at the end the following new
9 paragraph:

10 “(4) Not later than September 1, 2010, the Secretary
11 shall do the following:

12 “(A) Identify those methodologies of the Na-
13 tional Correct Coding Initiative administered by the
14 Secretary (or any successor initiative to promote cor-
15 rect coding and to control improper coding leading
16 to inappropriate payment) which are compatible to
17 claims filed under this title.

18 “(B) Identify those methodologies of such Ini-
19 tiative (or such other national correct coding meth-
20 odologies) that should be incorporated into claims
21 filed under this title with respect to items or services
22 for which States provide medical assistance under
23 this title and no national correct coding methodolo-
24 gies have been established under such Initiative with
25 respect to title XVIII.

1 “(C) Notify States of—

2 “(i) the methodologies identified under
3 subparagraphs (A) and (B) (and of any other
4 national correct coding methodologies identified
5 under subparagraph (B)); and

6 “(ii) how States are to incorporate such
7 methodologies into claims filed under this title.

8 “(D) Submit a report to Congress that includes
9 the notice to States under subparagraph (C) and an
10 analysis supporting the identification of the meth-
11 odologies made under subparagraphs (A) and (B).”.

12 (b) EXTENSION FOR STATE LAW AMENDMENT.—In
13 the case of a State plan under title XIX of the Social Se-
14 curity Act (42 U.S.C. 1396 et seq.) which the Secretary
15 of Health and Human Services determines requires State
16 legislation in order for the plan to meet the additional re-
17 quirements imposed by the amendment made by sub-
18 section (a)(1)(C), the State plan shall not be regarded as
19 failing to comply with the requirements of such title solely
20 on the basis of its failure to meet these additional require-
21 ments before the first day of the first calendar quarter
22 beginning after the close of the first regular session of the
23 State legislature that begins after the date of enactment
24 of this Act. For purposes of the previous sentence, in the
25 case of a State that has a 2-year legislative session, each

- 1 year of the session is considered to be a separate regular
- 2 session of the State legislature.



Wednesday
7/29 1:30pm
C

**AMENDMENT TO THE AMENDMENT IN THE
NATURE OF A SUBSTITUTE TO H.R. 3200
OFFERED BY MR. SARBANES OF MARYLAND**

Add at the end of subtitle A of title II of division
C the following:

1 **SEC. 2217. STUDY ON EFFECTIVENESS OF SCHOLARSHIPS**
2 **AND LOAN REPAYMENT.**

3 Not later than 18 months after the date of the enact-
4 ment of this Act, the Comptroller General of the United
5 States shall conduct a study to determine the effectiveness
6 of scholarships and loan repayment programs under sec-
7 tions 2201 and 2211, including whether scholarships or
8 loan repayment are more effective, in—

- 9 (1) incentivizing physicians, and other pro-
10 viders, to pursue careers in primary care specialties;
11 (2) retaining such primary care providers; and
12 (3) encouraging such primary care providers to
13 practice in underserved areas.



Wednesday 7/29
1:37pm
C

**AMENDMENT TO THE AMENDMENT IN THE
NATURE OF A SUBSTITUTE TO H.R. 3200
OFFERED BY MR. GENE GREEN OF TEXAS**

Add at the end of title V of division C the following:

1 **Subtitle F—Report**
2 **SEC. 2551. REPORT TO CONGRESS ON THE CURRENT STATE**
3 **OF PARASITIC DISEASES THAT HAVE BEEN**
4 **OVERLOOKED AMONG THE POOREST AMERI-**
5 **CANS.**

6 Not later than 12 months after the date of the enact-
7 ment of this Act, the Secretary of Health and Human
8 Services shall report to Congress on the epidemiology, im-
9 pact of, and appropriate funding required to address ne-
10 glected diseases of poverty, including neglected parasitic
11 diseases identified as Chagas Disease, cysticercosis,
12 toxocariasis, toxoplasmosis, trichomoniasis, the soil-trans-
13 mitted helminths, and others. The report should provide
14 the information necessary to enhance health policy to ac-
15 curately evaluate and address the threat of these diseases.



Fr: 7/31
8:26 am
C

**AMENDMENT TO THE AMENDMENT IN THE
NATURE OF A SUBSTITUTE TO H.R. 3200
OFFERED BY M. Wapman**

Page 867, line 19, through page 868, line 2, strike clauses (vi) through (x).

Page 872, line 8, strike “2019” and insert “2014”.

Page 872, lines 21 through 25, strike paragraphs (6) through (10).

Page 876, line 5, strike “2019” and insert “2014”.

Page 876, lines 17 through 21, strike paragraphs (6) through (10).

Page 877, line 6, strike “2019” and insert “2014”.

Page 877, lines 21 through 25, strike paragraphs (6) through (10).

Page 898, lines 8 through 12, strike paragraphs (6) through (10).

Page 898, line 16, strike “2019” and insert “2014”.

Page 903, lines 20 through 24, strike paragraphs (6) through (10).

Page 904, line 8, strike "2019" and insert "2014".

Page 904, line 15, strike "2019" and insert "2014".

Page 919, lines 9 through 13, strike paragraphs (6) through (10).

Page 919, line 16, strike "2019" and insert "2014".

Page 936, lines 21 through 25, strike paragraphs (6) through (10).

Page 937, lines 14 through 18, strike paragraphs (6) through (10).

Page 937, line 23, strike "2019" and insert "2014".

Page 938, line 2, strike "2019" and insert "2014".

Page 938, line 9, strike "2019" and insert "2014".

Page 938, line 13, strike "2019" and insert "2014".

Page 939, lines 19 through 24, strike subparagraphs (F) through (J).

Page 940, lines 12 and 13, strike subparagraph (B).

Page 940, lines 21, through page 941, line 1, strike subparagraphs (F) through (J).

Page 941, lines 9 through 14, strike subparagraphs (F) through (J).

Page 941, line 23, through page 942, line 3, strike subparagraphs (F) through (J).

Page 942, lines 9 and 10, strike subparagraph (B).

Page 988, lines 18 and 19, strike “and \$330,000,000 for each of fiscal years 2015 through 2019”.



Fr: 7/31
8:25 am
C

**AMENDMENT TO THE AMENDMENT IN THE
NATURE OF A SUBSTITUTE TO H.R. 3200
OFFERED BY MR. WAXMAN**

Page 937, lines 9 through 13, strike paragraphs (1) through (5) and insert the following:

- 1 “(1) \$87,000,000 for fiscal year 2010.
- 2 “(2) \$97,000,000 for fiscal year 2011.
- 3 “(3) \$103,000,000 for fiscal year 2012.
- 4 “(4) \$105,000,000 for fiscal year 2013.
- 5 “(5) \$113,000,000 for fiscal year 2014.

Page 939, lines 14 through 18, strike subparagraphs (A) through (E) and insert the following:

- 6 “(A) for fiscal year 2010, \$2,400,000,000;
- 7 “(B) for fiscal year 2011, \$2,845,000,000;
- 8 “(C) for fiscal year 2012, \$3,100,000,000;
- 9 “(D) for fiscal year 2013, \$3,455,000,000;
- 10 “(E) for fiscal year 2014, \$3,600,000,000;

Page 941, lines 4 through 8, strike subparagraphs (A) through (E) and insert the following:

- 11 “(A) for fiscal year 2010, \$1,065,000,000;
- 12 “(B) for fiscal year 2011, \$1,260,000,000;

- 1 “(C) for fiscal year 2012, \$1,365,000,000;
- 2 “(D) for fiscal year 2013, \$1,570,000,000;
- 3 “(E) for fiscal year 2014, \$1,600,000,000;

Page 941, line 22, strike subparagraph (E) and insert the following:

- 4 “(E) for fiscal year 2014, \$1,265,000,000;



Gordon 13

Fr:
7/31 8:30am

A

AMENDMENT

OFFERED BY MR. GORDON OF TENNESSEE, MR.
DEAL OF GEORGIA, AND MR. MATHESON OF UTAH

[ains_ec_001]

Page 113, after line 16, insert the following:

- 1 (5) The State is eligible to receive an incentive
- 2 payment for enacting and implementing medical li-
- 3 ability reforms as specified in subsection (g).

Redesignate succeeding paragraphs accordingly.

Page 115, after line 24, insert the following:

- 4 (g) MEDICAL LIABILITY ALTERNATIVES.—
- 5 (1) PURPOSES.—The purposes of this sub-
- 6 section are—
- 7 (A) to ensure quality healthcare is readily
- 8 available by providing an alternative framework
- 9 to reduce the costs of defensive medicine and
- 10 allow victims of malpractice to be fairly com-
- 11 pensated; and
- 12 (B) to do the above without limiting attor-
- 13 neys fees or imposing caps on damages.
- 14 (2) INCENTIVE PAYMENTS FOR MEDICAL LI-
- 15 ABILITY REFORM.—

1 (A) IN GENERAL.—Each State is eligible
2 to receive an incentive payment, in an amount
3 determined by the Secretary subject to the
4 availability of appropriations, if the State en-
5 acts after the date of the enactment of this sub-
6 section, and is implementing, an alternative
7 medical liability law that complies with this
8 subsection.

9 (B) DETERMINATION BY SECRETARY.—
10 The Secretary shall determine that a State's al-
11 ternative medical liability law complies with this
12 subsection if the Secretary is satisfied that the
13 State—

14 (i) has enacted and is currently imple-
15 menting that law; and

16 (ii) that law is effective.

17 (C) CONSIDERATIONS FOR DETERMINA-
18 TION.—In making a determination of the effec-
19 tiveness of a law, the Secretary shall consider
20 whether the law—

21 (i) makes the medical liability system
22 more reliable through prevention of or
23 prompt and fair resolution of disputes;

24 (ii) encourages the disclosure of
25 health care errors; and

1 (iii) maintains access to affordable li-
2 ability insurance.

3 (D) OPTIONAL CONTENTS OF ALTER-
4 NATIVE MEDICAL LIABILITY LAW.—An alter-
5 native medical liability law shall contain any
6 one or a combination of the following litigation
7 alternatives:

8 (i) Certificate of Merit.

9 (ii) Early offer.

10 ~~(iii) I'm Sorry Provision.~~

11 ~~(iv) Medical Review Panels.~~

12 ~~(v) Pilot Programs incentivizing use~~
13 ~~of evidence based guidelines combined with~~
14 ~~liability protections.~~

15 ~~(vi) Voluntary Alternative Dispute~~
16 Resolution

17 ~~(vii) Other Alternatives Approved by~~
18 ~~the Secretary.~~

19 (E) USE OF INCENTIVE PAYMENTS.—The
20 State shall use an incentive payment received
21 under this subsection to improve health care in
22 that State.

23 (3) APPLICATION.—Each State seeking an in-
24 centive payment under this subsection shall submit
25 to the Secretary an application, at such time, in

1 such manner, and containing such information as
2 the Secretary may require.

3 (4) TECHNICAL ASSISTANCE.—The Secretary
4 may provide technical assistance to the States apply-
5 ing for or awarded an incentive payment under this
6 subsection.

7 (5) REPORTS.—Beginning not later than one
8 year after the date of the enactment of this sub-
9 section, the Secretary shall submit to Congress an
10 annual report on the progress States have made in
11 adopting and implementing alternative medical li-
12 ability laws that comply with this subsection. Such
13 reports shall contain sufficient documentation re-
14 garding the effectiveness of such laws to enable an
15 objective comparative analysis of them.

16 (6) RULEMAKING.—The Secretary may make
17 rules to carry out this subsection.

18 (7) DEFINITION.—In this subsection—

19 (A) the term “Secretary” means the Sec-
20 retary of Health and Human Services; and

21 (B) the term “State” includes the District
22 of Columbia, Puerto Rico, and each other terri-
23 tory or possession of the United States.

24 (8) AUTHORIZATION OF APPROPRIATIONS.—

25 There are authorized to be appropriated to carry out

- 1 this subsection such sums as may be necessary, to
- 2 remain available until expended.



Wed 7/29
6:02 pm
C

**AMENDMENT TO THE AMENDMENT IN THE
NATURE OF A SUBSTITUTE TO H.R. 3200
OFFERED BY MR. GORDON OF TENNESSEE**

After section 2202, insert the following (and revise the table of contents in section 2001 accordingly):

1 **SEC. 2203. STUDY OF IMPACT OF OPTOMETRISTS ON AC-**
2 **CESS TO HEALTH CARE AND ON AVAIL-**
3 **ABILITY OF SUPPORT UNDER FEDERAL**
4 **HEALTH PROGRAMS FOR OPTOMETRY.**

5 (a) IN GENERAL.—The Secretary of Health and
6 Human Services (in this section referred to as the “Sec-
7 retary”) shall conduct a study with respect to optometrists
8 and optometry to determine—

9 (1) whether there is a current and projected
10 role for, and the impact of, optometrists in increas-
11 ing access to primary eye and vision care to under-
12 served, rural, and senior populations;

13 (2) the role and impact of optometrists in the
14 early diagnosis and treatment of glaucoma, cataract,
15 diabetes, and other conditions;

16 (3) whether there is a need for optometrists to
17 be recognized and supported as primary care pro-
18 viders;

1 (4) whether there is an existence of, and the ex-
2 tent of, any barriers to recruitment and participa-
3 tion of underrepresented minorities in optometry, in-
4 cluding the potential role played by the lack of eligi-
5 bility of optometrists, optometry students, and facili-
6 ties for certain Federal health programs; and

7 (5) the scope of Federal support for clinical op-
8 tometric education and options for enhancing that
9 support—

10 (A) to address barriers to underrep-
11 resented minority recruitment and participation
12 in optometry; and

13 (B) to improve access to primary eye and
14 vision care, especially in underserved and rural
15 areas.

16 (b) COMMENT ON MATTERS STUDIED.—In carrying
17 out the study under subsection (a), the Secretary shall
18 seek the comments of appropriate public and private enti-
19 ties.

20 (c) REPORT TO CONGRESS.—Not later than 18
21 months after the date of the enactment of this Act, the
22 Secretary shall submit to the Congress a report con-
23 taining—

24 (1) the results of the study under subsection
25 (a);

- 1 (2) a summary of comments received from pub-
- 2 lic and private entities under subsection (b); and
- 3 (3) recommendations for such legislation and
- 4 administrative action as the Secretary determines to
- 5 be appropriate regarding the issues studied under
- 6 subsection (a).



AMENDMENT

OFFERED BY MR. GORDON OF TENNESSEE

[AINS-EC_001]

In section 122(b)(10), insert “, treatment of a congenital or developmental deformity, disease, or injury,” after “well child care”.

In sert after section 162 the following and redesignate sections 163 and 164 as sections 164 and 165, respectively:

1 **SEC. 163. ENDING HEALTH INSURANCE DENIALS AND**
2 **DELAYS OF NECESSARY TREATMENT FOR**
3 **CHILDREN WITH DEFORMITIES.**

4 (a) IN GENERAL.—Subpart 2 of part A of title
5 XXVII of the Public Health Service Act is amended by
6 adding at the end the following new section:

7 **“SEC. 2708. STANDARDS RELATING TO BENEFITS FOR**
8 **MINOR CHILD’S CONGENITAL OR DEVELOP-**
9 **MENTAL DEFORMITY OR DISORDER.**

10 “(a) REQUIREMENTS FOR TREATMENT FOR CHIL-
11 DREN WITH DEFORMITIES.—

12 “(1) IN GENERAL.—A group health plan, and a
13 health insurance issuer offering group health insur-

1 ance coverage, that provides coverage for surgical
2 benefits shall provide coverage for outpatient and in-
3 patient diagnosis and treatment of a minor child's
4 congenital or developmental deformity, disease, or
5 injury. A minor child shall include any individual
6 who 21 years of age or younger.

7 “(2) REQUIREMENTS.—Any coverage provided
8 under paragraph (1) shall be subject to pre-author-
9 ization or pre-certification as required by the plan or
10 issuer, and such coverage shall include any surgical
11 treatment which, in the opinion of the treating phy-
12 sician, is medically necessary to approximate a nor-
13 mal appearance.

14 “(3) TREATMENT DEFINED.—

15 “(A) IN GENERAL.—In this section, the
16 term ‘treatment’ includes reconstructive sur-
17 gical procedures (procedures that are generally
18 performed to improve function, but may also be
19 performed to approximate a normal appear-
20 ance) that are performed on abnormal struc-
21 tures of the body caused by congenital defects,
22 developmental abnormalities, trauma, infection,
23 tumors, or disease, including—

1 “(i) procedures that do not materially
2 affect the function of the body part being
3 treated; and

4 “(ii) procedures for secondary condi-
5 tions and follow-up treatment.

6 “(B) EXCEPTION.—Such term does not in-
7 clude cosmetic surgery performed to reshape
8 normal structures of the body to improve ap-
9 pearance or self-esteem.

10 “(b) NOTICE.—A group health plan under this part
11 shall comply with the notice requirement under section
12 714(b) of the Employee Retirement Income Security Act
13 of 1974 with respect to the requirements of this section
14 as if such section applied to such plan.”.

15 (b) INDIVIDUAL HEALTH INSURANCE.—Subpart 2 of
16 part B of title XXVII of the Public Health Service Act
17 is amended by adding at the end the following new section:

18 **“SEC. 2754. STANDARDS RELATING TO BENEFITS FOR**
19 **MINOR CHILD’S CONGENITAL OR DEVELOP-**
20 **MENTAL DEFORMITY OR DISORDER.**

21 “(a) REQUIREMENTS FOR RECONSTRUCTIVE SUR-
22 GERY.—

23 “(1) IN GENERAL.—A health insurance issuer
24 offering health insurance coverage in the individual
25 market that provides coverage for surgical benefits

1 shall provide coverage for outpatient and inpatient
2 diagnosis and treatment of a minor child's con-
3 genital or developmental deformity, disease, or in-
4 jury. A minor child shall include any individual
5 through 21 years of age.

6 “(2) REQUIREMENTS.—Any coverage provided
7 under paragraph (1) shall be subject to pre-author-
8 ization or pre-certification as required by the insur-
9 ance issuer offering such coverage, and such cov-
10 erage shall include any surgical treatment which, in
11 the opinion of the treating physician, is medically
12 necessary to approximate a normal appearance.

13 “(3) TREATMENT DEFINED.—

14 “(A) IN GENERAL.—In this section, the
15 term ‘treatment’ includes reconstructive sur-
16 gical procedures (procedures that are generally
17 performed to improve function, but may also be
18 performed to approximate a normal appear-
19 ance) that are performed on abnormal struc-
20 tures of the body caused by congenital defects,
21 developmental abnormalities, trauma, infection,
22 tumors, or disease, including—

23 “(i) procedures that do not materially
24 affect the function of the body part being
25 treated; and

1 “(ii) procedures for secondary condi-
2 tions and follow-up treatment.

3 “(B) EXCEPTION.—Such term does not in-
4 clude cosmetic surgery performed to reshape
5 normal structures of the body to improve ap-
6 pearance or self-esteem.

7 “(b) NOTICE.—A health insurance issuer under this
8 part shall comply with the notice requirement under sec-
9 tion 714(b) of the Employee Retirement Income Security
10 Act of 1974 with respect to the requirements referred to
11 in subsection (a) as if such section applied to such issuer
12 and such issuer were a group health plan.”.

13 (c) CONFORMING AMENDMENTS.—

14 (1) Section 2723(c) of such Act (42 U.S.C.
15 300gg–23(c)) is amended by striking “section 2704”
16 and inserting “sections 2704 and 2708”.

17 (2) Section 2762(b)(2) of such Act (42 U.S.C.
18 300gg–62(b)(2)) is amended by striking “section
19 2751” and inserting “sections 2751 and 2754”.

20 (d) EFFECTIVE DATES.—

21 (1) The amendments made by subsection (a)
22 shall apply with respect to group health plans for
23 plan years beginning on or after January 1, 2010.

24 (2) The amendment made by subsection (b)
25 shall apply with respect to health insurance coverage

1 offered, sold, issued, renewed, in effect, or operated
2 in the individual market on or after such date.

3 (e) COORDINATION RULES.—

4 (1) The amendments made by subsection (a)
5 shall remain in effect until such time as benefit
6 standards are adopted subject to section 124 of this
7 title.

8 (2) Section 104(1) of the Health Insurance
9 Portability and Accountability Act of 1996 is
10 amended by striking “this subtitle (and the amend-
11 ments made by this subtitle and section 401)” and
12 inserting “the provisions of part 7 of subtitle B of
13 title I of the Employee Retirement Income Security
14 Act of 1974, the provisions of parts A and C of title
15 XXVII of the Public Health Service Act, and chap-
16 ter 100 of the Internal Revenue Code of 1986”.



Thurs 7/30
10:30pm
B

**AMENDMENT TO THE AMENDMENT IN THE
NATURE OF A SUBSTITUTE TO H.R. 3200
OFFERED BY MS. CASTOR OF FLORIDA**

[AINS-EC_001]

In section 1704(a)(2)(A)(ii), insert before the period the following: “, taking into account the ratio of the amount of DSH funds allocated to a State to the number of uninsured individuals in such State”.



Thurs 7/30
6:45 pm
B

**AMENDMENT TO THE AMENDMENT IN THE
NATURE OF A SUBSTITUTE TO H.R. 3200
OFFERED BY MR. ROSS OF ARKANSAS
(AINS-EC_001)**

In part 3 of subtitle B of title I of division B, add
at the end the following new section:

1 **SEC. 1149A. MEDICARE COVERAGE OF SERVICES OF QUALI-**
2 **FIED RESPIRATORY THERAPISTS PER-**
3 **FORMED UNDER THE GENERAL SUPERVISION**
4 **OF A PHYSICIAN.**

5 (a) **IN GENERAL.**—Section 1861 of the Social Secu-
6 rity Act (42 U.S.C. 1395x) is amended—

7 (1) in subsection (s)(2)—

8 (A) by striking “and” at the end of sub-
9 paragraph (GG);

10 (B) by adding “and” at the end of sub-
11 paragraph (HH); and

12 (C) by adding at the end the following new
13 subparagraph:

14 “(II) respiratory therapy services which would
15 be physicians’ services if furnished by a physician
16 (as defined in subsection (r)(1)) for the diagnosis
17 and treatment of respiratory illnesses and which are

1 performed by a respiratory therapist (as defined in
2 subsection (mmm)) under the general supervision of
3 a physician and which the respiratory therapist is le-
4 gally authorized to perform by the State in which
5 the services are performed, but only if no facility or
6 other provider charges or is paid any amounts with
7 respect to the furnishing of such services.”; and

8 (2) by adding at the end the following new sub-
9 section:

10 “Respiratory Therapist

11 “(mmm) For purposes of subsection (s)(2)(II) and
12 section 1833(a)(1)(X) only, the term ‘respiratory thera-
13 pist’ means an individual who—

14 “(1) is credentialed by a national credentialing
15 board recognized by the Secretary;

16 “(2)(A) is licensed to practice respiratory ther-
17 apy in the State in which the respiratory therapy
18 services are performed, or

19 “(B) in the case of an individual in a State
20 which does not provide for such licensure, is legally
21 authorized to perform respiratory therapy services
22 (in the State in which the individual performed such
23 services) under State law (or the State regulatory
24 mechanism provided by State law);

25 “(3) is a registered respiratory therapist; and

1 “(4) holds a bachelor’s degree.”.

2 (b) PAYMENT.—Section 1833(a)(1) of such Act (42
3 U.S.C. 1395l(a)(1)) is amended—

4 (1) by striking “and” before “(Y)”; and

5 (2) by inserting before the semicolon at the end
6 the following: “(Z) with respect to services described
7 in section 1861(s)(2)(II) (relating to services fur-
8 nished by a respiratory therapist) that are furnished
9 by a respiratory therapist (as defined in section
10 1861(mmm)), the amount paid shall be equal to 80
11 percent of the lesser of the actual charge for the
12 services or 85 percent of the fee schedule amount
13 provided under section 1848 for the same services if
14 furnished by a physician”.

15 (c) EFFECTIVE DATE.—The amendments made by
16 this section shall apply to services furnished on or after
17 January 1, 2010.



Thurs 7/30
8:14 pm
A

**AMENDMENT TO THE AMENDMENT IN THE
NATURE OF A SUBSTITUTE TO H.R. 3200
OFFERED BY MS. DEGETTE OF COLORADO**

[AINS-EC_001]

Page 84, after line 3, insert the following new sub-
section:

1 (g) REPORT ON COMPARABLE COVERAGE FOR CHIP
2 CHILDREN; SPECIAL RULE FOR CHIP CHILDREN.—

3 (1) REPORT.—No later than December 31,
4 2011, the Secretary of Health and Human Services
5 shall submit to Congress a report that compares the
6 benefits packages offered in 2011 to an average
7 State child health plan under title XXI of the Social
8 Security Act and to the benefit standards adopted
9 under section 124 for the essential benefits package
10 and the affordability credits under subtitle C.

11 (2) CERTIFICATION OF SECRETARY.—Notwith-
12 standing the previous provisions of this section, no
13 child who would be eligible for coverage under title
14 XXI of the Social Security Act shall be enrolled in
15 an Exchange participating health benefits plan until
16 the Secretary of Health and Human Services has
17 certified, based on the findings in the report under

1 paragraph (1) and changes made pursuant to the
2 recommendations in the report, if any, that the cov-
3 erage (as described in section 121(a)) is at least
4 comparable to the coverage provided to children
5 under an average State child health plan under such
6 title as in effect in 2011:

Page 762, amend lines 19 through 25 to read as fol-
lows:

7 “(B) The Secretary has determined that—
8 “(i) comparable coverage, as specified
9 in section 202(g) of the America’s Afford-
10 able Health Choices Act of 2009, is avail-
11 able through such Exchange; and
12 “(ii) procedures have been established
13 for transferring CHIP enrollees into ac-
14 ceptable coverage (as defined for purposes
15 of such Act) without interruption of cov-
16 erage or a written plan of treatment.
17 The Secretary shall recommend to Congress any leg-
18 islative changes needed to effectuate this para-
19 graph.”.



Thurs 7/30
8:25 am
B

**AMENDMENT TO THE AMENDMENT IN THE
NATURE OF A SUBSTITUTE TO H.R. 3200
OFFERED BY MR. GONZALEZ OF TEXAS**

AINS-EC_001

At the end of part 1 of subtitle D of title I of division B, add the following new section:

1 **SEC. 1169. STUDY REGARDING THE EFFECTS OF CALCULATING MEDICARE ADVANTAGE PAYMENT RATES ON A REGIONAL AVERAGE OF MEDICARE FEE FOR SERVICE RATES.**

2
3
4
5 (a) IN GENERAL.—The Administrator of the Centers
6 for Medicare and Medicaid Services shall conduct a study
7 to determine the potential effects of calculating Medicare
8 Advantage payment rates on a more aggregated geographic basis (such as metropolitan statistical areas or
9 other regional delineations) rather than using county
10 boundaries. In conducting such study, the Administrator
11 shall consider whether such alternative geographic basis
12 would result in the following:
13

- 14 (1) Improvements in the quality of care.
15 (2) Greater equity among providers.
16 (3) More predictable benchmark amounts for
17 Medicare advantage plans.

1 (b) CONSULTATIONS.—In conducting the study, the
2 Administrator shall consult with the following:

3 (1) Experts in health care financing.

4 (2) Representatives of foundations and other
5 nonprofit entities that have conducted or supported
6 research on Medicare financing issues.

7 (3) Representatives from Medicare Advantage
8 plans.

9 (4) Such other entities or people as determined
10 by the Secretary.

11 (c) REPORT.—Not later than one year after the date
12 of the enactment of this Act, the Administrator shall
13 transmit a report to the Congress on the study conducted
14 under this section. The report shall contain a detailed
15 statement of findings and conclusions of the study, to-
16 gether with its recommendations for such legislation and
17 administrative actions as the Administrator considers ap-
18 propriate.



Thurs 7/30
1:06 pm
B

AMENDMENT

OFFERED BY MR. GORDON OF TENNESSEE

(Amendment drafted to AAHCA09_001)

At the end of title IX of division B, add the following new section:

1 **SEC. 1906. DEMONSTRATION PROJECT REGARDING MED-**
2 **ICAID REIMBURSEMENTS FOR STABILIZA-**
3 **TION OF EMERGENCY MEDICAL CONDITIONS**
4 **BY NON-PUBLICLY OWNED OR OPERATED IN-**
5 **STITUTIONS FOR MENTAL DISEASES.**

6 (a) **AUTHORITY TO CONDUCT DEMONSTRATION**
7 **PROJECT.**—The Secretary of Health and Human Services
8 (in this section referred to as the “Secretary”) shall estab-
9 lish a demonstration project under which an eligible State
10 (as described in subsection (c)) shall provide reimburse-
11 ment under the State Medicaid plan under title XIX of
12 the Social Security Act to an institution for mental dis-
13 eases that is not publicly owned or operated and that is
14 subject to the requirements of section 1867 of the Social
15 Security Act (42 U.S.C: 1395dd) for the provision of med-
16 ical assistance available under such plan to an individual
17 who—

1 (1) has attained age 21, but has not attained
2 age 65;

3 (2) is eligible for medical assistance under such
4 plan; and

5 (3) requires such medical assistance to stabilize
6 an emergency medical condition.

7 (b) IN-STAY REVIEW.—The Secretary shall establish
8 a mechanism for in-stay review to determine whether or
9 not the patient has been stabilized (as defined in sub-
10 section (h)(5)). This mechanism shall commence before
11 the third day of the inpatient stay. States participating
12 in the demonstration project may manage the provision
13 of these benefits under the project through utilization re-
14 view, authorization, or management practices, or the ap-
15 plication of medical necessity and appropriateness criteria
16 applicable to behavioral health.

17 (c) ELIGIBLE STATE DEFINED.—

18 (1) APPLICATION.—Upon approval of an appli-
19 cation submitted by a State described in paragraph
20 (2), the State shall be an eligible State for purposes
21 of conducting a demonstration project under this
22 section.

23 (2) STATE DESCRIBED.—States shall be se-
24 lected by the Secretary in a manner so as to provide
25 geographic diversity on the basis of the application

1 to conduct a demonstration project under this sec-
2 tion submitted by such States.

3 (d) LENGTH OF DEMONSTRATION PROJECT.—The
4 demonstration project established under this section shall
5 be conducted for a period of 3 consecutive years.

6 (e) LIMITATIONS ON FEDERAL FUNDING.—

7 (1) APPROPRIATION.—

8 (A) IN GENERAL.—Out of any funds in the
9 Treasury not otherwise appropriated, there is
10 appropriated to carry out this section,
11 \$75,000,000 for fiscal year 2010.

12 (B) BUDGET AUTHORITY.—Subparagraph
13 (A) constitutes budget authority in advance of
14 appropriations Act and represents the obliga-
15 tion of the Federal Government to provide for
16 the payment of the amounts appropriated under
17 that subparagraph.

18 (2) 3-YEAR AVAILABILITY.—Funds appro-
19 priated under paragraph (1) shall remain available
20 for obligation through December 31, 2012.

21 (3) LIMITATION ON PAYMENTS.—In no case
22 may—

23 (A) the aggregate amount of payments
24 made by the Secretary to eligible States under
25 this section exceed \$75,000,000; or

1 (B) payments be provided by the Secretary
2 under this section after December 31, 2012.

3 (4) FUNDS ALLOCATED TO STATES.—The Sec-
4 retary shall allocate funds to eligible States based on
5 their applications and the availability of funds.

6 (5) PAYMENTS TO STATES.—The Secretary
7 shall pay to each eligible State, from its allocation
8 under paragraph (4), an amount each quarter equal
9 to the Federal medical assistance percentage of ex-
10 penditures in the quarter for medical assistance de-
11 scribed in subsection (a).

12 (f) REPORTS.—

13 (1) ANNUAL PROGRESS REPORTS.—The Sec-
14 retary shall submit annual reports to Congress on
15 the progress of the demonstration project conducted
16 under this section.

17 (2) FINAL REPORT AND RECOMMENDATION.—
18 An evaluation should be conducted of the demonstra-
19 tion project's impact on the functioning of the health
20 and mental health service system and on individuals
21 enrolled in the Medicaid program. This evaluation
22 should include collection of baseline data for one-
23 year prior to the initiation of the demonstration
24 project as well as collection of data from matched
25 comparison states not participating in the dem-

1 onstration. The evaluation measures shall include
2 the following:

3 (A) A determination, by State, as to
4 whether the demonstration project resulted in
5 increased access to inpatient mental health
6 services under the Medicaid program and
7 whether average length of stays were longer (or
8 shorter) for individuals admitted under the
9 demonstration project compared with individ-
10 uals otherwise admitted in comparison sites.

11 (B) An analysis by State, regarding wheth-
12 er the demonstration project produced a signifi-
13 cant reduction in emergency room visits for in-
14 dividuals eligible for assistance under the Med-
15 icaid program or in the duration of emergency
16 room lengths of stay.

17 (C) An assessment of discharge planning
18 by participating hospitals that ensures access to
19 further (non-emergency) inpatient or residential
20 care as well as continuity of care for those dis-
21 charged to outpatient care.

22 (D) An assessment of the impact of the
23 demonstration project on the costs of the full
24 range of mental health services (including inpa-
25 tient, emergency and ambulatory care) under

1 the plan as contrasted with the comparison
2 areas.

3 (E) Data on the percentage of consumers
4 with Medicaid coverage who are admitted to in-
5 patient facilities as a result of the demonstra-
6 tion project as compared to those admitted to
7 these same facilities through other means.

8 (F) A recommendation regarding whether
9 the demonstration project should be continued
10 after December 31, 2012, and expanded on a
11 national basis.

12 (g) WAIVER AUTHORITY.—

13 (1) IN GENERAL.—The Secretary shall waive
14 the limitation of subdivision (B) following paragraph
15 (28) of section 1905(a) of the Social Security Act
16 (42 U.S.C. 1396d(a)) (relating to limitations on pay-
17 ments for care or services for individuals under 65
18 years of age who are patients in an institution for
19 mental diseases) for purposes of carrying out the
20 demonstration project under this section.

21 (2) LIMITED OTHER WAIVER AUTHORITY.—The
22 Secretary may waive other requirements of titles XI
23 and XIX of the Social Security Act (including the
24 requirements of sections 1902(a)(1) (relating to
25 statewideness) and 1902(1)(10)(B) (relating to com-

1 parability)) only to extent necessary to carry out the
2 demonstration project under this section.

3 (h) DEFINITIONS.—In this section:

4 (1) EMERGENCY MEDICAL CONDITION.—The
5 term “emergency medical condition” means, with re-
6 spect to an individual, an individual who expresses
7 suicidal or homicidal thoughts or gestures, if deter-
8 mined dangerous to self or others.

9 (2) FEDERAL MEDICAL ASSISTANCE PERCENT-
10 AGE.—The term “Federal medical assistance per-
11 centage” has the meaning given that term with re-
12 spect to a State under section 1905(b) of the Social
13 Security Act (42 U.S.C. 1396d(b)).

14 (3) INSTITUTION FOR MENTAL DISEASES.—The
15 term “institution for mental diseases” has the mean-
16 ing given to that term in section 1905(i) of the So-
17 cial Security Act (42 U.S.C. 1396d(i)).

18 (4) MEDICAL ASSISTANCE.—The term “medical
19 assistance” has the meaning given to that term in
20 section 1905(a) of the Social Security Act (42
21 U.S.C. 1396d(a)).

22 (5) STABILIZED.—The term “stabilized”
23 means, with respect to an individual, that the emer-
24 gency medical condition no longer exists with respect

1 to the individual and the individual is no longer dan-
2 gerous to self or others.

3 (6) STATE.—The term “State” has the mean-
4 ing given that term for purposes of title XIX of the
5 Social Security Act (42 U.S.C. 1396 et seq.).



Amendment to the Amendment in the Nature of a Substitute to H.R. 3200

Offered by Mr. Inslee of Washington

In section 1866D(a)(2) of Title XVIII of the Social Security Act, as added by Sec. 1301, strike the last sentence and insert the following:

“To the extent that the Secretary finds a qualifying accountable care organization model to be successful in improving quality and reducing costs, the Secretary shall attempt to attract at least ten percent of all eligible providers to act as accountable care organizations and implement such mechanisms and reforms within five years of enactment of this section. If the Secretary further finds such accountable care organization models to be successful, the Secretary shall seek to implement such mechanisms and reforms on as large a geographic scale as practical and economical.”