

103^D CONGRESS
1ST SESSION

S. 1456

To amend the Public Health Service Act to provide for health insurance coverage for pregnant women and children, and for other purposes.

IN THE SENATE OF THE UNITED STATES

SEPTEMBER 14 (legislative day, SEPTEMBER 7), 1993

Mr. DODD introduced the following bill; which was read twice and referred to the Committee on Labor and Human Resources

A BILL

To amend the Public Health Service Act to provide for health insurance coverage for pregnant women and children, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “Children and Pregnant Women Health Insurance Act of
6 1993”.

7 (b) TABLE OF CONTENTS.—The table of contents is
8 as follows:

Sec. 1. Short title; table of contents.

TITLE I—UNIVERSAL HEALTH INSURANCE COVERAGE FOR CHILDREN AND PREGNANT WOMEN

- Sec. 101. Universal health insurance coverage for children and pregnant women.
- Sec. 102. Conforming amendments.

TITLE II—PEDIATRIC REPRESENTATION ON HEALTH CARE REFORM BOARDS

- Sec. 201. Membership of health care reform boards.

TITLE III—EFFECTIVE DATE

- Sec. 301. Effective date.

1 **TITLE I—UNIVERSAL HEALTH**
 2 **INSURANCE COVERAGE FOR**
 3 **CHILDREN AND PREGNANT**
 4 **WOMEN**

5 **SEC. 101. UNIVERSAL HEALTH INSURANCE COVERAGE FOR**
 6 **CHILDREN AND PREGNANT WOMEN**

7 The Public Health Service Act (42 U.S.C. 201 et
 8 seq.) is amended—

9 (1) by redesignating title XXVII (42 U.S.C.
 10 300cc et seq.) as title XXVIII; and

11 (2) by inserting after title XXVI the following
 12 new title:

13 **“TITLE XXVII—HEALTH INSUR-**
 14 **ANCE FOR CHILDREN AND**
 15 **PREGNANT WOMEN.**

16 **“SEC. 2700. DEFINITIONS.**

17 “As used in this title:

1 “(1) ALLIANCE.—The term ‘Alliance’ means a
2 Health Insurance Purchasing Alliance established in
3 the United States.

4 “(2) CHILD.—The term ‘child’ means an indi-
5 vidual who is less than 22 years of age.

6 “(3) COVERED SERVICES.—The term ‘covered
7 services’ means the benefits and cost sharing limita-
8 tions required for qualified health plans under this
9 title.

10 “(4) FAMILY.—The term ‘family’ means an in-
11 dividual, the individual’s spouse, any child of either
12 such individual, and the legal guardian of any such
13 child if such guardian resides with the child.

14 “(5) FAMILY ADJUSTED TOTAL INCOME.—The
15 term ‘family adjusted total income’ means, with re-
16 spect to an individual, the sum for the individual
17 and all the other family members of the individual,
18 of the adjusted gross income (as defined in section
19 62(a) of the Internal Revenue Code of 1986), deter-
20 mined without the application of paragraphs (6) and
21 (7) of such section and without the application of
22 section 162(l) of such Code, plus the amount of so-
23 cial security benefits which is not included in gross
24 income under section 86 of such Code.

1 “(6) LEGALLY RESIDING.—The terms ‘legally
2 residing in the United States’ or ‘legally residing’
3 mean a citizen of the United States, an alien law-
4 fully admitted for permanent residence or otherwise
5 permanently residing in the United States under
6 color of law (including any alien who is lawfully
7 present in the United States as a result of the appli-
8 cation of any provision of 207(c) of the Immigration
9 and Nationality Act or as a result of the application
10 of the provisions of section 208 or 212(d)(5) of such
11 Act).

12 “(7) OFFICIAL POVERTY LINE.—The term ‘offi-
13 cial poverty line’ means, for an individual in a fam-
14 ily, the official poverty line (as defined by the Office
15 of Management and Budget, and revised annually in
16 accordance with section 673 of the Omnibus Budget
17 Reconciliation Act of 1981) applicable to a family of
18 the size involved.

19 “(8) QUALIFIED HEALTH PLAN.—The term
20 ‘qualified health plan’ means a health insurance
21 plan, a health maintenance organization, or any
22 other plan for providing health care that meets the
23 requirements imposed by this title.

24 “(9) RESIDE.—The term ‘reside’ refers to the
25 individual’s principal place of residence.

1 “(10) UNITED STATES.—The term ‘United
2 States’ means the 50 States, the District of Colum-
3 bia, the Commonwealth of Puerto Rico, Guam, the
4 Northern Mariana Islands, the U.S. Virgin Islands,
5 American Samoa, and the Trust Territory of the Pa-
6 cific Islands.

7 **“PART A—UNIVERSAL COVERAGE FOR CHILDREN**
8 **AND PREGNANT WOMEN**

9 **“SEC. 2701. CHILDREN’S COVERAGE MANDATE.**

10 “(a) ENTITLEMENT.—Every child who is legally re-
11 siding in the United States shall be entitled to enrollment
12 in a qualified health plan for the purpose of obtaining ac-
13 cess to all covered services. Coverage for any child under
14 a qualified health plan shall be continuous from the effec-
15 tive date of this title or, if later, from the birth of the
16 child, until the child reaches the age of 22. The Alliance
17 established to serve the region in which the child resides
18 shall have direct responsibility for enrolling such children
19 and pregnant women in qualified health plans.

20 “(b) ALLIANCES.—Not later than January 1, 1995,
21 all Alliances established in the United States shall identify
22 every child born or legally residing in its geographic region
23 and enroll such children in a qualified health plan. A phy-
24 sician or other provider that has rendered health care to
25 a child who is not enrolled in a qualified health plan may

1 inform the appropriate Alliance of such fact and the Alli-
2 ance shall enroll the child in a qualified health plan and
3 ensure that the physician or provider is compensated for
4 any covered services rendered as if the child had been en-
5 rolled in the plan at the time care was sought.

6 “(c) PREGNANT WOMEN.—Upon application to the
7 Alliance serving the region where she is legally residing,
8 or upon seeking medical care from a physician or provider,
9 every pregnant woman shall be enrolled in a qualified
10 health plan for the duration of the pregnancy plus at least
11 one calendar quarter post partum, and any physician or
12 provider rendering a covered service to a pregnant woman
13 shall be compensated for such service as if the individual
14 were enrolled in a qualified health plan at the time care
15 was sought.

16 **“PART B—BENEFITS**

17 **“SEC. 2711. QUALIFIED HEALTH PLANS.**

18 “(a) IN GENERAL.—A qualified health plan shall
19 meet the requirements of this section.

20 “(b) BENEFITS.—A qualified health plan shall pro-
21 vide at least the covered services identified in section
22 2712. Nothing in this section shall be construed as pre-
23 venting a qualified health plan from including benefits in
24 addition to those required in section 2713.

1 “(c) LIMITATIONS ON EXCLUSIONS.—A qualified
2 health plan—

3 “(1) may not deny, limit, or condition the cov-
4 erage (or benefits) under the plan with respect to re-
5 quired health services based on the health status,
6 claims experience, receipt of health care, medical his-
7 tory, or lack of evidence of insurability, of an indi-
8 vidual; and

9 “(2) may not exclude coverage with respect to
10 required health services related to treatment of a
11 preexisting condition.

12 “(d) COST SHARING.—A qualified health plan may
13 not impose premiums in excess of those permitted by the
14 Alliance, or deductibles, copayments, or coinsurance with
15 respect to covered services, in excess of what is permitted
16 under this title.

17 **“SEC. 2712. COVERED HEALTH SERVICES.**

18 “(a) REQUIRED HEALTH SERVICES.—

19 “(1) IN GENERAL.—Except as otherwise pro-
20 vided in this part, a qualified health plan shall pro-
21 vide coverage for—

22 “(A) preventive care services (as defined in
23 section 2713);

24 “(B) major medical services (as defined in
25 section 2714); and

1 “(C) extended medical services (as defined
2 in section 2715).

3 “(2) REQUIRED HEALTH SERVICES DEFINED.—

4 As used in this title, the term ‘required health serv-
5 ices’ means the health services described in para-
6 graph (1), subject to the deductible and coinsurance
7 permitted with respect to such services.

8 “(b) REQUIRED OUTREACH SERVICES.—In addition
9 to the required health services under subsection (a), each
10 Alliance shall provide (or make payment) for outreach
11 services to link low-income enrolled individuals with need-
12 ed required health services. Such outreach services shall
13 include—

14 “(1) transportation;

15 “(2) child care at service sites;

16 “(3) translation services;

17 “(4) case/care coordination;

18 “(5) screening follow-ups; and

19 “(6) health promotions.

20 “(c) OPTIONAL ADDITIONAL SOCIAL SERVICES.—An
21 Alliance may provide (or make payment) for social services
22 (such as family psycho-social support, therapeutic foster
23 care, pediatric day treatment, parent training, and in-
24 home crisis management) that are necessary to ensure the
25 health of enrolled individuals.

1 “(d) STANDARDS.—The Secretary shall establish
2 standards to be applied with respect to required health
3 services under this title.

4 **“SEC. 2713. PREVENTIVE CARE SERVICES.**

5 “(a) DEFINED.—As used in this title, the term ‘pre-
6 ventive care services’ means the following items and serv-
7 ices furnished in accordance with any applicable periodic-
8 ity schedule established under subsection (b):

9 “(1) Child preventive care, including—

10 “(A) routine office visits;

11 “(B) routine immunizations; and

12 “(C) routine laboratory tests.

13 “(2) Prenatal care, including care of all com-
14 plications of pregnancy.

15 “(3) Care of newborn infants, including attend-
16 ance at high-risk deliveries and normal newborn
17 care.

18 “(4) Family planning services.

19 “(5) Child abuse assessment.

20 “(6) Preventive dental care for children.

21 “(b) PERIODICITY SCHEDULES.—

22 “(1) PEDIATRIC CARE.—With respect to pre-
23 ventive care services furnished to children, the Sec-
24 retary shall establish a schedule of periodicity that
25 reflects the general, appropriate frequency with

1 which such care should be provided routinely to
2 healthy children. Such schedule shall be established
3 in consultation with the American Academy of Pedi-
4 atrics.

5 “(2) PRENATAL CARE.—With respect to preven-
6 tive care services for pregnant women, the Secretary
7 shall establish a schedule of periodicity that reflects
8 the appropriate frequency with which such care
9 should be provided to pregnant women, taking into
10 account age and other risk factors. Such schedule
11 shall be established in consultation with the Amer-
12 ican College of Obstetricians and Gynecologists.

13 “(c) NO APPLICATION OF DEDUCTIBLE OR COINSUR-
14 ANCE.—A qualified health plan may not impose
15 deductibles or coinsurance with respect to preventative
16 care services.

17 **“SEC. 2714. MAJOR MEDICAL SERVICES.**

18 “(a) DEFINED.—As used in this title, the term
19 ‘major medical services’ means the following items and
20 services (to the extent such items and services are not pre-
21 ventive care services, and subject to subsection (b)):

22 “(1) Inpatient and outpatient hospital services.

23 “(2) Physicians’ services.

24 “(3) Professional services of certified nurse
25 midwives, nurse practitioners, and other health pro-

1 professionals (to the extent authorized under applicable
2 State law).

3 “(4) Diagnostic tests (including laboratory
4 tests).

5 “(5) Ambulance services.

6 “(6) Short-term home health services.

7 “(7) Medical and surgical supplies and durable
8 medical equipment.

9 “(8) Corrective eyeglasses and lenses and hear-
10 ing aids.

11 “(9) prescription drugs, insulin, and medically
12 recommended nutritional supplements.

13 “(10) Acute dental care.

14 “(b) TREATMENT OF MENTAL HEALTH SERVICES,
15 SUBSTANCE ABUSE SERVICES, AND DEVELOPMENTAL
16 AND LEARNING DISABILITY SERVICES AS EXTENDED
17 MEDICAL SERVICES.—Major medical services do not in-
18 clude items and services for the treatment of mental ill-
19 ness, for the treatment of substance abuse, or for the
20 treatment of developmental and learning disabilities, but
21 shall include psychiatric services. Such services for such
22 treatment are included in the definition of extended medi-
23 cal services under section 2715.

24 “(c) APPLICATION OF DEDUCTIBLE AND COINSUR-
25 ANCE.—In accordance with sections 2721 and 2722, a

1 qualified health plan may impose deductibles and coinsur-
2 ance with respect to major medical services, subject to the
3 limitations specified in such sections.

4 **“SEC. 2715. EXTENDED MEDICAL SERVICES.**

5 “(a) DEFINED.—As used in this title, the term ‘ex-
6 tended medical services’ means the following items and
7 services (to the extent they are not preventive care serv-
8 ices, and subject to subsection (b)):

9 “(1) Items and services described in section
10 2714(a) for the treatment of mental illnesses con-
11 nected with substance abuse and for the treatment
12 of development and learning disabilities (other than
13 the educational component of such treatment).

14 “(2) Orthodontia (other than cosmetic ortho-
15 dontia).

16 “(3) Substance abuse services.

17 “(4) Speech, occupational, and physical ther-
18 apy.

19 “(5) Hospice care.

20 “(6) Respite care.

21 “(7) Short-term skilled nursing facility services.

22 “(8) Nutritional assessment and counseling.

23 “(b) PLAN OF CARE REQUIREMENT.—A qualified
24 health plan shall provide for coverage of extended medical
25 services only in accordance with a plan of care that—

1 “(1) is developed in cooperation with the at-
2 tending primary care physician; and

3 “(2) applies to all required health services.

4 “(c) APPLICATION OF DEDUCTIBLE AND COINSUR-
5 ANCE.—In accordance with sections 2721 and 2722, a
6 qualified health plan may impose a deductible and coinsur-
7 ance with respect to extended medical services, subject to
8 the limitations specified in such sections.

9 **“SEC. 2716. SCOPE OF COVERAGE.**

10 “(a) NO AMOUNT, DURATION OR SCOPE LIMITA-
11 TIONS.—A qualified health plan may not impose any limi-
12 tation on the amount, duration, or scope for required
13 health services.

14 “(b) CONSTRUCTION.—Subsection (a) shall not be
15 construed as requiring coverage of—

16 “(1) preventive care services in a frequency
17 greater than the frequency specified in the appro-
18 priate periodicity schedule established under this
19 title;

20 “(2) extended medical services which are not
21 specified in a plan of care under this title; or

22 “(3) major medical services or extended medical
23 services which are not reasonable and medically nec-
24 essary.

1 “(c) IN GENERAL.—Except as otherwise provided in
2 this section, section 1862 of the Social Security Act shall
3 apply to expenses incurred for items and services provided
4 under this title in the same manner as such section applies
5 to items and services provided under title XVIII of such
6 Act.

7 “(d) PREVENTIVE SERVICES.—In the case of preven-
8 tive services provided consistent with the applicable perio-
9 dicity schedule—

10 “(1) such services shall be considered to be rea-
11 sonable and medically necessary; and

12 “(2) shall not be subject to exclusion through
13 the operation of paragraph (1), (7), or (12) of sec-
14 tion 1862(a) of the Social Security Act (as incor-
15 porated under subsection (c)).

16 “(e) USE OF SAME NATIONAL COVERAGE DECISION
17 REVIEW PROCESS.—The provisions of section 1869(b)(3)
18 of the Social Security Act shall apply under this title in
19 the same manner as such provisions apply under title
20 XVIII of such Act. Any determination under such title
21 that, under subsection (a), would apply under this title
22 shall not be subject to review under this subsection.

1 **“PART C—PAYMENT FOR SERVICES**

2 **“SEC. 2721. APPLICATION OF DEDUCTIBLE.**

3 “(a) IN GENERAL.—Except as provided in this sec-
4 tion and section 2713, a qualified health plan may provide
5 for an annual deductible with respect to expenses for re-
6 quired health services of members of a family, not to ex-
7 ceed \$200 with respect to any family.

8 “(b) DEDUCTIBLE DOES NOT APPLY TO PREVEN-
9 TIVE CARE SERVICES OR OUTREACH AND OPTIONAL
10 SERVICES.—The deductible established under subsection
11 (a) may not be applied to preventive health services or to
12 services provided under subsection (b) or (c) of section
13 2712.

14 **“SEC. 2722. COINSURANCE FOR MAJOR MEDICAL SERVICES**
15 **AND EXTENDED MEDICAL SERVICES.**

16 “(a) COINSURANCE RATES.—Subject to subsection
17 (b), and section 2731, a qualified health plan may require
18 coinsurance with respect to payments for required health
19 services, in an amount not to exceed—

20 “(1) 20 percent of the costs involved with re-
21 spect to major medical services; and

22 “(2) 30 percent of the costs involved with re-
23 spect to extended medical services.

24 “(b) NO COINSURANCE FOR PREVENTIVE CARE
25 SERVICES OR OUTREACH AND OPTIONAL SERVICES.—
26 There shall be no coinsurance under this title in the case

1 of preventive care services provided consistent with any
2 applicable periodicity schedule or to services provided
3 under subsection (b) or (c) of section 2712.

4 **“SEC. 2723. LIMIT ON COST-SHARING FOR REQUIRED**
5 **HEALTH SERVICES.**

6 “Whenever in a calendar year the amount of
7 deductibles and coinsurance required for family members
8 with respect to required health services under a qualified
9 health plan that are furnished during the year exceeds 10
10 percent of family adjusted total income, but in no event
11 to exceed \$1,000 for an individual or \$3,000 per family,
12 payment of benefits under the plan for the family mem-
13 bers for required health services furnished during the re-
14 mainder of the year shall be paid without the application
15 of any coinsurance.

16 **“PART D—ASSISTANCE FOR LOW-INCOME**
17 **INDIVIDUALS**

18 **“SEC. 2731. ASSISTANCE FOR INDIVIDUALS.**

19 “(a) INDIVIDUALS WITH INCOME BELOW 133 PER-
20 CENT OF POVERTY LEVEL.—Except as otherwise provided
21 in this section, in the case of a child whose family adjusted
22 total income does not exceed 133 percent of the official
23 poverty line, the qualified health plan shall waive any de-
24 ductible or coinsurance under the plan for the individual
25 and the individual’s family.

1 “(b) PREGNANT WOMEN AND INFANTS BELOW 185
2 PERCENT OF POVERTY LEVEL.—In the case of a preg-
3 nant woman or child under 1 year of age whose family
4 adjusted total income does not exceed the percentage (es-
5 tablished by the State under section 1902(l)(2)(A)(i) of
6 the Social Security Act as of the date of the enactment
7 of this title) of the official poverty line, the qualified health
8 plan shall waive any deductible or coinsurance under the
9 plan for such individual.

10 “(c) INDIVIDUALS WITH INCOME BELOW 200 PER-
11 CENT OF POVERTY.—In the case of an individual not de-
12 scribed in subsection (a) or (b), and whose family adjusted
13 total income is less than 200 percent of the official poverty
14 line, the qualified health plan shall provide for reductions
15 in deductibles and coinsurance.

16 “(d) INDIVIDUALS WITH INCOME BELOW 400 PER-
17 CENT OF POVERTY.—In the case of an individual not de-
18 scribed in subsection (a) or (b), and whose family adjusted
19 total income is less than 400 percent of the official poverty
20 line, the qualified health plan shall provide for reductions
21 in premiums.

22 “(e) COMPENSATION FOR WAIVERS.—Qualified
23 health plans shall be compensated for waivers of
24 copayments and deductibles under this section.”.

25 (b) CONFORMING AMENDMENTS.—

1 (1) Sections 2701 through 2714 of the Public
2 Health Service Act (42 U.S.C. 300cc through
3 300cc–15) are redesignated as sections 2801
4 through 2814, respectively.

5 (2) Sections 465(f) and 497 of such Act (42
6 U.S.C. 286(f) and 289(f)) are amended by striking
7 out “2701” each place that such appears and insert-
8 ing in lieu thereof “2801”.

9 **SEC. 102. CONFORMING AMENDMENTS.**

10 (a) FEDERAL FINANCIAL PARTICIPATION FOR STATE
11 CONTRIBUTION TOWARD CHILDREN AND PREGNANT
12 WOMEN’S HEALTH SERVICES.—

13 (1) TRANSITION RULES.—The Secretary of
14 Health and Human Services shall, by regulation, de-
15 velop transition rules for ensuring that States that
16 are required under title XIX of the Social Security
17 Act to pay for medical services to certain children
18 shall continue to maintain their level of effort in
19 contributing to the cost of providing medical services
20 to children enrolled in qualified health plans pursu-
21 ant to title XXVII of the Public Health Service Act.

22 (2) PREMIUM.—Section 1905(a) of the Social
23 Security Act is amended—

24 (A) in paragraph (24), by striking the pe-
25 riod and inserting “; and”; and

1 (B) by adding after paragraph (24) the
2 following new paragraph:

3 “(25) paying the State’s share of any premium
4 to enroll a child or pregnant woman in a qualified
5 health plan pursuant to title XXVII of the Public
6 Health Service Act.”

7 (b) USE OF UNIFORM CLAIM FORMS.—The Secretary
8 of Health and Human Services shall develop (after con-
9 sultation with insurers) uniform claims forms for the sub-
10 mission of any claims for payment that may be required
11 by qualified health plans under the Children and Pregnant
12 Women’s Health Insurance Act of 1993.

13 (c) PREEMPTION OF CERTAIN STATE AND FEDERAL
14 REQUIREMENTS.—Effective on January 1, 1995, no State
15 shall establish or enforce any law or regulation that re-
16 quires the offering, as part of a qualified health plan with
17 respect to any pregnant woman or child, of any services,
18 category of care, or services of any class or type of pro-
19 vider that is less than the benefits required to be provided
20 pursuant to title XXVII of the Public Health Service Act.

1 **TITLE II—PEDIATRIC REP-**
2 **RESENTATION ON HEALTH**
3 **CARE REFORM BOARDS**

4 **SEC. 201. MEMBERSHIP OF HEALTH CARE REFORM**
5 **BOARDS.**

6 Any board or advisory panel that may be created
7 under State or Federal health care reform legislation for
8 purposes of reviewing fees, standards of care, outcomes
9 research or other matters affecting the quality of care pro-
10 vided to children and pregnant women, shall include rep-
11 resentation of pediatricians, family physicians, obstetri-
12 cians, and experts and advocates on maternal and child
13 health.

14 **TITLE III—EFFECTIVE DATE**

15 **SEC. 301. GENERAL EFFECTIVE DATE.**

16 This Act shall become effective on the date of enact-
17 ment of this Act regardless of whether regulations have
18 been promulgated by the Secretary of Health and Human
19 Services as required under title XXVII of the Public
20 Health Service Act.

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