

110TH CONGRESS
1ST SESSION

S. 1364

To amend titles XIX and XXI of the Social Security Act to extend the State Children’s Health Insurance Program (SCHIP) and streamline enrollment under SCHIP and Medicaid, and for other purposes.

IN THE SENATE OF THE UNITED STATES

MAY 10, 2007

Mr. DURBIN introduced the following bill; which was read twice and referred to the Committee on Finance

A BILL

To amend titles XIX and XXI of the Social Security Act to extend the State Children’s Health Insurance Program (SCHIP) and streamline enrollment under SCHIP and Medicaid, 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 “Healthy Kids Act of 2007”.

6 (b) TABLE OF CONTENTS.—The table of contents for
7 this Act is as follows:

Sec. 1. Short title; table of contents.

- Sec. 101. Extension of SCHIP program; increase in allotments to take into account growth in child population and health care costs.
- Sec. 102. 2-year initial availability of SCHIP allotments.
- Sec. 103. Redistribution of unused allotments to address State funding shortfalls.

TITLE II—STATE OPTIONS FOR INCREASING COVERAGE OF CHILDREN AND PREGNANT WOMEN UNDER MEDICAID AND SCHIP

- Sec. 201. Bonus payments for States that implement administrative policies to streamline enrollment process.
- Sec. 202. State option to provide for “express lane” and simplified determinations of a child’s financial eligibility for medical assistance under Medicaid or child health assistance under SCHIP.
- Sec. 203. Information technology connections to improve health coverage determinations.
- Sec. 204. State option to expand or add coverage of certain pregnant women under Medicaid and SCHIP.
- Sec. 205. Optional coverage of legal immigrants under Medicaid and SCHIP.
- Sec. 206. Authorizing adjustment of SCHIP allotment due to increased outreach.
- Sec. 207. Model of Interstate coordinated enrollment and coverage process.
- Sec. 208. Authority for qualifying States to use portion of SCHIP allotment for any fiscal year for certain Medicaid expenditures.
- Sec. 209. Application of Medicaid outreach procedures to all pregnant women and children.
- Sec. 210. No impact on section 1115 waivers.
- Sec. 211. Elimination of counting Medicaid child presumptive eligibility costs against title XXI allotment.
- Sec. 212. Prohibiting limitations on enrollment.

TITLE III—ELIMINATION OF CERTAIN BARRIERS TO COVERAGE

- Sec. 301. State option to require certain individuals to present satisfactory documentary evidence of proof of citizenship or nationality for purposes of eligibility for Medicaid.
- Sec. 302. Increased Federal matching rate for language services provided under Medicaid or SCHIP.

TITLE IV—GRANTS TO PROMOTE INNOVATIVE OUTREACH AND ENROLLMENT UNDER MEDICAID AND SCHIP

- Sec. 401. Grants to promote innovative outreach and enrollment under Medicaid and SCHIP.

TITLE V—IMPROVING THE QUALITY OF PEDIATRIC CARE

- Sec. 501. Requiring coverage of EPSDT services, including dental services, State option to provide supplemental coverage of dental services.
- Sec. 502. Pediatric quality and performance measures program.
- Sec. 503. Grants to States for demonstration projects transforming delivery of pediatric care.
- Sec. 504. Report by the comptroller general on design and implementation of a demonstration project evaluating existing quality and performance measures for children’s inpatient hospital services.
- Sec. 505. Medical home demonstration project.

Sec. 506. Disease prevention and treatment demonstration projects for ethnic and racial minority children.

TITLE VI—COMMISSION ON CHILDREN’S HEALTH COVERAGE

Sec. 601. Commission on Children’s Health Coverage.

1 **TITLE I—EXTENSION OF SCHIP**

2 **SEC. 101. EXTENSION OF SCHIP PROGRAM; INCREASE IN**
 3 **ALLOTMENTS TO TAKE INTO ACCOUNT**
 4 **GROWTH IN CHILD POPULATION AND**
 5 **HEALTH CARE COSTS.**

6 (a) IN GENERAL.—Section 2104 of the Social Secu-
 7 rity Act (42 U.S.C. 1397dd) is amended—

8 (1) in subsection (a)—

9 (A) by striking “and” at the end of para-
 10 graph (9);

11 (B) by striking the period at the end of
 12 paragraph (10) and inserting “; and”; and

13 (C) by adding at the end the following new
 14 paragraph:

15 “(11) for each fiscal year 2008 and each subse-
 16 quent fiscal year, \$7,500,000,000 multiplied by the
 17 population and cost inflation factor for that fiscal
 18 year, as determined under subsection (i).”;

19 (2) by adding at the end the following new sub-
 20 section:

21 “(i) POPULATION AND COST INFLATION FACTOR.—

22 For purposes of subsection (a)(11), the population and

1 cost inflation factor for a fiscal year is equal to the prod-
2 uct of the following:

3 “(1) CHILD POPULATION GROWTH FACTOR.—

4 One plus the percentage increase in the population
5 of children under 20 years of age in the United
6 States from July 1, 2007, to July 1 during the fiscal
7 year involved, as projected by the Secretary based on
8 the most recent published estimates of the Bureau
9 of the Census before the beginning of the fiscal year
10 involved.

11 “(2) PER CAPITA HEALTH CARE GROWTH FAC-

12 TOR.—One plus the percentage increase in the pro-
13 jected per capita amount of National Health Ex-
14 penditures from fiscal year 2007 to the fiscal year
15 involved, as most recently published by the Secretary
16 before the beginning of the fiscal year involved.”

17 (b) ADDITIONAL ALLOTMENTS TO TERRITORIES.—

18 Section 2104(c)(4)(B) of such Act (42 U.S.C.
19 1397dd(c)(4)(B)) is amended by striking “and
20 \$40,000,000 for fiscal year 2007” and inserting
21 “\$40,000,000 for fiscal year 2007, and for each of fiscal
22 years 2008 through 2017, the amount appropriated under
23 this subparagraph for the preceding fiscal year increased
24 by the population and cost inflation factor for that fiscal
25 year, as determined under subsection (i)”.

1 **SEC. 102. 2-YEAR INITIAL AVAILABILITY OF SCHIP ALLOT-**
2 **MENTS.**

3 Section 2104(e) of the Social Security Act (42 U.S.C.
4 1397dd(e)) is amended to read as follows:

5 “(e) AVAILABILITY OF AMOUNTS ALLOTTED.—

6 “(1) IN GENERAL.—Except as provided in para-
7 graphs (2) and (3), amounts allotted to a State pur-
8 suant to this section—

9 “(A) for each of fiscal years 1998 through
10 2007, shall remain available for expenditure by
11 the State through the end of the second suc-
12 ceeding fiscal year; and

13 “(B) for fiscal year 2008 and each fiscal
14 year thereafter, shall remain available for ex-
15 penditure by the State through the end of the
16 succeeding fiscal year.

17 “(2) AVAILABILITY OF AMOUNTS REALLOT-
18 TED.—Subject to paragraph (3), amounts reallocated
19 to a State under subsection (f) shall be available for
20 expenditure by the State through the end of the fis-
21 cal year in which they are reallocated.

22 “(3) PERMANENT AVAILABILITY OF UNUSED
23 FUNDS.—Reallocated funds that are not used by the
24 end of the fiscal year described in paragraph (2)
25 shall be subject to reallocation under subsection (f)
26 in subsequent fiscal years subject to such paragraph

1 and shall remain available for subsequent reallocot-
2 ment until expended.”.

3 **SEC. 103. REDISTRIBUTION OF UNUSED ALLOTMENTS TO**
4 **ADDRESS STATE FUNDING SHORTFALLS.**

5 Section 2104(f) of the Social Security Act (42 U.S.C.
6 1397dd(f)) is amended—

7 (1) by striking “The Secretary” and inserting
8 the following:

9 “(1) IN GENERAL.—The Secretary”;

10 (2) by striking “States that have fully expended
11 the amount of their allotments under this section”
12 and inserting “States that the Secretary determines
13 with respect to the fiscal year for which unused al-
14 lotments are available for redistribution under this
15 subsection, are shortfall States described in para-
16 graph (2) for such fiscal year”; and

17 (3) by adding at the end the following new
18 paragraph:

19 “(2) SHORTFALL STATES DESCRIBED.—

20 “(A) IN GENERAL.—For purposes of para-
21 graph (1), with respect to a fiscal year, a short-
22 fall State described in this subparagraph is a
23 State with a State child health plan approved
24 under this title for which the Secretary esti-
25 mates on the basis of the most recent data

1 available to the Secretary, that the projected ex-
2 penditures under such plan for the State for the
3 fiscal year will exceed the sum of—

4 “(i) the amount of the State’s allot-
5 ments for any preceding fiscal years that
6 remain available for expenditure and that
7 will not be expended by the end of the im-
8 mediately preceding fiscal year; and

9 “(ii) the amount of the State’s allot-
10 ment for the fiscal year (taking into ac-
11 count any increase made in such allotment
12 under section 2104(j), as added by section
13 205(a) of the Healthy Kids Act of 2007).

14 “(B) PRORATION RULE.—If the amounts
15 available for redistribution under paragraph (1)
16 for a fiscal year are less than the total amounts
17 of the estimated shortfalls determined for the
18 year under subparagraph (A), the amount to be
19 reallocated under such paragraph for each short-
20 fall State shall be reduced proportionally.

21 “(C) RETROSPECTIVE ADJUSTMENT.—The
22 Secretary may adjust the estimates and deter-
23 minations made under paragraph (1) and this
24 paragraph with respect to a fiscal year as nec-
25 essary on the basis of the amounts reported by

1 States not later than November 30 of the suc-
 2 ceeding fiscal year, as approved by the Sec-
 3 retary.”.

4 **TITLE II—STATE OPTIONS FOR**
 5 **INCREASING COVERAGE OF**
 6 **CHILDREN AND PREGNANT**
 7 **WOMEN UNDER MEDICAID**
 8 **AND SCHIP**

9 **SEC. 201. BONUS PAYMENTS FOR STATES THAT IMPLE-**
 10 **MENT ADMINISTRATIVE POLICIES TO**
 11 **STREAMLINE ENROLLMENT PROCESS.**

12 (a) BONUS IN FMAP AND ENHANCED FMAP FOR
 13 APPLICATION OF STREAMLINE ENROLLMENT PROCE-
 14 DURES UNDER MEDICAID AND SCHIP.—Section 2102 of
 15 the Social Security Act (42 U.S.C. 1397bb) is amended
 16 by adding at the end the following new subsection:

17 “(d) STREAMLINE ENROLLMENT PROCEDURES.—

18 “(1) INCREASE IN FEDERAL MATCHING
 19 RATE.—

20 “(A) IN GENERAL.—In the case of a State
 21 that meets the conditions described in subpara-
 22 graph (B) (relating to agreeing to implement
 23 administrative enrollment policies under this
 24 title and title XIX) for a fiscal year, the Fed-
 25 eral medical assistance percentage (for purposes

1 of title XIX only) and the enhanced FMAP (for
2 purposes of this title, but determined without
3 regard to the application of this subsection to
4 the Federal medical assistance percentage
5 under title XIX) otherwise computed for such
6 fiscal year as applied to medical assistance for
7 children and child health assistance, respec-
8 tively, shall be increased by such number of
9 percentage points as the Secretary determines
10 is necessary to provide an incentive for the
11 State to satisfy the conditions described in sub-
12 paragraph (B) (but not to exceed such number
13 of percentage points that would result in a Fed-
14 eral medical assistance percentage or enhanced
15 FMAP for the State that would exceed 83 or
16 85 percent, respectively).

17 “(B) AGREEING TO REMOVE ENROLLMENT
18 AND ACCESS BARRIERS.—The conditions de-
19 scribed in this subparagraph, for a State for a
20 fiscal year are that the State agrees to do the
21 following:

22 “(i) PRESUMPTIVE ELIGIBILITY FOR
23 CHILDREN.—The State agrees—

24 “(I) to provide presumptive eligi-
25 bility for children under this title and

1 title XIX in accordance with section
2 1920A; and

3 “(II) to treat any items or serv-
4 ices that are provided to an uncovered
5 child (as defined in section
6 2110(c)(8)) who is determined ineli-
7 gible for medical assistance under title
8 XIX as child health assistance for
9 purposes of paying a provider of such
10 items or services, so long as such
11 items or services would be considered
12 child health assistance for a targeted
13 low-income child under this title.

14 “(ii) 12-MONTH CONTINUOUS ELIGI-
15 BILITY.—The State agrees to provide that
16 eligibility of children for assistance under
17 this title and title XIX shall not be regu-
18 larly redetermined more often than once
19 every year.

20 “(iii) AUTOMATIC RENEWAL.—The
21 State agrees to provide for the automatic
22 renewal of the eligibility of children for as-
23 sistance under this title and under title
24 XIX if the child’s family does not report
25 any changes to family income or other rel-

1 evant circumstances, subject to verification
2 of information from databases available to
3 the State for such purpose.

4 “(iv) ELIMINATION OF ASSET TEST.—
5 The State has amended its plans under
6 this title and title XIX so that no asset or
7 resource test is applied for eligibility under
8 this title or title XIX with respect to chil-
9 dren.

10 “(v) ADMINISTRATIVE VERIFICATION
11 OF INCOME.—The State agrees to permit
12 the family of a child applying for child
13 health assistance under this title or med-
14 ical assistance under title XIX to declare
15 and certify, by signature under penalty of
16 perjury, the family income for purposes of
17 collecting financial eligibility information.”.

18 (b) CONFORMING MEDICAID AMENDMENTS.—

19 (1) IN GENERAL.—Section 1905(b) of the So-
20 cial Security Act (42 U.S.C. 1396d(b)) is amended
21 by inserting “and section 2102(d)(1)” after “section
22 1933(d)”.

23 (2) INCREASE IN MEDICAID CAP FOR TERRI-
24 TORIES.—Section 1108(g) of such Act (42 U.S.C.
25 1308(g)) is amended—

1 (A) in paragraph (2), by striking “para-
 2 graph (3)” and inserting “paragraphs (3) and
 3 (4)”; and

4 (B) by adding at the end the following new
 5 paragraph:

6 “(4) DISREGARD OF INCREASED EXPENDI-
 7 TURES DIRECTLY ATTRIBUTABLE TO INCREASE IN
 8 FMAP FOR APPLICATION OF STREAMLINED ENROLL-
 9 MENT PROCEDURES.—The limitation of paragraph
 10 (2) shall not apply to payment under title XIX to a
 11 territory insofar as such payment is attributable to
 12 an increase in the Federal medical assistance per-
 13 centage under subparagraph (A) of section
 14 2102(d)(1).”.

15 (c) EFFECTIVE DATE.—The amendments made by
 16 this section shall apply beginning with fiscal year 2007.

17 **SEC. 202. STATE OPTION TO PROVIDE FOR “EXPRESS LANE”**
 18 **AND SIMPLIFIED DETERMINATIONS OF A**
 19 **CHILD’S FINANCIAL ELIGIBILITY FOR MED-**
 20 **ICAL ASSISTANCE UNDER MEDICAID OR**
 21 **CHILD HEALTH ASSISTANCE UNDER SCHIP.**

22 (a) MEDICAID.—Section 1902(e) of the Social Secu-
 23 rity Act (42 U.S.C. 1396a(e)) is amended by adding at
 24 the end the following:

1 “(13)(A) At the option of the State, the plan may
2 provide that eligibility requirements (including such re-
3 quirements applicable to redeterminations or renewals of
4 eligibility) for medical assistance relating to income, assets
5 (or resources), or citizenship status are met for a child
6 who is under an age specified by the State (not to exceed
7 21 years of age) by using a determination made within
8 a reasonable period (as determined by the State) before
9 its use for this purpose, of the child’s family or household
10 income, or if applicable for purposes of determining eligi-
11 bility under this title or title XXI, assets or resources, or
12 citizenship status, respectively, (notwithstanding any other
13 provision of law, including sections 1902(a)(46)(B),
14 1903(x), and 1137(d)), by a Federal or State agency, or
15 a public or private entity making such determination on
16 behalf of such agency, specified by the plan, including an
17 agency administering the State program funded under
18 part A of title IV, the Food Stamp Act of 1977, the Rich-
19 ard B. Russell National School Lunch Act, or the Child
20 Nutrition Act of 1966, notwithstanding any differences in
21 budget unit, disregard, deeming, or other methodology,
22 but only if—
23 “(i) the agency has fiscal liabilities or respon-
24 sibilities affected by such determination; and

1 “(ii) the agency or entity notifies the child’s
2 family—

3 “(I) of the information which shall be dis-
4 closed in accordance with this subparagraph;

5 “(II) that the information disclosed will be
6 used solely for purposes of determining eligi-
7 bility for medical assistance under this title or
8 for child health assistance under title XXI; and

9 “(III) that interagency agreements limit
10 the use of such information to that purpose;
11 and

12 “(iii) the requirements of section 1939 are sat-
13 isfied.

14 “(B) Nothing in this paragraph shall be construed
15 to relieve a State of the obligation to determine, on an-
16 other basis, eligibility for medical assistance under this
17 title or for child health assistance under title XXI if a
18 child is determined ineligible for such assistance on the
19 basis of information furnished pursuant to this paragraph.

20 “(C) If a State applies the eligibility process de-
21 scribed in subparagraph (A) to individuals eligible under
22 this title and to individuals eligible under title XXI, the
23 State may, at its option, implement its duties under sub-
24 paragraphs (A) and (B) of section 2102(b)(3) using either
25 or both of the following approaches:

1 “(i) The State may—

2 “(I) establish a threshold percentage of the
3 Federal poverty level (that shall exceed the in-
4 come eligibility level applicable for a population
5 of individuals under this title by 30 percentage
6 points (as a fraction of the Federal poverty
7 level) or such other higher number of percent-
8 age points as the State determines reflects the
9 typical application of income methodologies by
10 the non-health program and the State plan
11 under this title); and

12 “(II) provide that, with respect to any in-
13 dividual within such population whom a non-
14 health agency determines has income that does
15 not exceed such threshold percentage for such
16 population, such individual is eligible for med-
17 ical assistance under this title (regardless of
18 whether such individual would otherwise be de-
19 termined to be eligible to receive such assist-
20 ance).

21 In exercising the approach under this clause, a State
22 shall inform families whose children are enrolled in
23 a State child health plan under title XXI based on
24 having family income above the threshold described
25 in subclause (I) that they may qualify for medical

1 assistance under this title and, at their option, can
2 seek a regular eligibility determination for such as-
3 sistance for their child.

4 “(ii) Regardless of whether a State otherwise
5 provides for presumptive eligibility under section
6 1920A, a State may provide presumptive eligibility
7 under this title, consistent with subsection (e) of sec-
8 tion 1920A, to a child who, based on a determina-
9 tion by a non-health agency, would qualify for child
10 health assistance under a State child health plan
11 under title XXI. During such presumptive eligibility
12 period, the State may determine the child’s eligibility
13 for medical assistance under this title, pursuant to
14 subparagraph (A) of section 2102(b)(3), based on
15 telephone contact with family members, access to
16 data available in electronic or paper form, and other
17 means of gathering information that are less bur-
18 densome to the family than completing an applica-
19 tion form on behalf of the child. The procedures de-
20 scribed in the previous sentence may be used regard-
21 less of whether the State uses similar procedures
22 under other circumstances for purposes of deter-
23 mining eligibility for medical assistance under this
24 title.

1 “(D) At the option of a State, the eligibility process
2 described in subparagraph (A) may apply to an individual
3 who is not a child.

4 “(E)(i) At the option of a State, an individual deter-
5 mined to be eligible for medical assistance or child health
6 assistance pursuant to subparagraph (A), (C), or (D) or
7 other procedures through which eligibility is determined
8 based on data obtained from sources other than the indi-
9 vidual may receive medical assistance under this title if
10 such individual (or, in the case of an individual under age
11 19 (or if the State elects the option under subparagraph
12 (A), age 20 or 21) who is not authorized to consent to
13 medical care, the individual’s parent, guardian, or other
14 caretaker relative) has acknowledged notice of such deter-
15 mination and has consented to such eligibility determina-
16 tion. The State (at its option) may waive any otherwise
17 applicable requirements for signatures by or on behalf of
18 an individual who has so consented.

19 “(ii) In the case of an individual enrolled pursuant
20 to clause (i), the State shall inform the individual (or, in
21 the case of an individual under age 19 (or if the State
22 elects the option under subparagraph (A), age 20 or 21),
23 the individual’s parent, guardian, or other caretaker rel-
24 ative) about the significance of such enrollment, including
25 appropriate methods to access covered services.

1 “(F) For purposes of this paragraph—

2 “(i) the term ‘non-health agency’ means an
3 agency or entity described in subparagraph (A); and

4 “(ii) the term ‘non-health benefits’ means the
5 benefits or assistance provided by a non-health agen-
6 cy.”.

7 (b) SCHIP.—Section 2107(e)(1) of such Act (42
8 U.S.C. 1397gg(e)(1)) is amended by redesignating sub-
9 paragraphs (B) through (E) as subparagraphs (C)
10 through (F) and by inserting after subparagraph (B) the
11 following new subparagraph:

12 “(C) Section 1902(e)(13) (relating to the
13 State option to base a determination of a child’s
14 eligibility for assistance on determinations made
15 by a program providing nutrition or other pub-
16 lic assistance (except that the State option
17 under subparagraph (D) of such section shall
18 apply under this title only if an individual is
19 pregnant)).”.

20 (c) PRESUMPTIVE ELIGIBILITY.—Section 1920A of
21 such Act (42 U.S.C. 1396r-1a) is amended—

22 (1) in subsection (b)(3)(A)(i), is amended by
23 striking “or (IV)” and inserting “(IV) is an agency
24 or entity described in section 1902(e)(13)(A), or
25 (V)”; and

1 (2) by adding at the end the following:

2 “(e) In the case of a State with a child health plan
3 under title XXI that provides for presumptive eligibility
4 under such plan for children, the State shall make a rea-
5 sonable effort to place each presumptively eligible child in
6 the program under this title or title XXI for which the
7 child appears most likely to qualify. During the child’s pe-
8 riod of presumptive eligibility, the State shall receive Fed-
9 eral matching funds under section 1903 or section 2105,
10 depending on the program in which the child has been
11 placed. If at the conclusion of such period, the child is
12 found to qualify for, and is enrolled in, the program estab-
13 lished under this title or title XXI when the child was en-
14 rolled in the program under the other such title during
15 such period, the State’s receipt of Federal matching funds
16 shall be adjusted both retroactively and prospectively so
17 that Federal matching funds are provided, both during
18 and following such period of presumptive eligibility, based
19 on the program in which the child is enrolled.”.

20 (d) SIGNATURE REQUIREMENTS.—Section 1902(a)
21 of such Act (42 U.S.C. 1396a(a)) is amended by adding
22 at the end the following: “Notwithstanding any other pro-
23 vision of law, a signature under penalty of perjury shall
24 not be required on an application form for medical assist-
25 ance as to any element of eligibility for which eligibility

1 is based on information received from a source other than
 2 applicant, rather than on representations from the appli-
 3 cant. Notwithstanding any other provision of law, any sig-
 4 nature requirement for an application for medical assist-
 5 ance may be satisfied through an electronic signature, as
 6 defined in section 1710(1) of the Government Paperwork
 7 Elimination Act (44 U.S.C. 3504 note).”.

8 **SEC. 203. INFORMATION TECHNOLOGY CONNECTIONS TO**
 9 **IMPROVE HEALTH COVERAGE DETERMINA-**
 10 **TIONS.**

11 (a) ENHANCED FEDERAL FUNDING FOR IMPROVE-
 12 MENTS RELATED TO IMPLEMENTATION OF CERTAIN
 13 MODEL OUTREACH AND ENROLLMENT PRACTICES.—

14 (1) IN GENERAL.—Section 1903(a)(3)(A) of the
 15 Social Security Act (42 U.S.C. 1396b(a)(3)(A)) is
 16 amended—

17 (A) by striking “and” at the end of clause
 18 (i); and

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

21 “(iii) 75 percent of so much of the sums
 22 expended during such quarter as are attrib-
 23 utable to the design, development, or installa-
 24 tion of such mechanized claims processing and
 25 information retrieval systems and the imple-

1 mentation of administrative systems and proc-
2 esses (including modification of eligibility com-
3 puter systems to permit the exchange of elec-
4 tronic information with other Federal or State
5 programs) as the Secretary determines are di-
6 rectly related to the implementation of a model
7 outreach and enrollment practice described in
8 subparagraph (B), (C), (D), (E), or (F) of sec-
9 tion 1905(y)(3), and”.

10 (2) CONFORMING AMENDMENT TO ENSURE
11 AVAILABILITY FOR TERRITORIES.—Section 1108(g)
12 of such Act (42 U.S.C. 1308(g)), as amended by
13 section 201(b)(2)(B), is amended—

14 (A) in paragraph (2), by striking “and
15 (4)” and inserting “, (4), and (5)”; and

16 (B) by adding at the end the following new
17 paragraph:

18 “(5) ADDITIONAL INCREASE FOR CERTAIN EX-
19 PENDITURES.—With respect to fiscal year 2008 and
20 each fiscal year thereafter, if Puerto Rico, the Virgin
21 Islands, Guam, the Northern Mariana Islands, or
22 American Samoa qualify for a payment under sec-
23 tion 1903(a)(3)(A)(iii) for a calendar quarter of
24 such fiscal year, the additional Federal financial par-
25 ticipation under such section shall not be counted to-

1 wards the limitation on expenditures under title XIX
 2 for such commonwealth or territory otherwise deter-
 3 mined under subsection (f) and this subsection for
 4 such fiscal year.”.

5 (b) AUTHORIZATION OF INFORMATION DISCLO-
 6 SURE.—

7 (1) IN GENERAL.—Title XIX of such Act (42
 8 U.S.C. 1396 et seq.) is amended—

9 (A) by redesignating section 1939 as sec-
 10 tion 1940; and

11 (B) by inserting after section 1938 the fol-
 12 lowing:

13 “AUTHORIZATION TO RECEIVE PERTINENT INFORMATION

14 “SEC. 1939. (a) IN GENERAL.—Notwithstanding any
 15 other provision of law, a Federal or State agency or pri-
 16 vate entity in possession of the sources of data potentially
 17 pertinent to eligibility determinations under this title or
 18 title XXI (including eligibility files maintained by pro-
 19 grams described in section 1902(e)(13)(A), information
 20 described in paragraph (2) or (3) of section 1137(a), vital
 21 records information about births in any State, and infor-
 22 mation described in sections 453(i) and 1902(a)(25)(I))
 23 is authorized to convey such data or information to a State
 24 agency administering a State plan under this title or title
 25 XXI, if—

1 “(1) such data or information are used only to
2 establish or verify eligibility or provide coverage
3 under this title or title XXI; and

4 “(2) an interagency or other agreement, con-
5 sistent with standards developed by the Secretary,
6 prevents the unauthorized use, disclosure, or modi-
7 fication of such data and otherwise meets applicable
8 Federal requirements safeguarding privacy and data
9 security.

10 “(b) REQUIREMENTS FOR CONVEYANCE.—Data or
11 information may be conveyed pursuant to this section only
12 if the following requirements are met:

13 “(1) The individual whose circumstances are
14 described in the data or information (or such indi-
15 vidual’s parent, guardian, caretaker relative, or au-
16 thorized representative) has either provided advance
17 consent to disclosure or has not objected to disclo-
18 sure after receiving advance notice of disclosure and
19 a reasonable opportunity to object.

20 “(2) Such data or information are used solely
21 for the purposes of—

22 “(A) identifying individuals who are eligi-
23 ble or potentially eligible for assistance under
24 this title or title XXI and enrolling such indi-

1 individuals in the State plans established under
2 such titles; and

3 “(B) verifying the eligibility of individuals
4 for assistance under the State plans established
5 under this title or title XXI.

6 “(3) An interagency or other agreement, con-
7 sistent with standards developed by the Secretary—

8 “(A) prevents the unauthorized use, disclo-
9 sure, or modification of such data and other-
10 wise meets applicable Federal requirements
11 safeguarding privacy and data security; and

12 “(B) requires the State agencies admin-
13 istering the State plans established under this
14 title and title XXI to use the data and informa-
15 tion obtained under this section to seek to en-
16 roll individuals in such plans.

17 “(c) CRIMINAL PENALTY.—A person described in the
18 subsection (a) who publishes, divulges, discloses, or makes
19 known in any manner, or to any extent not authorized by
20 Federal law, any information obtained under this section
21 shall be fined not more than \$1,000 or imprisoned not
22 more than 1 year, or both for each such unauthorized ac-
23 tivity.

24 “(d) RULE OF CONSTRUCTION.—The limitations and
25 requirements that apply to disclosure pursuant to this sec-

1 tion shall not be construed to prohibit the conveyance or
2 disclosure of data or information otherwise permitted
3 under Federal law (without regard to this section).”.

4 (2) CONFORMING AMENDMENT TO ASSURE AC-
5 CESS TO NATIONAL NEW HIRES DATABASE.—Section
6 453(i)(1) of such Act (42 U.S.C. 653(i)(1)) is
7 amended by striking “and programs funded under
8 part A” and inserting “, programs funded under
9 part A, and State plans approved under title XIX or
10 XXI”.

11 (3) CONFORMING AMENDMENT TO PROVIDE
12 SCHIP PROGRAMS WITH ACCESS TO NATIONAL IN-
13 COME DATA.—Section 6103(l)(7)(D)(ii) of the Inter-
14 nal Revenue Code of 1986 is amended by inserting
15 “or title XXI” after “title XIX”.

16 (4) CONFORMING AMENDMENT TO PROVIDE AC-
17 CESS TO DATA ABOUT ENROLLMENT IN INSURANCE
18 FOR PURPOSES OF EVALUATING APPLICATIONS AND
19 FOR SCHIP.—Section 1902(a)(25)(I)(i) of the Social
20 Security Act (42 U.S.C. 1396a(a)(25)(I)(i)) is
21 amended—

22 (A) by inserting “(and, at State option, in-
23 dividuals who are potentially eligible or who
24 apply)” after “with respect to individuals who
25 are eligible”; and

1 (B) by inserting “under this title (and, at
 2 State option, child health assistance under title
 3 XXI)” after “the State plan”.

4 **SEC. 204. STATE OPTION TO EXPAND OR ADD COVERAGE**
 5 **OF CERTAIN PREGNANT WOMEN UNDER MED-**
 6 **ICAID AND SCHIP.**

7 (a) MEDICAID.—

8 (1) AUTHORITY TO EXPAND COVERAGE.—Sec-
 9 tion 1902(l)(2)(A)(i) of the Social Security Act (42
 10 U.S.C. 1396a(l)(2)(A)(i)) is amended by inserting
 11 “(or such higher percentage as the State may elect
 12 for purposes of expenditures for medical assistance
 13 for pregnant women described in section
 14 1905(u)(4)(A))” after “185 percent”.

15 (2) ENHANCED MATCHING FUNDS AVAILABLE
 16 IF CERTAIN CONDITIONS MET.—Section 1905 of
 17 such Act (42 U.S.C. 1396d) is amended—

18 (A) in the fourth sentence of subsection
 19 (b), by striking “or subsection (u)(3)” and in-
 20 serting “, (u)(3), or (u)(4)”; and

21 (B) in subsection (u)—

22 (i) by redesignating paragraph (4) as
 23 paragraph (5); and

24 (ii) by inserting after paragraph (3)
 25 the following new paragraph:

1 “(4) For purposes of the fourth sentence of sub-
2 section (b) and section 2105(a), the expenditures de-
3 scribed in this paragraph are the following:

4 “(A) CERTAIN PREGNANT WOMEN.—If the con-
5 ditions described in subparagraph (B) are met, ex-
6 penditures for medical assistance for pregnant
7 women described in subsection (n) or in section
8 1902(l)(1)(A) in a family the income of which ex-
9 ceeds 185 percent of the poverty line, but does not
10 exceed the income eligibility level established under
11 title XXI for a targeted low-income child.

12 “(B) CONDITIONS.—The conditions described
13 in this subparagraph are the following:

14 “(i) The State plans under this title and
15 title XXI do not provide coverage for pregnant
16 women described in subparagraph (A) with
17 higher family income without covering such
18 pregnant women with a lower family income.

19 “(ii) The State does not apply an effective
20 income level for pregnant women that is lower
21 than the effective income level (expressed as a
22 percent of the poverty line and considering ap-
23 plicable income disregards) specified under the
24 State plan under subsection (a)(10)(A)(i)(III)
25 or (l)(2)(A) of section 1902, on the date of en-

1 actment of this paragraph to be eligible for
2 medical assistance as a pregnant woman.

3 “(C) DEFINITION OF POVERTY LINE.—In this
4 subsection, the term ‘poverty line’ has the meaning
5 given such term in section 2110(e)(5).”.

6 (3) PAYMENT FROM TITLE XXI ALLOTMENT
7 FOR MEDICAID EXPANSION COSTS.—Section
8 2105(a)(1) of such Act (42 U.S.C. 1397ee(a)(1)), as
9 amended by section 211, is amended by striking sub-
10 paragraph (B) and inserting the following new sub-
11 paragraph:

12 “(B) for the portion of the payments made
13 for expenditures described in section
14 1905(u)(4)(A) that represents the additional
15 amount paid for such expenditures as a result
16 of the enhanced FMAP being substituted for
17 the Federal medical assistance percentage of
18 such expenditures;”.

19 (b) CHIP.—

20 (1) COVERAGE.—Title XXI of such Act(42
21 U.S.C. 1397aa et seq.) is amended by adding at the
22 end the following new section:

1 **“SEC. 2111. OPTIONAL COVERAGE OF TARGETED LOW-IN-**
 2 **COME PREGNANT WOMEN.**

3 “(a) **OPTIONAL COVERAGE.**—Notwithstanding any
 4 other provision of this title, a State may provide for cov-
 5 erage, through an amendment to its State child health
 6 plan under section 2102, of pregnancy-related assistance
 7 for targeted low-income pregnant women in accordance
 8 with this section, but only if—

9 “(1) the State has established an income eligi-
 10 bility level for pregnant women under subsection
 11 (a)(10)(A)(i)(III) or (1)(2)(A) of section 1902 that is
 12 at least 185 percent of the income official poverty
 13 line; and

14 “(2) the State meets the conditions described in
 15 section 1905(u)(4)(B).

16 “(b) **DEFINITIONS.**—For purposes of this title:

17 “(1) **PREGNANCY-RELATED ASSISTANCE.**—The
 18 term ‘pregnancy-related assistance’ has the meaning
 19 given the term ‘child health assistance’ in section
 20 2110(a) as if any reference to targeted low-income
 21 children were a reference to targeted low-income
 22 pregnant women.

23 “(2) **TARGETED LOW-INCOME PREGNANT**
 24 **WOMAN.**—The term ‘targeted low-income pregnant
 25 woman’ means a woman—

1 “(A) during pregnancy and through the
2 end of the month in which the 60-day period
3 (beginning on the last day of her pregnancy)
4 ends;

5 “(B) whose family income exceeds the ef-
6 fective income level (expressed as a percent of
7 the poverty line and considering applicable in-
8 come disregards) specified under subsection
9 (a)(10)(A)(i)(III) or (l)(2)(A) of section 1902,
10 on January 1, 2008, to be eligible for medical
11 assistance as a pregnant woman under title
12 XIX but does not exceed the income eligibility
13 level established under the State child health
14 plan under this title for a targeted low-income
15 child; and

16 “(C) who satisfies the requirements of
17 paragraphs (1)(A), (1)(C), (2), and (3) of sec-
18 tion 2110(b) in the same manner as a child ap-
19 plying for child health assistance would have to
20 satisfy such requirements.

21 “(c) REFERENCES TO TERMS AND SPECIAL
22 RULES.—In the case of, and with respect to, a State pro-
23 viding for coverage of pregnancy-related assistance to tar-
24 geted low-income pregnant women under subsection (a),
25 the following special rules apply:

1 “(1) Any reference in this title (other than in
2 subsection (b)) to a targeted low-income child is
3 deemed to include a reference to a targeted low-in-
4 come pregnant woman.

5 “(2) Any such reference to child health assist-
6 ance with respect to such women is deemed a ref-
7 erence to pregnancy-related assistance.

8 “(3) Any such reference to a child is deemed a
9 reference to a woman during pregnancy and the pe-
10 riod described in subsection (b)(2)(A).

11 “(4) In applying section 2102(b)(3)(B), any
12 reference to children found through screening to be
13 eligible for medical assistance under the State Med-
14 icaid plan under title XIX is deemed a reference to
15 pregnant women.

16 “(5) There shall be no exclusion of benefits for
17 services described in subsection (b)(1) based on any
18 preexisting condition and no waiting period (includ-
19 ing any waiting period imposed to carry out section
20 2102(b)(3)(C)) shall apply.

21 “(6) In applying section 2103(e)(3)(B) in the
22 case of a pregnant woman provided coverage under
23 this section, the limitation on total annual aggregate
24 cost sharing shall be applied to such pregnant
25 woman.

1 “(7) The reference in section 2107(e)(1)(F) to
2 section 1920A (relating to presumptive eligibility for
3 children) is deemed a reference to section 1920 (re-
4 lating to presumptive eligibility for pregnant
5 women).

6 “(d) AUTOMATIC ENROLLMENT FOR CHILDREN
7 BORN TO WOMEN RECEIVING PREGNANCY-RELATED AS-
8 SISTANCE.—If a child is born to a targeted low-income
9 pregnant woman who was receiving pregnancy-related as-
10 sistance under this section on the date of the child’s birth,
11 the child shall be deemed to have applied for child health
12 assistance under the State child health plan and to have
13 been found eligible for such assistance under such plan
14 or to have applied for medical assistance under title XIX
15 and to have been found eligible for such assistance under
16 such title, as appropriate, on the date of such birth and
17 to remain eligible for such assistance until the child at-
18 tains 1 year of age. During the period in which a child
19 is deemed under the preceding sentence to be eligible for
20 child health or medical assistance, the child health or med-
21 ical assistance eligibility identification number of the
22 mother shall also serve as the identification number of the
23 child, and all claims shall be submitted and paid under
24 such number (unless the State issues a separate identifica-
25 tion number for the child before such period expires).”.

1 (2) ADDITIONAL CONFORMING AMENDMENTS.—

2 (A) NO COST SHARING FOR PREGNANCY-
3 RELATED BENEFITS.—Section 2103(e)(2) (42
4 U.S.C. 1397cc(e)(2)) is amended—

5 (i) in the heading, by inserting “OR
6 PREGNANCY-RELATED SERVICES” after
7 “PREVENTIVE SERVICES”; and

8 (ii) by inserting before the period at
9 the end the following: “or for pregnancy-
10 related services”.

11 (B) NO WAITING PERIOD.—Section
12 2102(b)(1)(B) (42 U.S.C. 1397bb(b)(1)(B)) is
13 amended—

14 (i) in clause (i), by striking “, and” at
15 the end and inserting a semicolon;

16 (ii) in clause (ii), by striking the pe-
17 riod at the end and inserting “; and”; and

18 (iii) by adding at the end the fol-
19 lowing new clause:

20 “(iii) may not apply a waiting period
21 (including a waiting period to carry out
22 paragraph (3)(C)) in the case of a targeted
23 low-income pregnant woman.”.

24 (c) OTHER AMENDMENTS TO MEDICAID.—

1 Reconciliation Act of 1996, for aliens who are lawfully re-
2 siding in the United States (including battered aliens de-
3 scribed in section 431(c) of such Act) and who are other-
4 wise eligible for such assistance, within either or both of
5 the following eligibility categories:

6 “(i) PREGNANT WOMEN.—Women during preg-
7 nancy (and during the 60-day period beginning on
8 the last day of the pregnancy).

9 “(ii) CHILDREN.—Individuals under 21 years of
10 age, including optional targeted low-income children
11 described in section 1905(u)(2)(B).

12 “(B) In the case of a State that has elected to provide
13 medical assistance to a category of aliens under subpara-
14 graph (A), no debt shall accrue under an affidavit of sup-
15 port against any sponsor of such an alien on the basis
16 of provision of assistance to such category and the cost
17 of such assistance shall not be considered as an unreim-
18 bursed cost.”.

19 (b) SCHIP.—Section 2107(e)(1) of such Act (42
20 U.S.C. 1397gg(e)(1)), as amended by section 202(b), is
21 amended by redesignating subparagraphs (D) and (E) as
22 subparagraph (E) and (F), respectively, and by inserting
23 after subparagraph (C) the following new subparagraph:

24 “(D) Section 1903(v)(4) (relating to op-
25 tional coverage of categories of lawfully residing

1 immigrant children), but only if the State has
2 elected to apply such section to the category of
3 children under title XIX.”.

4 (c) EFFECTIVE DATE.—The amendments made by
5 this section take effect on October 1, 2007, and apply to
6 medical assistance and child health assistance furnished
7 on or after such date.

8 (d) CONSTRUCTION.—Nothing in this section shall be
9 construed as affecting eligibility of aliens who are not law-
10 fully residing in the United States to benefits under the
11 Medicaid program under title XIX of the Social Security
12 Act or under the State children’s health insurance pro-
13 gram (SCHIP) under title XXI of such Act.

14 **SEC. 206. AUTHORIZING ADJUSTMENT OF SCHIP ALLOT-**
15 **MENT DUE TO INCREASED OUTREACH.**

16 (a) IN GENERAL.—Section 2104 of the Social Secu-
17 rity Act (42 U.S.C. 1397dd), as amended by section 101,
18 is further amended by adding at the end the following new
19 subsection:

20 “(j) AUTHORIZING ALLOTMENT ADJUSTMENT DUE
21 TO INCREASED OUTREACH.—

22 “(1) IN GENERAL.—Notwithstanding the pre-
23 vious provisions of this section, if the Secretary de-
24 termines that—

1 “(A) a State has an increase in the aver-
2 age number of children enrolled under its State
3 child health plan in a fiscal year that exceeds
4 the enrollment of children projected under para-
5 graph (2) for the State for such fiscal year, and

6 “(B) the total Federal expenditures under
7 the State child health plan (or waiver) under
8 this title exceeds the amount of the allotment
9 made available to the State for the fiscal year,
10 the Secretary shall increase the allotment under this
11 section for the State for the fiscal year by the
12 amount specified in paragraph (3). There are hereby
13 appropriated, out of any money in the Treasury not
14 otherwise appropriated, such sums as may be nec-
15 essary to provide for such increase in allotment.

16 “(2) PROJECTED ENROLLMENT OF CHIL-
17 DREN.—The projected enrollment of children for a
18 State under this paragraph for a fiscal year is equal
19 to the average number of children enrolled under the
20 State child health plan in fiscal year 2007 increased,
21 for each subsequent fiscal year through the fiscal
22 year involved, by a factor equal to the population
23 growth of children in the State for such fiscal year,
24 as projected by the Secretary before the beginning of
25 the fiscal year involved.

1 “(3) AMOUNT OF ALLOTMENT INCREASE.—

2 “(A) IN GENERAL.—Subject to subpara-
3 graph (B), the amount of the allotment increase
4 under this subsection for a State for a fiscal
5 year shall be an amount equal to the product
6 of—

7 “(i) the number by which the average
8 number of children enrolled under the
9 State child health plan in the fiscal year
10 exceeds the enrollment of children pro-
11 jected under paragraph (2) for such State
12 for such fiscal year; and

13 “(ii) the per capita expenditures for
14 children under the State child health plan
15 for the previous year, increased by the av-
16 erage annual rate of increase (for the three
17 previous fiscal years) in the amount of
18 such per capita expenditures.

19 The amount of the allotment increase under
20 this subsection shall not be subject to adminis-
21 trative or judicial review.

22 “(B) LIMITATION.—

23 “(i) IN GENERAL.—Subject to clause
24 (ii), in no case shall the sum of the allot-
25 ment increases for all States under this

1 subsection for a fiscal year exceed an
2 amount equal to 20 percent of the total
3 Federal payments to all of the States oth-
4 erwise made under this title for the fiscal
5 year. If such sum exceeds such amount,
6 subject to clause (ii), the allotment in-
7 crease for each State under this subsection
8 for the fiscal year shall be reduced in a pro
9 rata manner in order that such sum does
10 not exceed such amount.

11 “(ii) CONGRESSIONAL APPROVAL OF
12 ADDITIONAL AMOUNTS.—If the Secretary
13 estimates that the allotment increases that
14 should be provided under this subsection,
15 but for clause (i), would exceed the limita-
16 tion established under such clause, the
17 Secretary shall submit to Congress a re-
18 quest for supplemental appropriations for
19 the purpose of meeting such shortfall.

20 “(4) CLARIFICATION.—An adjustment in an al-
21 lotment shall not be made under this subsection due
22 to excess State expenditures resulting from a growth
23 in per capita costs, increased reimbursement to pro-
24 viders, or other factors not directly related to out-

1 reach to eligible, but previously unenrolled chil-
 2 dren.”.

3 (b) EFFECTIVE DATE.—The amendments made by
 4 subsection (a) shall take effect beginning with allotments
 5 for fiscal year 2008.

6 **SEC. 207. MODEL OF INTERSTATE COORDINATED ENROLL-**
 7 **MENT AND COVERAGE PROCESS.**

8 In order to assure continuity of coverage of low-in-
 9 come children under the Medicaid program and the State
 10 Children’s Health Insurance Program (SCHIP), the Sec-
 11 retary of Health and Human Services, in consultation with
 12 State Medicaid and SCHIP directors, shall develop and
 13 disseminate a model process for the coordination of the
 14 enrollment and coverage under such programs of children
 15 who, because of migration of families, emergency evacu-
 16 ations, educational needs, or otherwise, frequently change
 17 their State of residency or otherwise are temporarily
 18 present outside of the State of their residency.

19 **SEC. 208. AUTHORITY FOR QUALIFYING STATES TO USE**
 20 **PORTION OF SCHIP ALLOTMENT FOR ANY**
 21 **FISCAL YEAR FOR CERTAIN MEDICAID EX-**
 22 **PENDITURES.**

23 Section 2105(g)(1)(A) of the Social Security Act (42
 24 U.S.C. 1397ee(g)(1)(A)), as amended by section 201(b)
 25 of the National Institutes of Health Reform Act of 2006

1 (Public Law 109–482) is amended by striking “fiscal year
 2 1998, 1999, 2000, 2001, 2004, 2005, 2006, or 2007” and
 3 inserting “a fiscal year”.

4 **SEC. 209. APPLICATION OF MEDICAID OUTREACH PROCE-**
 5 **DURES TO ALL PREGNANT WOMEN AND CHIL-**
 6 **DREN.**

7 (a) IN GENERAL.—Section 1902(a)(55) of the Social
 8 Security Act (42 U.S.C. 1396a(a)(55)) is amended by
 9 striking “individuals for medical assistance under sub-
 10 section (a)(10)(A)(i)(IV), (a)(10)(A)(i)(VI),
 11 (a)(10)(A)(i)(VII), or (a)(10)(A)(ii)(IX)” and inserting
 12 “child and pregnant women for medical assistance (includ-
 13 ing under clauses (i)(IV), (i)(VI), (i)(VII), and (ii)(IX) of
 14 paragraph (10)(A))”.

15 (b) EFFECTIVE DATE.—

16 (1) IN GENERAL.—

17 (2) EXCEPTION FOR STATE LEGISLATION.—In
 18 the case of a State plan under title XIX of the So-
 19 cial Security Act, which the Secretary of Health and
 20 Human Services determines requires State legisla-
 21 tion in order for the plan to meet the additional re-
 22 quirements imposed by the amendment made by
 23 subsection (a), the State plan shall not be regarded
 24 as failing to comply with the requirements of such
 25 Act solely on the basis of its failure to meet these

1 additional requirements before the first day of the
 2 first calendar quarter beginning after the close of
 3 the first regular session of the State legislature that
 4 begins after the date of enactment of this Act. For
 5 purposes of the previous sentence, in the case of a
 6 State that has a 2-year legislative session, each year
 7 of the session shall be considered to be a separate
 8 regular session of the State legislature.

9 **SEC. 210. NO IMPACT ON SECTION 1115 WAIVERS.**

10 Nothing in this Act shall be construed to affect State
 11 flexibility on eligibility and waivers approved by the Fed-
 12 eral government under section 1115 of the Social Security
 13 Act (42 U.S.C. 1315).

14 **SEC. 211. ELIMINATION OF COUNTING MEDICAID CHILD**
 15 **PRESUMPTIVE ELIGIBILITY COSTS AGAINST**
 16 **TITLE XXI ALLOTMENT.**

17 Section 2105(a)(1) of the Social Security Act (42
 18 U.S.C. 1397ee(a)(1)) is amended—

19 (1) in the matter preceding subparagraph (A),
 20 by striking “(or, in the case of expenditures de-
 21 scribed in subparagraph (B), the Federal medical
 22 assistance percentage (as defined in the first sen-
 23 tence of section 1905(b)))”; and

24 (2) by amending subparagraph (B) to read as
 25 follows:

1 “(B) [reserved]”.

2 **SEC. 212. PROHIBITING LIMITATIONS ON ENROLLMENT.**

3 (a) **IN GENERAL.**—Section 2102(b)(3)(B) of the So-
4 cial Security Act (42 U.S.C. 1397bb(b)(3)(B)) is amend-
5 ed—

6 (1) by striking “and” at the end of clause (i);

7 (2) by striking the period at the end of clause
8 (ii) and inserting “; and”; and

9 (3) by adding at the end the following new
10 clause:

11 “(iii) shall not impose, with respect to
12 enrollment of targeted low-income children
13 under the State child health plan, any en-
14 rollment cap or other numerical limitation
15 on enrollment, any waiting list, any proce-
16 dures designed to delay the consideration
17 of applications for enrollment, or similar
18 limitation with respect to enrollment.”.

19 (b) **EFFECTIVE DATE.**—The amendments made by
20 subsection (a) shall apply to State child health plans as
21 of October 1, 2007.

1 **TITLE III—ELIMINATION OF**
2 **CERTAIN BARRIERS TO COV-**
3 **ERAGE**

4 **SEC. 301. STATE OPTION TO REQUIRE CERTAIN INDIVID-**
5 **UALS TO PRESENT SATISFACTORY DOCUMEN-**
6 **TARY EVIDENCE OF PROOF OF CITIZENSHIP**
7 **OR NATIONALITY FOR PURPOSES OF ELIGI-**
8 **BILITY FOR MEDICAID.**

9 (a) IN GENERAL.—Section 1902(a)(46) of the Social
10 Security Act (42 U.S.C. 1396a(a)(46)) is amended—

11 (1) by inserting “(A)” after “(46)”;

12 (2) by adding “and” after the semicolon; and

13 (3) by adding at the end the following new sub-
14 paragraph:

15 “(B) at the option of the State and subject to
16 section 1903(x), require that, with respect to an in-
17 dividual (other than an individual described in sec-
18 tion 1903(x)(1)) who declares to be a citizen or na-
19 tional of the United States for purposes of estab-
20 lishing initial eligibility for medical assistance under
21 this title (or, at State option, for purposes of renew-
22 ing or redetermining such eligibility to the extent
23 that such satisfactory documentary evidence of citi-
24 zenship or nationality has not yet been presented),
25 there is presented satisfactory documentary evidence

1 of citizenship or nationality of the individual (using
2 criteria determined by the State, which shall be no
3 more restrictive than the criteria used by the Social
4 Security Administration to determine citizenship,
5 and which shall accept as such evidence a document
6 issued by a federally recognized Indian tribe evidenc-
7 ing membership or enrollment in, or affiliation with,
8 such tribe (such as a tribal enrollment card or cer-
9 tificate of degree of Indian blood, and, with respect
10 to those federally recognized Indian tribes located
11 within States having an international border whose
12 membership includes individuals who are not citizens
13 of the United States, such other forms of docu-
14 mentation (including tribal documentation, if appro-
15 priate) that the Secretary, after consulting with such
16 tribes, determines to be satisfactory documentary
17 evidence of citizenship or nationality for purposes of
18 satisfying the requirement of this subparagraph));”.

19 (b) LIMITATION ON WAIVER AUTHORITY.—Notwith-
20 standing any provision of section 1115 of the Social Secu-
21 rity Act (42 U.S.C. 1315), or any other provision of law,
22 the Secretary may not waive the requirements of section
23 1902(a)(46)(B) of such Act (42 U.S.C. 1396a(a)(46)(B))
24 with respect to a State.

1 (c) CONFORMING AMENDMENTS.—Section 1903 of
2 such Act (42 U.S.C. 1396b) is amended—

3 (1) in subsection (i)—

4 (A) in paragraph (20), by adding “or”
5 after the semicolon;

6 (B) in paragraph (21), by striking “; or”
7 and inserting a period; and

8 (C) by striking paragraph (22); and

9 (2) in subsection (x) (as amended by section
10 405(c)(1)(A) of division B of the Tax Relief and
11 Health Care Act of 2006 (Public Law 109–432))—

12 (A) by striking paragraphs (1) and (3);

13 (B) by redesignating paragraph (2) as
14 paragraph (1);

15 (C) in paragraph (1), as so redesignated,
16 by striking “paragraph (1)” and inserting “sec-
17 tion 1902(a)(46)(B)”;

18 (D) by adding at the end the following new
19 paragraphs:

20 “(2) In the case of an individual declaring to be a
21 citizen or national of the United States with respect to
22 whom a State requires the presentation of satisfactory
23 documentary evidence of citizenship or nationality under
24 section 1902(a)(46)(B), the individual shall be provided
25 at least the reasonable opportunity to present satisfactory

1 documentary evidence of citizenship or nationality under
2 this subsection as is provided under clauses (i) and (ii)
3 of section 1137(d)(4)(A) to an individual for the submittal
4 to the State of evidence indicating a satisfactory immigra-
5 tion status.

6 “(3)(A) In addition to the criteria established by the
7 State for purposes of section 1902(a)(46)(B), a State shall
8 deem presentation of the following documents to be ‘satis-
9 factory documentary evidence of citizenship or nationality’
10 (and shall not favor presentation of 1 type of document
11 described over another):

12 “(i) Any document described in subparagraph
13 (B).

14 “(ii) Any document described in subparagraph
15 (C) when presented with any document described in
16 subparagraph (D).

17 “(iii) Any document described in subparagraph
18 (E) if the requirements of that subparagraph are
19 met.

20 “(B) The following are documents described in this
21 subparagraph:

22 “(i) A United States passport.

23 “(ii) Form N-550 or N-570 (Certificate of
24 Naturalization).

1 “(iii) Form N-560 or N-561 (Certificate of
2 United States Citizenship).

3 “(iv) A valid State-issued driver’s license or
4 other identity document described in section
5 274A(b)(1)(D) of the Immigration and Nationality
6 Act, but only if the State issuing the license or such
7 document requires proof of United States citizenship
8 before issuance of such license or document or ob-
9 tains a social security number from the applicant
10 and verifies before certification that such number is
11 valid and assigned to the applicant who is a citizen.

12 “(v) Such other document as the Secretary may
13 specify, by regulation, that provides proof of United
14 States citizenship or nationality and that provides a
15 reliable means of documentation of personal identity.

16 “(C) The following are documents described in this
17 subparagraph:

18 “(i) A certificate of birth in the United States.

19 “(ii) Form FS-545 or Form DS-1350 (Certifi-
20 cation of Birth Abroad).

21 “(iii) Form I-197 (United States Citizen Iden-
22 tification Card).

23 “(iv) Form FS-240 (Report of Birth Abroad of
24 a Citizen of the United States).

1 “(v) Such other document (not described in
2 subparagraph (B)(iv)) as the Secretary may specify
3 that provides proof of United States citizenship or
4 nationality.

5 “(D) The following are documents described in this
6 subparagraph:

7 “(i) Any identity document described in section
8 274A(b)(1)(D) of the Immigration and Nationality
9 Act.

10 “(ii) Any other documentation of personal iden-
11 tity of such other type as the Secretary finds, by
12 regulation, provides a reliable means of identifica-
13 tion.

14 “(E) A document described in this subparagraph is
15 an affidavit of citizenship or identity, or both, which need
16 not be notarized or witnessed, but only if the individual
17 has been unable to acquire other satisfactory documentary
18 evidence within the reasonable opportunity period estab-
19 lished by the State, despite a good faith effort to do so.
20 An individual shall be deemed unable to acquire such doc-
21 umentary evidence—

22 “(i) if there is good reason to believe that such
23 documentary evidence does not exist;

24 “(ii) if, after a timely request for such docu-
25 mentary evidence, it has not been received by the

1 State or the individual within the reasonable oppor-
 2 tunity period established by the State;

3 “(iii) if such documentary evidence cannot be
 4 acquired at a nominal cost to the individual; or

5 “(iv) in such additional situations as the Sec-
 6 retary may describe.

7 “(F)(i) A reference in this paragraph to a form in-
 8 cludes a reference to any successor form.

9 “(ii) Any legible copy of a form described in this
 10 paragraph shall be accepted as if it were the original of
 11 such form.”.

12 (d) CLARIFICATION OF RULES FOR CHILDREN BORN
 13 IN THE UNITED STATES TO MOTHERS ELIGIBLE FOR
 14 MEDICAID.—Section 1903(x) of such Act (42 U.S.C.
 15 1396b(x)), as amended by subsection (c)(2), is amended—

16 (1) in paragraph (1)—

17 (A) in subparagraph (C), by striking “or”
 18 at the end;

19 (B) by redesignating subparagraph (D) as
 20 subparagraph (E); and

21 (C) by inserting after subparagraph (C)
 22 the following new subparagraph:

23 “(D) pursuant to the application of section
 24 1902(e)(4) (and, in the case of an individual who is
 25 eligible for medical assistance on such basis, the in-

1 dividual shall be deemed to have provided satisfac-
2 tory documentary evidence of citizenship or nation-
3 ality and shall not be required to provide further
4 documentary evidence on any date that occurs dur-
5 ing or after the period in which the individual is eli-
6 gible for medical assistance on such basis); or”;

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

9 “(4) Nothing in subparagraph (A) or (B) of section
10 1902(a)(46), the preceding paragraphs of this subsection,
11 or the Deficit Reduction Act of 2005, including section
12 6036 of such Act, shall be construed as changing the re-
13 quirement of section 1902(e)(4) that a child born in the
14 United States to an alien mother for whom medical assist-
15 ance for the delivery of such child is available as treatment
16 of an emergency medical condition pursuant to subsection
17 (v) shall be deemed eligible for medical assistance during
18 the first year of such child’s life.”.

19 (e) EFFECTIVE DATE.—

20 (1) RETROACTIVE APPLICATION.—The amend-
21 ments made by this section shall take effect as if in-
22 cluded in the enactment of the Deficit Reduction Act
23 of 2005 (Public Law 109–171; 120 Stat. 4).

24 (2) RESTORATION OF ELIGIBILITY.—In the
25 case of an individual who, during the period that

1 began on July 1, 2006, and ends on the date of en-
2 actment of this Act, was determined to be ineligible
3 for medical assistance under a State Medicaid pro-
4 gram solely as a result of the application of sub-
5 sections (i)(22) and (x) of section 1903 of the Social
6 Security Act (as in effect during such period), but
7 who would have been determined eligible for such as-
8 sistance if such subsections, as amended by this sec-
9 tion, had applied to the individual, a State may
10 deem the individual to be eligible for such assistance
11 as of the date that the individual was determined to
12 be ineligible for such medical assistance on such
13 basis.

14 **SEC. 302. INCREASED FEDERAL MATCHING RATE FOR LAN-**
15 **GUAGE SERVICES PROVIDED UNDER MED-**
16 **ICAID OR SCHIP.**

17 (a) IN GENERAL.—Section 1903(a)(3) of the Social
18 Security Act (42 U.S.C. 1396b(a)(3)) is amended—

19 (1) in subparagraph (E)(ii), by striking “plus”
20 at the end; and

21 (2) by adding at the end the following:

22 “(3) 85 percent of the sums expended with re-
23 spect to costs incurred during such quarter as are
24 attributable to the provision of language services on
25 behalf of individuals with limited English proficiency

1 who apply for or receive medical assistance under
 2 the State plan (including any provisions of the plan
 3 implemented pursuant to any waiver authority of the
 4 Secretary) or child health assistance under title
 5 XXI; plus”.

6 (b) EFFECTIVE DATE.—The amendments made by
 7 subsection (a) take effect on October 1, 2007, and apply
 8 to language services provided on or after that date.

9 **TITLE IV—GRANTS TO PROMOTE**
 10 **INNOVATIVE OUTREACH AND**
 11 **ENROLLMENT UNDER MED-**
 12 **ICAID AND SCHIP**

13 **SEC. 401. GRANTS TO PROMOTE INNOVATIVE OUTREACH**
 14 **AND ENROLLMENT UNDER MEDICAID AND**
 15 **SCHIP.**

16 Title XXI of the Social Security Act (42 U.S.C.
 17 1397aa et seq.), as amended by section 204(b), is amend-
 18 ed by adding at the end the following:

19 **“SEC. 2112. EXPANDED OUTREACH AND ENROLLMENT AC-**
 20 **TIVITIES.**

21 **“(a) GRANTS TO CONDUCT INNOVATIVE OUTREACH**
 22 **AND ENROLLMENT EFFORTS.—**

23 **“(1) IN GENERAL.—**The Secretary shall award
 24 grants to eligible entities to—

1 “(A) conduct innovative outreach and en-
2 rollment efforts that are designed to increase
3 the enrollment and participation of eligible chil-
4 dren under this title and title XIX; and

5 “(B) promote understanding of the impor-
6 tance of health insurance coverage for prenatal
7 care and children.

8 “(2) PERFORMANCE BONUSES.—The Secretary
9 may reserve a portion of the funds appropriated
10 under subsection (g) for a fiscal year for the purpose
11 of awarding performance bonuses during the suc-
12 ceeding fiscal year to eligible entities that meet en-
13 rollment goals or other criteria established by the
14 Secretary.

15 “(b) PRIORITY FOR AWARD OF GRANTS.—

16 “(1) IN GENERAL.—In making grants under
17 subsection (a)(1), the Secretary shall give priority
18 to—

19 “(A) eligible entities that propose to target
20 geographic areas with high rates of—

21 “(i) eligible but unenrolled children,
22 including such children who reside in rural
23 areas; or

24 “(ii) racial and ethnic minorities and
25 health disparity populations, including

1 those proposals that address cultural and
2 linguistic barriers to enrollment; and

3 “(B) eligible entities that plan to engage in
4 outreach efforts with respect to individuals de-
5 scribed in subparagraph (A) and that are—

6 “(i) Federal health safety net organi-
7 zations; or

8 “(ii) faith-based organizations or con-
9 sortia.

10 “(2) 10 PERCENT SET ASIDE FOR OUTREACH
11 TO INDIAN CHILDREN.—An amount equal to 10 per-
12 cent of the funds appropriated under subsection (g)
13 for a fiscal year shall be used by the Secretary to
14 award grants to Indian Health Service providers and
15 urban Indian organizations receiving funds under
16 title V of the Indian Health Care Improvement Act
17 (25 U.S.C. 1651 et seq.) for outreach to, and enroll-
18 ment of, children who are Indians.

19 “(c) APPLICATION.—An eligible entity that desires to
20 receive a grant under subsection (a)(1) shall submit an
21 application to the Secretary in such form and manner, and
22 containing such information, as the Secretary may decide.
23 Such application shall include—

24 “(1) quality and outcomes performance meas-
25 ures to evaluate the effectiveness of activities funded

1 by a grant awarded under this section to ensure that
2 the activities are meeting their goals; and

3 “(2) an assurance that the entity shall—

4 “(A) conduct an assessment of the effec-
5 tiveness of such activities against such perform-
6 ance measures; and

7 “(B) cooperate with the collection and re-
8 porting of enrollment data and other informa-
9 tion determined as a result of conducting such
10 assessments to the Secretary, in such form and
11 manner as the Secretary shall require.

12 “(d) DISSEMINATION OF ENROLLMENT DATA AND
13 INFORMATION DETERMINED FROM EFFECTIVENESS AS-
14 SESSMENTS; ANNUAL REPORT.—The Secretary shall—

15 “(1) disseminate to eligible entities and make
16 publicly available the enrollment data and informa-
17 tion collected and reported in accordance with sub-
18 section (c)(2)(B); and

19 “(2) submit an annual report to Congress on
20 the outreach activities funded by grants awarded
21 under this section.

22 “(e) SUPPLEMENT, NOT SUPPLANT.—Federal funds
23 awarded under this section shall be used to supplement,
24 not supplant, non-Federal funds that are otherwise avail-
25 able for activities funded under this section.

1 “(f) DEFINITIONS.—In this section:

2 “(1) ELIGIBLE ENTITY.—The term ‘eligible en-
3 tity’ means any of the following:

4 “(A) A State or local government.

5 “(B) A Federal health safety net organiza-
6 tion.

7 “(C) A national, local, or community-based
8 public or nonprofit private organization, includ-
9 ing organizations that use community health
10 workers or community-based doula programs.

11 “(D) A faith-based organization or con-
12 sortia, to the extent that a grant awarded to
13 such an entity is consistent with the require-
14 ments of section 1955 of the Public Health
15 Service Act (42 U.S.C. 300x–65) relating to a
16 grant award to non-governmental entities.

17 “(E) An elementary or secondary school.

18 “(2) FEDERAL HEALTH SAFETY NET ORGANI-
19 ZATION.—The term ‘Federal health safety net orga-
20 nization’ means—

21 “(A) an Indian tribe, tribal organization,
22 or an urban Indian organization receiving funds
23 under title V of the Indian Health Care Im-
24 provement Act (25 U.S.C. 1651 et seq.), or an
25 Indian Health Service provider;

1 “(B) a Federally-qualified health center
2 (as defined in section 1905(l)(2)(B));

3 “(C) a hospital defined as a dispro-
4 portionate share hospital for purposes of section
5 1923;

6 “(D) a covered entity described in section
7 340B(a)(4) of the Public Health Service Act
8 (42 U.S.C. 256b(a)(4)); and

9 “(E) any other entity or a consortium that
10 serves children under a federally-funded pro-
11 gram, including the special supplemental nutri-
12 tion program for women, infants, and children
13 (WIC) established under section 17 of the Child
14 Nutrition Act of 1966 (42 U.S.C. 1786), the
15 head start and early head start programs under
16 the Head Start Act (42 U.S.C. 9801 et seq.),
17 the school lunch program established under the
18 Richard B. Russell National School Lunch Act,
19 and an elementary or secondary school.

20 “(3) INDIANS; INDIAN TRIBE; TRIBAL ORGANI-
21 ZATION; URBAN INDIAN ORGANIZATION.—The terms
22 ‘Indian’, ‘Indian tribe’, ‘tribal organization’, and
23 ‘urban Indian organization’ have the meanings given
24 such terms in section 4 of the Indian Health Care
25 Improvement Act (25 U.S.C. 1603).

1 “(g) APPROPRIATION.—There is appropriated, out of
 2 any money in the Treasury not otherwise appropriated,
 3 \$50,000,000 for each of fiscal years 2008 through 2012
 4 for the purpose of awarding grants under this section.
 5 Amounts appropriated and paid under the authority of
 6 this section shall be in addition to amounts appropriated
 7 under section 2104 and paid to States in accordance with
 8 section 2105, including with respect to expenditures for
 9 outreach activities in accordance with subsection
 10 (a)(1)(D)(iii) of such section.”.

11 **TITLE V—IMPROVING THE**
 12 **QUALITY OF PEDIATRIC CARE**

13 **SEC. 501. REQUIRING COVERAGE OF EPSDT SERVICES, IN-**
 14 **CLUDING DENTAL SERVICES; STATE OPTION**
 15 **TO PROVIDE SUPPLEMENTAL COVERAGE OF**
 16 **DENTAL SERVICES.**

17 (a) ADDITIONAL REQUIRED SERVICES.—

18 (1) REQUIRED COVERAGE OF EPSDT SERVICES,
 19 INCLUDING DENTAL SERVICES.—Section 2103(c) of
 20 the Social Security Act (42 U.S.C. 1397cc(e)) is
 21 amended—

22 (A) by redesignating paragraph (5) as
 23 paragraph (6); and

24 (B) by inserting after paragraph (4), the
 25 following:

1 “(5) OTHER REQUIRED SERVICES.—The child
2 health assistance provided to a targeted low-income
3 child shall include coverage of early and periodic
4 screening, diagnostic, and treatment services de-
5 scribed in subsections (a)(4)(B) and (r) of section
6 1905 and provided in accordance with section
7 1903(a)(43) (including dental services that are nec-
8 essary to prevent disease and promote oral health,
9 restore oral structures to health and function, and
10 treat emergency conditions).”.

11 (2) STATE CHILD HEALTH PLAN REQUIRE-
12 MENT.—Section 2102(a)(7)(B) of such Act (42
13 U.S.C. 1397bb(c)(2)) is amended by inserting “and
14 services described in section 2103(c)(5)” after
15 “emergency services”.

16 (3) CONFORMING AMENDMENT.—Section
17 2103(a) of such Act (42 U.S.C. 1397cc(a)) is
18 amended, in the matter preceding paragraph (1), by
19 striking “subsection (c)(5)” and inserting “para-
20 graphs (5) and (6) of subsection (c)”.

21 (b) STATE OPTION TO PROVIDE SUPPLEMENTAL
22 COVERAGE OF DENTAL SERVICES UNDER SCHIP TO
23 CHILDREN WITH OTHER HEALTH COVERAGE.—

1 (1) IN GENERAL.—Section 2110(b) of the So-
2 cial Security Act (42 U.S.C. 1397jj(b)) is amend-
3 ed—

4 (A) in paragraph (1)(C), by inserting “,
5 subject to paragraph (5),” after “under title
6 XIX or”; and

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

8 “(5) STATE OPTION TO PROVIDE SUPPLE-
9 MENTAL COVERAGE OF DENTAL SERVICES TO CHIL-
10 DREN WITH OTHER HEALTH COVERAGE.—

11 “(A) IN GENERAL.—A State may waive
12 the requirement of paragraph (1)(C) that a tar-
13 geted low-income child may not be covered
14 under a group health plan or under health in-
15 surance coverage in order to provide dental
16 services that are not covered, or are only par-
17 tially covered, under such plan or coverage.
18 Nothing in subsection (c)(5) of section 2103
19 shall be construed as prohibiting a State from
20 limiting the supplemental coverage of dental
21 services provided in accordance with this para-
22 graph and nothing in paragraph (2) or (3) of
23 subsection (e) of such section shall be construed
24 as prohibiting a State from imposing premiums,
25 deductibles, cost-sharing, or similar charges for

1 such coverage without regard to the require-
 2 ments of either such paragraph.

3 “(B) ELIGIBILITY.—In waiving such re-
 4 quirement, a State may limit the application of
 5 the waiver to children whose family income does
 6 not exceed a level specified by the State, which
 7 may not exceed the maximum income level oth-
 8 erwise established for other children under the
 9 State child health plan.

10 “(C) CONTINUED APPLICATION OF DUTY
 11 TO PREVENT SUBSTITUTION OF EXISTING COV-
 12 ERAGE.—Nothing in this paragraph shall be
 13 construed as modifying the application of sec-
 14 tion 2102(b)(3)(C) to a State.”.

15 (2) APPLICATION OF ENHANCED MATCH UNDER
 16 MEDICAID.—Section 1905 of such Act (42 U.S.C.
 17 1396d) is amended—

18 (A) in subsection (b), in the fourth sen-
 19 tence, by striking “subsection (u)(3)” and in-
 20 serting “(u)(3), or (u)(4)”; and

21 (B) in subsection (u), by redesignating
 22 paragraph (4) as paragraph (5) and by insert-
 23 ing after paragraph (3) the following:

24 “(4) For purposes of subsection (b), the expenditures
 25 described in this paragraph are expenditures for supple-

1 mental coverage of dental services for children described
2 in section 2110(b)(5).”.

3 (3) APPLICATION OF SECONDARY PAYOR PROVI-
4 SIONS.—Section 2107(e)(1) of such Act (42 U.S.C.
5 1397gg(e)(1)) is amended—

6 (A) by redesignating subparagraphs (B)
7 through (D) as subparagraphs (C) through (E),
8 respectively; and

9 (B) by inserting after subparagraph (A)
10 the following new subparagraph:

11 “(B) Section 1902(a)(25) (relating to co-
12 ordination of benefits and secondary payor pro-
13 visions) with respect to children provided sup-
14 plemental coverage of dental services under a
15 waiver described in section 2110(b)(5).”.

16 **SEC. 502. PEDIATRIC QUALITY AND PERFORMANCE MEAS-**
17 **URES PROGRAM.**

18 Title XIX of the Social Security Act (42 U.S.C. 1396
19 et seq.) is amended—

20 (1) by redesignating section 1939 as section
21 1941; and

22 (2) by inserting after section 1938 the fol-
23 lowing:

1 “PEDIATRIC QUALITY AND PERFORMANCE MEASURES
2 PROGRAM

3 “SEC. 1939. (a) ESTABLISHMENT.—The Secretary,
4 acting through the Administrator of the Centers for Medi-
5 care & Medicaid Services and in consultation with the Di-
6 rector of the Agency for Healthcare Research and Quality,
7 shall establish a program to encourage and support the
8 development of new and emerging quality and perform-
9 ance measures for providers of pediatric care through the
10 activities described in subsection (c). In establishing the
11 program, gaps in existing evidence-based measures and
12 priority areas for advancement shall be identified.

13 “(b) PURPOSE.—The purpose of the program is to
14 ensure that—

15 “(1) evidence-based pediatric quality and per-
16 formance measures are developed; and

17 “(2) such measures are available for States,
18 other purchasers of pediatric health care services,
19 health care providers, and consumers to use.

20 “(c) PROGRAM ACTIVITIES.—

21 “(1) IDENTIFYING QUALITY AND PERFORMANCE
22 MEASURES FOR PROVIDERS OF PEDIATRIC SERVICES
23 AND OPPORTUNITIES FOR NEW MEASURES.—Not
24 later than 3 months after the date of enactment of
25 this section, the Secretary shall identify quality and

1 performance measures for providers of pediatric
2 services and opportunities for the development of
3 new measures, taking into consideration existing evi-
4 dence-based measures. In conducting this review, the
5 Secretary shall—

6 “(A) ensure the inclusion of at least 1
7 measure related to children’s dental and oral
8 health; and

9 “(B) convene and consult with representa-
10 tives of—

11 “(i) States;

12 “(ii) pediatric hospitals, pediatricians,
13 and other pediatric health professionals;

14 “(iii) national organizations rep-
15 resenting—

16 “(I) consumers of children’s
17 health care; and

18 “(II) purchasers of children’s
19 health care;

20 “(iv) experts in pediatric quality and
21 performance measurement; and

22 “(v) a voluntary consensus standards
23 setting organization and other organiza-
24 tions involved in the advancement of con-

1 sensus on evidence-based measures of
2 health care.

3 “(2) DEVELOPING, VALIDATING, AND TESTING
4 NEW MEASURES.—The Secretary shall award grants
5 or contracts to eligible entities (as defined in sub-
6 section (d)(1)) for the development, validation, and
7 testing of new and emerging quality and perform-
8 ance measures, including at least 1 measure related
9 to children’s dental and oral health, for providers of
10 pediatric services. Such measures shall—

11 “(A) provide consumers and purchasers
12 (including States and beneficiaries under the
13 program under this title and title XXI) with in-
14 formation about provider performance and qual-
15 ity; and

16 “(B) assist health care providers in im-
17 proving the quality of the items and services
18 they provide and their performance with respect
19 to the provision of such items and services.

20 “(3) ACHIEVING CONSENSUS ON EVIDENCE-
21 BASED MEASURES.—The Secretary shall award
22 grants or contracts to eligible consensus entities (as
23 defined in subsection (d)(2)) for the development of
24 consensus on evidence-based measures for pediatric
25 care, including at least 1 measure related to chil-

1 dren’s dental and oral health, that have broad ac-
2 ceptability in the health care industry.

3 “(d) ELIGIBLE ENTITIES.—

4 “(1) DEVELOPMENT, VALIDATION, AND TEST-
5 ING.—For purposes of paragraph (2) of subsection
6 (c), the term ‘eligible entity’ means—

7 “(A) organizations with demonstrated ex-
8 pertise and capacity in the development and
9 evaluation of pediatric quality and performance
10 measures;

11 “(B) an organization or association of
12 health care providers with demonstrated experi-
13 ence in working with accrediting organizations
14 in developing pediatric quality and performance
15 measures; and

16 “(C) a collaboration of national pediatric
17 organizations working to improve pediatric
18 quality and performance measures.

19 “(2) ACHIEVEMENT OF CONSENSUS.—For pur-
20 poses of paragraph (3) of such subsection, the term
21 ‘eligible consensus entity’ means an organization, in-
22 cluding a voluntary consensus standards setting or-
23 ganization involved in the advancement of consensus
24 on evidence-based measures of health care.

1 “(e) ONGOING AUTHORITY TO UPDATE AND ADJUST
2 PEDIATRIC MEASURES.—The Secretary may update and
3 adjust measures developed and advanced under the pro-
4 gram under this section in accordance with—

5 “(1) any changes that a voluntary consensus
6 standards setting organization determines should be
7 made with respect to such measures; or

8 “(2) new evidence indicating the need for
9 changes with respect to such measures.

10 “(f) ADDITION OF PEDIATRIC CONSUMER ASSESS-
11 MENT MEASURES TO CAHPS HOSPITAL SURVEY CON-
12 DUCTED BY AHRQ.—The Director of the Agency for
13 Healthcare Research and Quality shall ensure that con-
14 sumer assessment measures for hospital services for chil-
15 dren are added to the Consumer Assessment of Healthcare
16 Providers and Systems (CAHPS) Hospital survey con-
17 ducted by such Agency.

18 “(g) APPROPRIATION.—There are authorized to be
19 appropriated and there are appropriated, for the purpose
20 of carrying out this section, \$10,000,000, for each of fiscal
21 years 2008 through 2012, to remain available until ex-
22 pended.”.

1 **SEC. 503. GRANTS TO STATES FOR DEMONSTRATION**
 2 **PROJECTS TRANSFORMING DELIVERY OF PE-**
 3 **DIATRIC CARE.**

4 Title XIX of the Social Security Act (42 U.S.C. 1396
 5 et seq.), as amended by section 502, is amended by insert-
 6 ing after section 1939 the following:

7 “GRANTS TO STATES FOR DEMONSTRATION PROJECTS
 8 TRANSFORMING DELIVERY OF PEDIATRIC CARE

9 “SEC. 1940. (a) ESTABLISHMENT.—The Secretary,
 10 acting through the Administrator of the Centers for Medi-
 11 care & Medicaid Services, shall establish demonstration
 12 projects, including demonstration projects in each of the
 13 4 categories described in subsection (d), to award grants
 14 to States to improve the delivery of health care services
 15 provided to children under this title and title XXI.

16 “(b) DURATION.—The demonstration projects shall
 17 be conducted for a period of 4 years.

18 “(c) ELIGIBILITY.—A State shall not be eligible to
 19 receive a grant under this section unless the State has
 20 demonstrated experience or commitment to the concept of
 21 transformation in the delivery of pediatric care.

22 “(d) CATEGORIES OF PROJECTS.—The following cat-
 23 egories of projects are described in this subsection:

24 “(1) HEALTH INFORMATION TECHNOLOGY SYS-
 25 TEMS.—Projects for developing health information
 26 technology systems, including technology acquisition,

1 electronic health record development, data standards
2 development, and software development, for pediatric
3 hospital and physician services and other commu-
4 nity-based services; implementing model systems;
5 and evaluating their impact on the quality, safety,
6 and costs of care.

7 “(2) DISEASE MANAGEMENT.—Projects for pro-
8 viding provider-based care disease management for
9 children with chronic conditions (including physical,
10 developmental, behavioral, and psychological condi-
11 tions), demonstrating the effectiveness of provider-
12 based management models in promoting better care,
13 reducing adverse health outcomes, and preventing
14 avoidable hospitalizations.

15 “(3) EVIDENCE-BASED QUALITY IMPROVE-
16 MENTS.—Projects for implementing evidence-based
17 approaches to improving efficiency, safety, and effec-
18 tiveness in the delivery of hospital care for children
19 across hospital services, evaluating the translation of
20 successful models of such evidence-based approaches
21 to other institutions, and the impact of such changes
22 on the quality, safety, and costs of care.

23 “(4) QUALITY AND PERFORMANCE MEASURES
24 FOR PROVIDERS OF CHILDREN’S HEALTH CARE
25 SERVICES.—Projects to pilot test evidence-based pe-

1 diatric quality and performance measures for inpa-
2 tient hospital services, physician services, or services
3 of other health professionals, determining the reli-
4 ability, feasibility, and validity of such measures,
5 and evaluating their potential impact on improving
6 the quality and delivery of children’s health care. To
7 the extent feasible, such measures shall have been
8 approved by consensus standards setting organiza-
9 tions.

10 “(e) UNIFORM METRICS.—The Secretary shall estab-
11 lish uniform metrics (adjusted, as appropriate, for patient
12 acuity), collect data, and conduct evaluations with respect
13 to each demonstration project category described in sub-
14 section (d). In establishing such metrics, collecting such
15 data, and conducting such evaluations, the Secretary shall
16 consult with—

17 “(1) experts in each such demonstration project
18 category;

19 “(2) participating States;

20 “(3) national pediatric provider organizations;

21 “(4) health care consumers; and

22 “(5) such other entities or individuals with rel-
23 evant expertise as the Secretary determines appro-
24 priate.

1 “(f) EVALUATION AND REPORT.—The Secretary
2 shall evaluate the demonstration projects conducted under
3 this section and submit a report to Congress not later than
4 3 months before the completion of each demonstration
5 project that includes the findings of the evaluation and
6 recommendations with respect to—

7 “(1) expansion of the demonstration project to
8 additional States and sites; and

9 “(2) the broader implementation of approaches
10 identified as being successful in advancing quality
11 and performance in the delivery of medical assist-
12 ance provided to children under this title and title
13 XXI.

14 “(g) WAIVER.—The Secretary may waive the require-
15 ments of this title and title XXI to the extent necessary
16 to carry out the demonstration projects under this section.

17 “(h) AMOUNTS PAID TO A STATE.—Amounts paid to
18 a State under this section—

19 “(1) shall be in addition to Federal payments
20 made to the State under section 1903(a);

21 “(2) shall not be used for the State share of
22 any expenditures claimed for payment under such
23 section; and

24 “(3) shall be used only for expenditures of the
25 State for participating in the demonstration

1 projects, or for expenditures of providers in partici-
 2 pating in the demonstration projects, including—

3 “(A) administrative costs of States and
 4 participating providers (such as costs associated
 5 with the design and evaluation of, and data col-
 6 lection under, the demonstration projects); and

7 “(B) such other expenditures that are not
 8 otherwise eligible for reimbursement under this
 9 title or title XXI as the Secretary may deter-
 10 mine appropriate.

11 “(i) APPROPRIATION.—There are authorized to be
 12 appropriated and there are appropriated, for the purpose
 13 of carrying out this section, to remain available until ex-
 14 pended \$10,000,000 for each of fiscal years 2008 through
 15 2012.”.

16 **SEC. 504. REPORT BY THE COMPTROLLER GENERAL ON DE-**
 17 **SIGN AND IMPLEMENTATION OF A DEM-**
 18 **ONSTRATION PROJECT EVALUATING EXIST-**
 19 **ING QUALITY AND PERFORMANCE MEASURES**
 20 **FOR CHILDREN’S INPATIENT HOSPITAL**
 21 **SERVICES.**

22 (a) IN GENERAL.—Not later than 12 months after
 23 the date of enactment of this Act, the Comptroller General
 24 of the United States (in this section referred to as the
 25 “Comptroller General”) shall submit a report to Congress

1 containing recommendations for the design and implemen-
2 tation of a demonstration project to evaluate the suit-
3 ability of existing quality and performance measures for
4 children's inpatient hospital services for public reporting,
5 differentiating quality, identifying best practices, and pro-
6 viding a basis for payment rewards.

7 (b) DEVELOPMENT OF RECOMMENDATIONS.—In de-
8 veloping the recommendations submitted under subsection
9 (a), the Comptroller General shall accomplish the fol-
10 lowing:

11 (1) Consider which agency within the Depart-
12 ment of Health and Human Services should have
13 primary responsibility and oversight for such a dem-
14 onstration project.

15 (2) Determine a sufficient number of partici-
16 pating hospitals and volume of children's cases,
17 given existing measures that might be chosen for
18 evaluation under such a demonstration project.

19 (3) Determine the number of States and variety
20 of geographic locations that may be required to con-
21 duct such a demonstration project.

22 (4) Describe alternatives for administering and
23 directing funding for such a demonstration project,
24 taking into consideration the potential involvement
25 of multiple States, State plans under title XIX of

1 the Social Security Act (42 U.S.C. 1396 et seq.),
2 and State child health plans under title XXI of such
3 Act (42 U.S.C. 1397aa et seq.). Such description
4 shall be included in the recommendations submitted
5 under subsection (a).

6 (5) Determine requirements for consistency in
7 measures, metrics, and risk adjustment for such a
8 demonstration project, across hospitals and across
9 State lines.

10 (6) Consider the infrastructure requirements in-
11 volved in public reporting of quality and perform-
12 ance measures for children’s inpatient hospital serv-
13 ices at the national and State levels, including the
14 requirements involved with respect to maintaining
15 such measures and data.

16 (7) Estimate the cost of undertaking such a
17 demonstration project.

18 (c) SUGGESTION OF EXISTING MEASURES FOR EVAL-
19 UATION UNDER THE DEMONSTRATION PROJECT.—

20 (1) IN GENERAL.—The report submitted under
21 subsection (a) shall include suggestions for existing
22 measures to be evaluated under the demonstration
23 project recommended in such report, including, to
24 the extent feasible, measures with respect to—

1 (A) high volume pediatric inpatient condi-
2 tions;

3 (B) high cost pediatric inpatient services;

4 (C) pediatric conditions with predicted
5 high morbidities; and

6 (D) pediatric cases at high risk of patient
7 safety failures.

8 (2) SUGGESTED MEASURES.—The measures
9 suggested under paragraph (1) shall be measures
10 representing process, structure, patient outcomes, or
11 patient and family experience—

12 (A) that are evidence-based;

13 (B) that are feasible to collect and report;

14 (C) that include a mechanism for risk ad-
15 justment when necessary; and

16 (D) for which there is a consensus within
17 the pediatric hospital community or a consensus
18 determined by a voluntary consensus standards
19 setting organization involved in the advance-
20 ment of evidence-based measures of health care.

21 (3) CONSULTATION.—In determining the exist-
22 ing measures suggested under paragraph (1), the
23 Comptroller General shall consult with representa-
24 tives of the following:

1 (A) National associations of pediatric hos-
2 pitals and pediatric health professionals.

3 (B) Experts in pediatric quality and per-
4 formance measurement.

5 (C) Voluntary consensus standards setting
6 organizations and other organizations involved
7 in the advancement of consensus on evidence-
8 based measures.

9 (D) The Department of Health and
10 Human Services, States, and other purchasers
11 of health care items and services.

12 **SEC. 505. MEDICAL HOME DEMONSTRATION PROJECT.**

13 (a) ESTABLISHMENT.—

14 (1) IN GENERAL.—The Secretary of Health and
15 Human Services (in this section referred to as the
16 “Secretary”) shall establish a medical home dem-
17 onstration project (in this section referred to as the
18 “project”) under titles XIX and XXI of the Social
19 Security Act (42 U.S.C. 1396 et seq.; 1397aa et
20 seq.) to redesign the health care delivery system by
21 providing targeted, accessible, continuous, coordi-
22 nated, and family-centered care to eligible individ-
23 uals.

1 (2) ELIGIBLE INDIVIDUALS DEFINED.—In this
2 section, the term “eligible individual” means an indi-
3 vidual who—

4 (A) is receiving child health assistance
5 under a State child health plan implemented
6 under title XXI of the Social Security Act (42
7 U.S.C. 1397aa et seq.), title XIX of such Act
8 (42 U.S.C. 1396 et seq.), or both such titles;
9 and

10 (B) is a member of a high need population
11 (as determined by the Secretary).

12 (3) PROJECT GOALS.—The project shall be de-
13 signed in order to determine whether, and if so, the
14 extent to which, medical homes accomplish the fol-
15 lowing:

16 (A) Increase—

17 (i) cost efficiencies of health care de-
18 livery;

19 (ii) access to appropriate health care
20 services;

21 (iii) patient satisfaction;

22 (iv) school attendance; and

23 (v) the quality of health care services
24 provided, as determined based on measures
25 of quality the Secretary determines are

1 broadly accepted in the health care com-
2 munity.

3 (B) Decrease—

4 (i) inappropriate emergency room uti-
5 lization; and

6 (ii) duplication of health care services
7 provided.

8 (C) Provide appropriate—

9 (i) preventive care; and

10 (ii) referrals to multidisciplinary serv-
11 ices.

12 (b) PROJECT DESIGN.—

13 (1) DURATION.—The project shall be conducted
14 for a 5 year period.

15 (2) SITES.—

16 (A) IN GENERAL.—The project shall be
17 conducted in 8 States on a State-wide basis.

18 (B) APPLICATION.—A State seeking to
19 participate in the project shall submit an appli-
20 cation to the Secretary at such time, in such
21 manner, and containing such information as the
22 Secretary may require.

23 (3) CONDUCT OF PROJECT.—

24 (A) AGREEMENTS WITH ACADEMIC INSTI-
25 TUTIONS.—A participating State may enter into

1 an agreement with an academic institution in
2 order to have the institution conduct the
3 project, provide technical assistance and moni-
4 toring, and to participate in the evaluation of
5 the project under subsection (e)(1).

6 (B) CHOICE OF PARTICIPATING PHYSICIAN
7 PRACTICES.—

8 (i) IN GENERAL.—A participating
9 State shall establish procedures for physi-
10 cian practices to participate in the project
11 by providing coordinated care to eligible in-
12 dividuals. Such participation shall be on a
13 voluntary basis.

14 (ii) STANDARDS FOR PARTICIPATING
15 PHYSICIAN PRACTICES.—The procedures
16 established under clause (i) shall encourage
17 physician practices participating in the
18 project to demonstrate that they have—

19 (I) identified care coordinators,
20 family resource guides, family advi-
21 sors, and a family advisory committee;

22 (II) developed care plans for eli-
23 gible individuals; and

24 (III) taken such other actions as
25 the State determines appropriate in

1 order to provide coordinated care to
2 eligible individuals.

3 (c) PROJECT REQUIREMENTS.—Each participating
4 State shall establish procedures in order to ensure that
5 the following requirements are met:

6 (1) Each eligible individual in the State who is
7 enrolled in the project is provided a medical home
8 with access to appropriate medical care.

9 (2) Each medical home in the State that is par-
10 ticipating in the project—

11 (A) provides for physician-directed care co-
12 ordination;

13 (B) uses health information technology (in-
14 cluding patient registry systems, clinical deci-
15 sion support tools, remote monitoring, and elec-
16 tronic medical record systems);

17 (C) communicates with physician practices
18 participating in the project, eligible individuals
19 receiving health care through the medical home,
20 and other health care providers (as appropriate)
21 with respect to health matters, including
22 through electronic mail and telephone consulta-
23 tions;

24 (D) makes arrangements with teams of
25 other health professionals, including care coor-

1 dinators, and facilitates linkages to community
2 resources to extend access to the full spectrum
3 of health care services that eligible individuals
4 require;

5 (E) establishes networks with community
6 practices, hospitals, and community health care
7 providers to facilitate the exchange of ideas and
8 resources in order to improve project outcomes;
9 and

10 (F) acts as a facilitator in order to ensure
11 that eligible individuals enrolled in the medical
12 home under the project receive high-quality care
13 at the appropriate time and place in a cost-ef-
14 fective manner.

15 (3) The State provides payment (in accordance
16 with subsection (d)) and appropriate support for
17 physician-directed care coordination services pro-
18 vided to eligible individuals under the project.

19 (d) PAYMENT.—

20 (1) IN GENERAL.—The Secretary shall establish
21 a structure for payments to participating States for
22 the cost of services provided under the project. Such
23 structure shall provide payments based on the per-
24 formance of medical homes located in the State in

1 achieving quality and efficiency goals (as defined by
2 the Secretary).

3 (2) PAYMENTS FOR HEALTH INFORMATION
4 TECHNOLOGY.—

5 (A) IN GENERAL.—The Secretary shall es-
6 tablish a prospective, bundled, and risk ad-
7 justed structural practice payment to cover
8 health information technology expenses incurred
9 by medical homes under the project.

10 (B) IN GENERAL.—Such payments shall
11 take into account any expenses the medical
12 home incurs in order to acquire and utilize
13 health information technology, such as clinical
14 decision support tools, patient registries, and
15 electronic medical records.

16 (3) PAYMENTS FOR PHYSICIAN WORK OUTSIDE
17 OF OFFICE VISITS.—The Secretary shall establish a
18 prospective, bundled, and risk adjusted structural
19 care coordination payment that represents the value
20 of physician work provided to eligible individuals
21 under the project that is done outside of any office
22 visits.

23 (e) EVALUATION AND REPORT.—

24 (1) EVALUATION.—The Secretary, in consulta-
25 tion with appropriate pediatric medical associations,

1 shall evaluate the project in order to determine the
2 effectiveness of medical homes in terms of quality
3 improvement, patient and provider satisfaction, and
4 the improvement of health outcomes.

5 (2) REPORT.—Not later than 12 months after
6 completion of the project, the Secretary shall submit
7 to Congress a report on the project containing the
8 results of the evaluation conducted under paragraph
9 (1), together with recommendations for such legisla-
10 tion and administrative action as the Secretary de-
11 termines to be appropriate.

12 (f) FUNDING.—

13 (1) IN GENERAL.—There are authorized to be
14 appropriated, such sums as may be necessary to
15 carry out this section.

16 (2) PROHIBITION.—Amounts paid to a State
17 under the project shall not be used for purposes of
18 claiming a Federal matching payment under section
19 1903(a) or 2105(a) of the Social Security Act (42
20 U.S.C. 1396b(a); 1397ee(a)).

21 (g) WAIVER.—The Secretary shall waive compliance
22 with such requirements of titles XIX and XXI of the So-
23 cial Security Act (42 U.S.C. 1396 et seq.; 1397aa et seq.)
24 to the extent and for the period the Secretary finds nec-
25 essary to conduct the project.

1 **SEC. 506. DISEASE PREVENTION AND TREATMENT DEM-**
2 **ONSTRATION PROJECTS FOR ETHNIC AND**
3 **RACIAL MINORITY CHILDREN.**

4 (a) DEFINITIONS.—In this section:

5 (1) CHILD.—The term “child” has the meaning
6 given such term in section 2110(c)(1) of the Social
7 Security Act (42 U.S.C. 1397jj(c)(1)).

8 (2) MEDICAID.—The term “Medicaid” means
9 the program established under title XIX of the So-
10 cial Security Act (42 U.S.C. 1396 et seq.).

11 (3) PROJECTS.—The term “projects” means
12 the demonstration projects established under sub-
13 section (b)(1).

14 (4) SECRETARY.—The term “Secretary” means
15 the Secretary of Health and Human Services.

16 (5) SCHIP.—The term “SCHIP” means the
17 State Children’s Health Insurance Program estab-
18 lished under title XXI of the Social Security Act (42
19 U.S.C. 1397aa et seq.).

20 (6) TARGET INDIVIDUAL.—

21 (A) IN GENERAL.—The term “target indi-
22 vidual” means a child—

23 (i) who is a member of a racial and
24 ethnic minority group; and

1 (ii) who is enrolled in a State Med-
2 icaid program or a State child health plan
3 under SCHIP.

4 (B) RACIAL AND ETHNIC MINORITY
5 GROUP.—The term “racial and ethnic minority
6 group” has the meaning given such term in sec-
7 tion 1707(g)(1) of the Public Health Service
8 Act (42 U.S.C. 300u–6(1)).

9 (b) DEMONSTRATION PROJECTS.—

10 (1) ESTABLISHMENT.—The Secretary shall es-
11 tablish demonstration projects for the purpose of de-
12 veloping models and evaluating methods that—

13 (A) improve the quality of medical assist-
14 ance and child health assistance provided to
15 target individuals under Medicaid and SCHIP
16 in order to reduce disparities in the provision of
17 health care services;

18 (B) improve clinical outcomes, satisfaction,
19 quality of life, and the appropriate use of serv-
20 ices covered and referral patterns under Med-
21 icaid and SCHIP among target individuals;

22 (C) eliminate disparities in the rate of pre-
23 ventive measures, such as well child visits and
24 immunizations, among target individuals; and

1 (D) promote collaboration with community-
2 based organizations to ensure cultural com-
3 petency of health care professionals and lin-
4 guistic access for persons with limited English
5 proficiency.

6 (2) DESIGN.—

7 (A) INITIAL DESIGN.—Not later than 1
8 year after the date of enactment of this Act, the
9 Secretary shall—

10 (i) evaluate best practices in the pri-
11 vate sector, community programs, and aca-
12 demic research with respect to methods for
13 reducing health care disparities among tar-
14 get individuals; and

15 (ii) design the projects based on such
16 evaluation.

17 (B) NUMBER AND PROJECT AREAS.—

18 (i) IN GENERAL.—Not later than 2
19 years after the date of enactment of this
20 Act, the Secretary shall implement not less
21 than 9 projects, including the following:

22 (I) Two projects for each of the
23 4 following racial and ethnic minority
24 groups:

1 (aa) American Indians, in-
 2 cluding Alaskan Natives, Eski-
 3 mos, and Aleuts.

4 (bb) Asian Americans and
 5 Pacific Islanders.

6 (cc) Blacks.

7 (dd) Hispanics (as defined
 8 in section 1707(g)(2) of the Pub-
 9 lic Health Service Act (42 U.S.C.
 10 300u-6(g)(2)).

11 (II) One project within Puerto
 12 Rico.

13 (ii) SUBPOPULATIONS.—The 2
 14 projects implemented for the groups de-
 15 scribed in clause (i)(I) shall each target
 16 different ethnic subpopulations within such
 17 groups.

18 (iii) RURAL AND INNER-CITY
 19 AREAS.—Not less than 1 of the projects
 20 implemented under clause (i)(I) shall be
 21 conducted in a rural area and not less than
 22 1 of such projects shall be conducted in an
 23 inner-city area.

24 (c) REPORTS TO CONGRESS.—

1 (1) IN GENERAL.—Not later than 2 years after
2 the date on which the Secretary initially implements
3 the projects, and biannually thereafter for the dura-
4 tion of the projects, the Secretary shall submit to
5 Congress a report on the projects.

6 (2) CONTENTS OF REPORT.—Each report sub-
7 mitted under paragraph (1) shall include the fol-
8 lowing:

9 (A) A description of the projects.

10 (B) An evaluation of—

11 (i) the cost and benefits of the
12 projects, including whether the projects
13 have reduced expenditures under Medicaid
14 and SCHIP;

15 (ii) the quality of the health care serv-
16 ices provided to target individuals under
17 the projects, including whether the projects
18 have reduced racial and ethnic health dis-
19 parities in the quality of health care serv-
20 ices provided to such individuals;

21 (iii) beneficiary and health care pro-
22 vider satisfaction under the projects; and

23 (iv) whether, based on the factors
24 evaluated under clauses (i) through (iii),

1 the projects should be continued or con-
2 ducted on an expanded basis.

3 (C) Any other information with respect to
4 the projects the Secretary determines appro-
5 priate.

6 (3) EXPANSION OF PROJECTS; IMPLEMENTA-
7 TION OF RESULTS.—If the initial report submitted
8 under paragraph (1) includes an evaluation under
9 paragraph (2)(B)(iv) that the projects initially es-
10 tablished under subsection (b)(1) should be contin-
11 ued or conducted on an expanded basis, the Sec-
12 retary—

13 (A) shall continue to conduct such
14 projects; and

15 (B) may conduct such additional projects
16 as the Secretary determines appropriate.

17 (d) FUNDING FOR PROJECTS.—

18 (1) IN GENERAL.—There are authorized to be
19 appropriated, such sums as may be necessary to
20 carry out projects under this section.

21 (2) PROHIBITION.—Amounts paid to a State or
22 territory under the projects shall not be used for
23 purposes of claiming a Federal matching payment
24 under section 1903(a) or 2105(a) of the Social Secu-
25 rity Act (42 U.S.C. 1396b(a); 1397ee(a)).

1 (e) WAIVER.—The Secretary shall waive compliance
 2 with such requirements of titles XIX and XXI of the So-
 3 cial Security Act (42 U.S.C. 1396 et seq.; 1397aa et seq.)
 4 to the extent and for the period the Secretary finds nec-
 5 essary to conduct the projects.

6 **TITLE VI—COMMISSION ON**
 7 **CHILDREN’S HEALTH COVERAGE**

8 **SEC. 601. COMMISSION ON CHILDREN’S HEALTH COV-**
 9 **ERAGE.**

10 (a) ESTABLISHMENT OF COMMISSION.—

11 (1) ESTABLISHMENT.—There is established a
 12 commission to be known as the “Commission on
 13 Children’s Health Coverage” (referred to in this sec-
 14 tion as the “Commission”).

15 (2) MEMBERSHIP.—

16 (A) IN GENERAL.—The Committee shall be
 17 composed of 10 members with academic train-
 18 ing and practical experience in—

19 (i) the areas of—

20 (I) child health and development;

21 (II) maternal health and develop-

22 ment;

23 (III) pediatric care;

24 (IV) health care financing;

1 (V) community-based
2 participatory research;

3 (VI) public health;

4 (VII) data collection, analysis,
5 and reporting; and

6 (VIII) health and health care dis-
7 parities; and

8 (ii) such other areas as the Secretary
9 of Health and Human Services (in this
10 section referred to as the “Secretary”) de-
11 termines appropriate.

12 (B) SELECTION.—The Secretary shall ap-
13 point members of the Committee. No candidate
14 for appointment on the Committee shall be
15 asked to provide non-relevant information, such
16 as voting record, political party affiliation, or
17 position on particular policies.

18 (3) TERM; VACANCIES.—

19 (A) TERM.—A member shall be appointed
20 for the life of the Commission.

21 (B) VACANCIES.—A vacancy on the Com-
22 mission—

23 (i) shall not affect the powers of the
24 Commission; and

1 (ii) shall be filled in the same manner
2 as the original appointment was made.

3 (4) MEETINGS.—The Commission shall meet at
4 the call of the Chairperson.

5 (5) QUORUM.—A majority of the members of
6 the Commission shall constitute a quorum, but a
7 lesser number of members may hold hearings.

8 (6) CHAIRPERSON AND VICE CHAIRPERSON.—
9 The Commission shall select a Chairperson from
10 among the members of the Commission.

11 (b) DUTIES.—

12 (1) STUDY.—The Commission shall conduct a
13 study of all matters relating to children’s health cov-
14 erage.

15 (2) RECOMMENDATIONS.—The Commission
16 shall develop recommendations on policy improve-
17 ments at the State and national levels, and in the
18 private sector, with respect to children’s health cov-
19 erage.

20 (3) REPORT.—

21 (A) ANNUAL REPORTS.—During the 2 year
22 period beginning on the date of enactment of
23 this Act, the Commission shall submit to the
24 President and Congress annual reports evalu-
25 ating the status of children’s health coverage,

1 together with recommendations for such legisla-
2 tion and administrative administrative actions
3 as the Commission determines would result in
4 improvements in such health coverage at the
5 State and national levels, and in the private
6 sector.

7 (B) FINAL REPORT.—Not later than 3
8 years after such date of enactment, the Com-
9 mission shall submit to the President and Con-
10 gress a report that contains the recommenda-
11 tions of the Commission for such legislation and
12 administrative actions as the Commission deter-
13 mines would result in comprehensive health cov-
14 erage of all children in the United States.

15 (c) POWERS.—

16 (1) HEARINGS.—The Commission may hold
17 such hearings, meet and act at such times and
18 places, take such testimony, and receive such evi-
19 dence as the Commission considers advisable to
20 carry out this Act.

21 (2) INFORMATION FROM FEDERAL AGENCIES.—

22 (A) IN GENERAL.—The Commission may
23 secure directly from a Federal agency such in-
24 formation as the Commission considers nec-
25 essary to carry out this Act.

1 (B) PROVISION OF INFORMATION.—On re-
2 quest of the Chairperson of the Commission,
3 the head of the agency shall provide the infor-
4 mation to the Commission.

5 (3) POSTAL SERVICES.—The Commission may
6 use the United States mails in the same manner and
7 under the same conditions as other agencies of the
8 Federal Government.

9 (4) GIFTS.—The Commission may accept, use,
10 and dispose of gifts or donations of services or prop-
11 erty.

12 (d) COMMISSION PERSONNEL MATTERS.—

13 (1) COMPENSATION OF MEMBERS.—

14 (A) NON-FEDERAL EMPLOYEES.—A mem-
15 ber of the Commission who is not an officer or
16 employee of the Federal Government shall be
17 compensated at a rate equal to the daily equiva-
18 lent of the annual rate of basic pay prescribed
19 for level IV of the Executive Schedule under
20 section 5315 of title 5, United States Code, for
21 each day (including travel time) during which
22 the member is engaged in the performance of
23 the duties of the Commission.

24 (B) FEDERAL EMPLOYEES.—A member of
25 the Commission who is an officer or employee

1 of the Federal Government shall serve without
2 compensation in addition to the compensation
3 received for the services of the member as an
4 officer or employee of the Federal Government.

5 (2) TRAVEL EXPENSES.—A member of the
6 Commission shall be allowed travel expenses, includ-
7 ing per diem in lieu of subsistence, at rates author-
8 ized for an employee of an agency under subchapter
9 I of chapter 57 of title 5, United States Code, while
10 away from the home or regular place of business of
11 the member in the performance of the duties of the
12 Commission.

13 (3) STAFF.—

14 (A) IN GENERAL.—The Chairperson of the
15 Commission may, without regard to the civil
16 service laws (including regulations), appoint
17 and terminate an executive director and such
18 other additional personnel as are necessary to
19 enable the Commission to perform the duties of
20 the Commission.

21 (B) CONFIRMATION OF EXECUTIVE DIREC-
22 TOR.—The employment of an executive director
23 shall be subject to confirmation by the Commis-
24 sion.

25 (C) COMPENSATION.—

1 (i) IN GENERAL.—Except as provided
2 in subparagraph (B), the Chairperson of
3 the Commission may fix the compensation
4 of the executive director and other per-
5 sonnel without regard to the provisions of
6 chapter 51 and subchapter III of chapter
7 53 of title 5, United States Code, relating
8 to classification of positions and General
9 Schedule pay rates.

10 (ii) MAXIMUM RATE OF PAY.—The
11 rate of pay for the executive director and
12 other personnel shall not exceed the rate
13 payable for level V of the Executive Sched-
14 ule under section 5316 of title 5, United
15 States Code.

16 (4) DETAIL OF FEDERAL GOVERNMENT EM-
17 PLOYEES.—

18 (A) IN GENERAL.—An employee of the
19 Federal Government may be detailed to the
20 Commission without reimbursement.

21 (B) CIVIL SERVICE STATUS.—The detail of
22 the employee shall be without interruption or
23 loss of civil service status or privilege.

24 (5) PROCUREMENT OF TEMPORARY AND INTER-
25 MITTENT SERVICES.—The Chairperson of the Com-

1 mission may procure temporary and intermittent
2 services in accordance with section 3109(b) of title
3 5, United States Code, at rates for individuals that
4 do not exceed the daily equivalent of the annual rate
5 of basic pay prescribed for level V of the Executive
6 Schedule under section 5316 of that title.

7 (e) AUTHORIZATION OF APPROPRIATIONS.—There
8 are authorized to be appropriated such sums as are nec-
9 essary to carry out this section.

10 (f) TERMINATION OF COMMISSION.—The Commis-
11 sion shall terminate 90 days after the date on which the
12 Commission submits the final report of the Commission
13 under subsection (b)(3)(B).

○