111TH CONGRESS
1ST SESSION

S. ______

To make quality, affordable health care available to all Americans, reduce costs, improve health care quality, enhance disease prevention, and strengthen the health care workforce.

IN THE SENATE OF THE UNITED STATES

______________________ introduced the following bill; which was read twice and referred to the Committee on ______________________

A BILL

To make quality, affordable health care available to all Americans, reduce costs, improve health care quality, enhance disease prevention, and strengthen the health care workforce.

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 "Affordable Health Choices Act".

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

Sec. 1. Short title; table of contents.

TITLE I—QUALITY, AFFORDABLE HEALTH CARE FOR ALL AMERICANS

Subtitle A—Effective Coverage for All Americans

PART I—PROVISIONS APPLICABLE TO THE INDIVIDUAL AND GROUP MARKETS

Sec. 101. Amendment to the Public Health Service Act.
"Sec. 2705. Prohibition of preexisting condition exclusions or other discrimination based on health status.
"Sec. 2701. Fair insurance coverage.
"Sec. 2702. Guaranteed availability of coverage.
"Sec. 2703. Guaranteed renewability of coverage.
"Sec. 2704. Bringing down the cost of health care coverage.
"Sec. 2706. Prohibiting discrimination against individual participants and beneficiaries based on health status.
"Sec. 2707. Ensuring the quality of care.
"Sec. 2708. Coverage of preventive health services.
"Sec. 2709. Extension of dependent coverage.
"Sec. 2710. No lifetime or annual limits.

PART II—PROVISION APPLICABLE TO THE GROUP MARKET

Sec. 121. Amendment to the Public Health Service Act.
"Sec. 2719. Prohibition of discrimination based on salary.

PART III—OTHER PROVISIONS

Sec. 131. No changes to existing coverage.
Sec. 132. Applicability.
Sec. 133. Conforming amendments.
Sec. 134. Effective dates.

Subtitle B—Available Coverage for All Americans

Sec. 141. Assumptions regarding medicaid.
Sec. 142. Building on the success of the Federal Employees Health Benefit Program so all americans have affordable health benefit choices.
Sec. 143. Affordable health choices for all americans.

"TITLE XXXI—AFFORDABLE HEALTH CHOICES FOR ALL AMERICANS

"Subtitle A—Affordable Choices

"Sec. 3101. Affordable choices of health benefit plans.
"Sec. 3102. Financial integrity.
"Sec. 3103. Seeking the best medical advice.
"Sec. 3104. Allowing State flexibility.
"Sec. 3105. Navigators.

Subtitle C—Affordable Coverage for All Americans

Sec. 151. Support for affordable health coverage.

"Subtitle B—Making Coverage Affordable

"Sec. 3111. Support for affordable health coverage.
"Sec. 3112. Small business health options program credit.
Sec. 152. Non-discrimination in health care.

Subtitle D—Shared Responsibility for Health Care

Sec. 161. Individual responsibility.
Sec. 162. Notification on the availability of affordable health choices.
Sec. 163. Shared responsibility of employers.
"Sec. 3115. Shared responsibility of employers.
"Sec. 3116. Definitions.

Subtitle E—Improving Access to Health Care Services

Sec. 171. Spending for Federally Qualified Health Centers (FQHCs).
Sec. 172. Other provisions.
Sec. 173. Funding for National Health Service Corps.
Sec. 174. Negotiated rulemaking for development of methodology and criteria for designating medically underserved populations and health professions shortage areas.
Sec. 175. Equity for certain eligible survivors.
Sec. 176. Reauthorization of emergency medical services for children program.

Subtitle F—Making Health Care More Affordable for Retirees

Sec. 181. Reinsurance for retirees.

Subtitle G—Improving the Use of Health Information Technology for Enrollment; Miscellaneous Provisions

Sec. 185. Health information technology enrollment standards and protocols.
Sec. 186. Rule of construction regarding Hawaii's Prepaid Health Care Act.
Sec. 187. Key National indicators.

Subtitle H—CLASS Act

Sec. 190. Short title of subtitle.

PART I—COMMUNITY LIVING ASSISTANCE SERVICES AND SUPPORTS

Sec. 191. Establishment of national voluntary insurance program for purchasing community living assistance services and support.

"TITLE XXXII—COMMUNITY LIVING ASSISTANCE SERVICES AND SUPPORTS

"Sec. 3201. Purpose.
"Sec. 3202. Definitions.
"Sec. 3203. CLASS Independence Benefit Plan.
"Sec. 3204. Enrollment and disenrollment requirements.
"Sec. 3205. Benefits.
"Sec. 3206. CLASS Independence Fund.
"Sec. 3207. CLASS Independence Advisory Council.
"Sec. 3208. Regulations; annual report.
"Sec. 3209. Tax treatment of program.

PART II—AMENDMENTS TO THE INTERNAL REVENUE CODE OF 1986

Sec. 195. Credit for costs of employers who elect to automatically enroll employees and withhold class premiums from wages.
Sec. 196. Long-term care insurance includible in cafeteria plans.

TITLE II—IMPROVING THE QUALITY AND EFFICIENCY OF HEALTH CARE

Subtitle A—National Strategy to Improve Health Care Quality

Sec. 201. National strategy.
Sec. 202. Interagency Working Group on Health Care Quality.
Sec. 203. Quality measure development.
Sec. 204. Quality measure endorsement; public reporting; data collection.
Sec. 205. Collection and analysis of quality measure data.

Subtitle B—Health Care Quality Improvements

Sec. 211. Health care delivery system research; Quality improvement technical assistance.
Sec. 212. Grants to establish community health teams to support a medical home model.
Sec. 213. Grants to implement medication management services in treatment of chronic disease.
Sec. 214. Design and implementation of regionalized systems for emergency care.
Sec. 215. Trauma care centers and service availability.
Sec. 216. Reducing and reporting hospital readmissions.
Sec. 217. Program to facilitate shared decision-making.
Sec. 218. Presentation of drug information.
Sec. 219. Center for health outcomes research and evaluation.
Sec. 220. Demonstration program to integrate quality improvement and patient safety training into clinical education of health professionals.
Sec. 221. Office of women's health.
Sec. 222. Administrative simplification.

TITLE III—IMPROVING THE HEALTH OF THE AMERICAN PEOPLE

Subtitle A—Modernizing Disease Prevention of Public Health Systems

Sec. 301. National Prevention, Health Promotion and public health council.
Sec. 302. Prevention and Public Health Investment Fund.
Sec. 303. Clinical and community Preventive Services.
Sec. 304. Education and outreach campaign regarding preventive benefits.

Subtitle B—Increasing Access to Clinical Preventive Services

Sec. 311. Right choices program.
Sec. 312. School-based health clinics.
Sec. 313. Oral healthcare prevention activities.
Sec. 314. Oral health improvement.

Subtitle C—Creating Healthier Communities

Sec. 321. Community transformation grants.
Sec. 322. Healthy aging, living well.
Sec. 323. Wellness for individuals with disabilities.
Sec. 324. Immunizations.

Sec. 325. Nutrition labeling of standard menu items at Chain Restaurants and of articles of food sold from vending machines.

Subtitle D—Support for Prevention and Public Health Information

Sec. 331. Research on optimizing the delivery of public health services.
Sec. 332. Understanding health disparities: data collection and analysis.
Sec. 333. Health impact assessments.
Sec. 334. CDC and employer-based wellness programs.

TITLE IV—HEALTH CARE WORKFORCE

Subtitle A—Purpose and Definitions

Sec. 401. Purpose.
Sec. 402. Definitions.

Subtitle B—Innovations in the Health Care Workforce

Sec. 411. National health care workforce commission.
Sec. 412. State health care workforce development grants.
Sec. 413. Health care workforce program assessment.

Subtitle C—Increasing the Supply of the Health Care Workforce

Sec. 421. Federally supported student loan funds.
Sec. 422. Nursing student loan program.
Sec. 423. Health care workforce loan repayment programs.
Sec. 424. Public health workforce recruitment and retention programs.
Sec. 425. Allied health workforce recruitment and retention programs.
Sec. 426. Grants for State and local programs.
Sec. 427. Funding for National Health Service Corps.
Sec. 428. Nurse-managed health clinics.
Sec. 429. Elimination of cap on commissioned corp.
Sec. 430. Establishing a Ready Reserve Corps.

Subtitle D—Enhancing Health Care Workforce Education and Training

Sec. 431. Training in family medicine, general internal medicine, general pediatrics, and physician assistantship.
Sec. 432. Training opportunities for direct care workers.
Sec. 433. Training in general, pediatric, and public health dentistry.
Sec. 434. Alternative dental health care providers demonstration project.
Sec. 435. Geriatric education and training; career awards; comprehensive geriatric education.
Sec. 436. Mental and behavioral health education and training grants.
Sec. 437. Cultural competency, prevention and public health and individuals with disabilities training.
Sec. 438. Advanced nursing education grants.
Sec. 439. Nurse education, practice, and retention grants.
Sec. 440. Loan repayment and scholarship program.
Sec. 441. Nurse faculty loan program.
Sec. 442. Authorization of appropriations for parts B through D of title VIII.
Sec. 443. Grants to promote the community health workforce.
Sec. 444. Youth public health program.
Sec. 445. Fellowship training in public health.

Subtitle E—Supporting the Existing Health Care Workforce

Sec. 451. Centers of excellence.
Sec. 452. Health care professionals training for diversity.
Sec. 453. Interdisciplinary, community-based linkages.
Sec. 454. Workforce diversity grants.
Sec. 455. Primary care extension program.

Subtitle F—General Provisions

Sec. 461. Reports.

TITLE V—PREVENTING FRAUD AND ABUSE

Subtitle A—Establishment of New Health and Human Services and Department of Justice Health Care Fraud Positions

Sec. 501. Health and Human Services Senior Advisor.
Sec. 502. Department of Justice Position.

Subtitle B—Health Care Program Integrity Coordinating Council

Sec. 511. Establishment.

Subtitle C—False Statements and Representations

Sec. 521. Prohibition on false statements and representations.

Subtitle D—Federal Health Care Offense

Sec. 531. Clarifying definition.

Subtitle E—Uniformity in Fraud and Abuse Reporting

Sec. 541. Development of model uniform report form.

Subtitle F—Applicability of State Law to Combat Fraud and Abuse

Sec. 551. Applicability of State law to combat fraud and abuse.

Subtitle G—Enabling the Department of Labor to Issue Administrative Summary Cease and Desist Orders and Summary Seizures Orders Against Plans That Are in Financially Hazardous Condition

Sec. 561. Enabling the Department of Labor to issue administrative summary cease and desist orders and summary seizures orders against plans that are in financially hazardous condition.

Subtitle H—Requiring Multiple Employer Welfare Arrangement (MEWA) Plans to File a Registration Form With the Department of Labor Prior to Enrolling Anyone in the Plan

Sec. 571. MEWA plan registration with Department of Labor.

Subtitle I—Permitting Evidentiary Privilege and Confidential Communications

Sec. 581. Permitting evidentiary privilege and confidential communications.

TITLE VI—IMPROVING ACCESS TO INNOVATIVE MEDICAL THERAPIES

Subtitle A—Biologics Price Competition and Innovation

Subtitle B—More Affordable Medicines for Children and Underserved Communities

Sec. 611. Expanded participation in 340B program.
Sec. 612. Improvements to 340B program integrity.

1 # TITLE I—QUALITY, AFFORDABLE
2 # HEALTH CARE FOR ALL
3 # AMERICANS
4 ## Subtitle A—Effective Coverage for
5 ## All Americans
6 ### PART I—PROVISIONS APPLICABLE TO THE
7 ### INDIVIDUAL AND GROUP MARKETS
8 **SEC. 101. AMENDMENT TO THE PUBLIC HEALTH SERVICE**
9 **ACT.**
10 Part A of title XXVII of the Public Health Service
11 Act (42 U.S.C. 300gg et seq.) is amended—
12 (1) by striking the part heading and inserting
13 the following:
14 **“PART A—INDIVIDUAL AND GROUP MARKET**
15 **REFORMS”;**
16 (2) in section 2701 (42 U.S.C. 300gg)—
17 (A) by striking the section heading and
18 subsection (a) and inserting the following:
19 **“SEC. 2705. PROHIBITION OF PREEXISTING CONDITION EX-**
20 **CLUSIONS OR OTHER DISCRIMINATION**
21 **BASED ON HEALTH STATUS.**
22 ‘‘(a) IN GENERAL.—A group health plan and a health
23 insurance issuer offering group or individual health insur-

1 ance coverage may not impose any preexisting condition
2 exclusion with respect to such plan or coverage.''; and
3 (B) by transferring such section so as to
4 appear after the section 2704 as added by para-
5 graph (3);
6 (3) by redesignating existing sections 2704
7 through 2707 as sections 2715 through 2718; and
8 (4) by amending the remainder of subpart 1 of
9 such part to read as follows:

10 **"Subpart 1—General Reform**

11 **"SEC. 2701. FAIR INSURANCE COVERAGE.**

12 ''(a) IN GENERAL.—With respect to the premium
13 rate charged by a health insurance issuer for health insur-
14 ance coverage offered in the individual or group market—
15 ''(1) such rate shall vary only by—
16 ''(A) family structure;
17 ''(B) community rating area;
18 ''(C) the actuarial value of the benefit;
19 ''(D) age, except that such rate shall not
20 vary by more than 2 to 1; and
21 ''(2) such rate shall not vary by health status-
22 related factors, gender, class of business, claims ex-
23 perience, or any other factor not described in para-
24 graph (1).

1 ''(b) COMMUNITY RATING AREA.—Taking into ac-
2 count the applicable recommendations of the National As-
3 sociation of Insurance Commissioners, the Secretary shall
4 by regulation establish a minimum size for community rat-
5 ing areas for purposes of this section.

6 **''SEC. 2702. GUARANTEED AVAILABILITY OF COVERAGE.**

7 ''(a) ISSUANCE OF COVERAGE IN THE INDIVIDUAL
8 AND GROUP MARKET.—Subject to subsections (b)
9 through (e), each health insurance issuer that offers
10 health insurance coverage in the individual or group mar-
11 ket in a State must accept every employer and individual
12 in the State that applies for such coverage.

13 ''(b) ENROLLMENT.—

14 ''(1) RESTRICTION.—A health insurance issuer
15 described in subsection (a) may restrict enrollment
16 in coverage described in such subsection to open or
17 special enrollment periods.

18 ''(2) ESTABLISHMENT.—A health insurance
19 issuer described in subsection (a) shall, in accord-
20 ance with the regulations promulgated under para-
21 graph (3), establish special enrollment period for
22 qualifying life events (under section 125 of the In-
23 ternal Revenue Code of 1986).

1 ''(3) REGULATIONS.—The Secretary shall pro-
2 mulgate regulations with respect to enrollment peri-
3 ods under paragraphs (1) and (2).

4 **''SEC. 2703. GUARANTEED RENEWABILITY OF COVERAGE.**

5 ''Except as provided in this section, if a health insur-
6 ance issuer offers health insurance coverage in the indi-
7 vidual or group market, the issuer must renew or continue
8 in force such coverage at the option of the plan sponsor
9 of the plan, or the individual, as applicable.

10 **''SEC. 2704. BRINGING DOWN THE COST OF HEALTH CARE**
11 **COVERAGE.**

12 ''(a) CLEAR ACCOUNTING FOR COSTS.—A health in-
13 surance issuer offering group or individual health insur-
14 ance coverage shall submit to the Secretary a report con-
15 cerning the percentage of total premium revenue that such
16 coverage expends—
17 ''(1) on reimbursement for clinical services pro-
18 vided to enrollees under such plan or coverage;
19 ''(2) for activities that improve health care
20 quality; and
21 ''(3) on all other non-claims costs, including an
22 explanation of the nature of such costs.
23 ''(b) ENSURING THAT CONSUMERS RECEIVE VALUE
24 FOR THEIR PREMIUM PAYMENTS.—

1 "(1) REQUIREMENT TO PROVIDE VALUE FOR
2 PREMIUM PAYMENTS.—A health insurance issuer of-
3 fering group or individual health insurance coverage
4 shall provide an annual rebate to each enrollee under
5 such plan or coverage on a pro rata basis in the
6 amount by which the amount of premium revenue
7 expended on activities described in subsection (a)(3)
8 exceeds—
9 "(A) with respect to a health insurance
10 issuer offering group insurance coverage, a per-
11 centage that the Secretary shall by regulation
12 determine based on the distribution of such per-
13 centages across such issuers; or
14 "(B) with respect to a health insurance
15 issuer offering individual insurance coverage, a
16 percentage that the Secretary shall by regula-
17 tion determine based on the distribution of such
18 percentages across such issuers.
19 "(2) EXEMPTION FOR NEW PLANS.—This sec-
20 tion shall not apply to a health insurance issuer of-
21 fering group or individual health insurance coverage
22 in its first full year of operation.
23 "(c) DEFINITION.—In this section, the term 'activi-
24 ties to improve health care quality' means activities de-
25 scribed in section 2706.

1 "(d) EXCEPTION TO REQUIREMENTS.—The informa-
2 tion provided in the report as described in subsection
3 (a)(3) shall not include income or other taxes, license or
4 regulatory fee costs, or the cost of any surcharge imposed
5 by a Gateway under title XXXI.

6 "(e) NOTIFICATION BY PLANS NOT PROVIDING MIN-
7 IMUM QUALIFYING COVERAGE.—Not later than 1 year
8 after the date on which the recommendation of the Council
9 with respect to minimum qualifying coverage become ef-
10 fective under section 3103, each health plan that fails to
11 provide such minimum qualifying coverage to enrollees
12 shall notify, in such manner required by the Secretary,
13 such enrollees of such failure prior to any such enrollment
14 restriction.

15 "(f) PROCESSES AND METHODS.—The Secretary
16 shall develop—

17 "(1) a methodology for calculating the percent-
18 age described in subsection (a)(3); and

19 "(2) a process for providing the rebates de-
20 scribed in subsection (b)(1).

21 **"SEC. 2706. PROHIBITING DISCRIMINATION AGAINST INDI-**
22 **VIDUAL PARTICIPANTS AND BENEFICIARIES**
23 **BASED ON HEALTH STATUS.**

24 "A group health plan and a health insurance issuer
25 offering group or individual health insurance coverage,

1 may not establish rules for eligibility (including continued
2 eligibility) of any individual to enroll under the terms of
3 the plan or coverage based on any of the following health
4 status-related factors in relation to the individual or a de-
5 pendent of the individual:
6 ‘‘(1) Health status.
7 ‘‘(2) Medical condition (including both physical
8 and mental illnesses).
9 ‘‘(3) Claims experience.
10 ‘‘(4) Receipt of health care.
11 ‘‘(5) Medical history.
12 ‘‘(6) Genetic information.
13 ‘‘(7) Evidence of insurability (including condi-
14 tions arising out of acts of domestic violence).
15 ‘‘(8) Disability.
16 ‘‘(9) Any other health status-related factor de-
17 termined appropriate by the Secretary.
18 **‘‘SEC. 2707. ENSURING THE QUALITY OF CARE.**
19 ‘‘(a) IN GENERAL.—A group health plan and a health
20 insurance issuer offering group or individual health insur-
21 ance coverage shall develop and implement a reimburse-
22 ment structure for making payments to health care pro-
23 viders that provides incentives for—

1 "(1) the provision of high quality health care
2 under the plan or coverage in a manner that in-
3 cludes—
4 "(A) the implementation of case manage-
5 ment, care coordination, chronic disease man-
6 agement, and medication and care compliance
7 activities that includes the use of the medical
8 home model as defined in section 212 of the Af-
9 fordable Health Choices Act for treatment or
10 services under the plan or coverage;
11 "(B) the implementation of activities to
12 prevent hospital readmissions through a com-
13 prehensive program for hospital discharge that
14 includes patient-centered education and coun-
15 seling, comprehensive discharge planning, and
16 post discharge reinforcement by an appropriate
17 health care professional;
18 "(C) the implementation of activities to
19 improve patient safety and reduce medical er-
20 rors through the appropriate use of best clinical
21 practices, evidence based medicine, and health
22 information technology under the plan or cov-
23 erage;
24 "(D) child health measures under section
25 1139A of the Social Security Act; and

1 ''(E) culturally and linguistically appro-
2 priate care, as defined by the Secretary; and
3 ''(2) substantially reflects the payment policy of
4 the Medicare program under title XVIII of the So-
5 cial Security Act and the Children's Health Insur-
6 ance Program under title XXI of such Act with re-
7 spect to any generally implemented incentive policy
8 to promote high quality health care.
9 ''(b) REGULATIONS.—Not later than 180 days after
10 the date of enactment of the Affordable Health Choices
11 Act, the Secretary shall promulgate regulations—
12 ''(1) that define the term 'generally imple-
13 mented' for purposes of subsection (a)(2);
14 ''(2) that require the expiration of a minimum
15 period of time between the date on which a policy
16 is generally implemented for purposes of subsection
17 (a)(2) and the date on which such policy shall apply
18 with respect to health insurance coverage offered in
19 the individual or group market; and
20 ''(3) that provide criteria for determining
21 whether a payment policy is described in subsection
22 (a)(2).
23 **''SEC. 2708. COVERAGE OF PREVENTIVE HEALTH SERVICES.**
24 ''(a) IN GENERAL.—A group health plan and a health
25 insurance issuer offering group or individual health insur-

1 ance coverage shall provide coverage for and shall not im-
2 pose any cost sharing requirements (other than minimal
3 cost sharing in accordance with guidelines developed by
4 the Secretary) for—
5 ‘‘(1) items or services that have in effect a rat-
6 ing of ‘A’ or ‘B’ in the current recommendations of
7 the United States Preventive Services Task Force;
8 ‘‘(2) immunizations that have in effect a rec-
9 ommendation from the Advisory Committee on Im-
10 munization Practices of the Centers for Disease
11 Control and Prevention with respect to the indi-
12 vidual involved; and
13 ‘‘(3) with respect to infants, children and ado-
14 lescents, preventive care and screenings provided for
15 in the comprehensive guidelines supported by the
16 Health Resources and Services Administration.
17 ‘‘(b) INTERVAL.—
18 ‘‘(1) IN GENERAL.—The Secretary shall estab-
19 lish a minimum interval between the date on which
20 a recommendation described in subsection (a)(1) or
21 (a)(2) or a guideline under subsection (a)(3) is
22 issued and the plan year with respect to which the
23 requirement described in subsection (a) is effective
24 with respect to the service described in such rec-
25 ommendation or guideline.

1 "(2) MINIMUM.—The Secretary shall provide
2 that the interval described in paragraph (1) is not
3 less than 1 year.
4 "(c) SPECIAL RULE FOR INITIAL RECOMMENDA-
5 TIONS.—Subsection (b) shall apply with respect to any
6 recommendations described in subsection (a)(1) or (2) and
7 any guidelines described in subsection (a)(3) on plan years
8 beginning on and after January 1, 2010.

9 **"SEC. 2709. EXTENSION OF DEPENDENT COVERAGE.**

10 "(a) IN GENERAL.—A group health plan and a health
11 insurance issuer offering group or individual health insur-
12 ance coverage that provides dependant coverage of chil-
13 dren shall make available such coverage for children who
14 are not more than 26 years of age.
15 "(b) REGULATIONS.—The Secretary shall promul-
16 gate regulations to define the scope of the dependants to
17 which coverage shall be made available under subsection
18 (a).

19 **"SEC. 2710. NO LIFETIME OR ANNUAL LIMITS.**

20 "A group health plan and a health insurance issuer
21 offering group or individual health insurance coverage
22 may not establish lifetime or annual limits on benefits for
23 any participant or beneficiary.".

1 **PART II—PROVISION APPLICABLE TO THE**
2 **GROUP MARKET**

3 **SEC. 121. AMENDMENT TO THE PUBLIC HEALTH SERVICE**
4 **ACT.**

5 (a) IN GENERAL.—Subpart 2 of part A of title
6 XXVII of the Public Health Service Act (42 U.S.C.
7 300gg-4 et seq.) is amended by adding at the end the fol-
8 lowing:

9 **"SEC. 2719. PROHIBITION OF DISCRIMINATION BASED ON**
10 **SALARY.**

11 "(a) IN GENERAL.—A group health plan and a health
12 insurance issuer offering group health insurance coverage
13 may not establish rules relating to the health insurance
14 coverage eligibility (including continued eligibility) of any
15 full-time employee under the terms of the plan that are
16 based on the total hourly or annual salary of the employee.

17 "(b) LIMITATION.—Subsection (a) shall not be con-
18 strued to prohibit a group health plan or health insurance
19 issuer from establishing contribution requirements for en-
20 rollment in the plan or coverage that provide for the pay-
21 ment by employees with lower hourly or annual compensa-
22 tion of a lower dollar or percentage contribution than the
23 payment required of a similarly situated employees with
24 a higher hourly or annual compensation.".

1 (b) TECHNICAL AMENDMENTS.—Subpart 3 of part
2 A of title XXVII of the Public Health Service Act (42
3 U.S.C. 300gg-11 et seq.) is repealed.

4 **PART III—OTHER PROVISIONS**

5 **SEC. 131. NO CHANGES TO EXISTING COVERAGE.**

6 (a) OPTION TO RETAIN CURRENT INSURANCE COV-
7 ERAGE.—With respect to a group health plan or health
8 insurance coverage in which an individual was enrolled
9 prior to the effective date of this title, this subtitle (and
10 the amendments made by this subtitle) shall not apply to
11 such plan or coverage.

12 (b) ALLOWANCE FOR FAMILY MEMBERS TO JOIN
13 CURRENT COVERAGE.—With respect to a group health
14 plan or health insurance coverage in which an individual
15 was enrolled prior to the effective date of this title and
16 which is renewed after such date, family members of such
17 individual shall be permitted to enroll in such plan or cov-
18 erage.

19 (c) NO ADDITIONAL BENEFIT.—Paragraph (1) shall
20 only apply to individuals described in such paragraph and
21 the family members of such individuals (as provided for
22 in subsection (b)).

1 **SEC. 132. APPLICABILITY.**

2 (a) EXCLUSION OF CERTAIN PLANS.—Section 2721
3 of the Public Health Service Act (42 U.S.C. 300gg-21)
4 is amended—

5 (1) by striking subsection (a);

6 (2) in subsection (b)—

7 (A) in paragraph (1), by striking "1
8 through 3" and inserting "1 and 2"; and

9 (B) in paragraph (2)—

10 (i) in subparagraph (A), by striking
11 "subparagraph (D)" and inserting "sub-
12 paragraph (D) or (E)";

13 (ii) by striking "1 through 3" and in-
14 serting "1 and 2"; and

15 (iii) by adding at the end the fol-
16 lowing:

17 "(E) ELECTION NOT APPLICABLE.—The
18 election described in subparagraph (A) shall not
19 be available with respect to the provisions of
20 subpart 1.";

21 (3) in subsection (c), by striking "1 through 3
22 shall not apply to any group" and inserting "1 and
23 2 shall not apply to any individual coverage or any
24 group"; and

25 (4) in subsection (d)—

1 (A) in paragraph (1), by striking ''1
2 through 3 shall not apply to any group'' and in-
3 serting ''1 and 2 shall not apply to any indi-
4 vidual coverage or any group'';
5 (B) in paragraph (2)—
6 (i) in the matter preceding subpara-
7 graph (A), by striking ''1 through 3 shall
8 not apply to any group'' and inserting ''1
9 and 2 shall not apply to any individual cov-
10 erage or any group''; and
11 (ii) in subparagraph (C), by inserting
12 ''or, with respect to individual coverage,
13 under any health insurance coverage main-
14 tained by the same health insurance
15 issuer''; and
16 (C) in paragraph (3), by striking ''any
17 group'' and inserting ''any individual coverage
18 or any group''.
19 (b) SPECIAL RULE FOR COLLECTIVE BARGAINING
20 AGREEMENTS.—In the case of health insurance coverage
21 maintained pursuant to one or more collective bargaining
22 agreements between employee representatives and one or
23 more employers ratified before the date of the enactment
24 of this Act, the provisions of this subtitle (and the amend-

1 ments made by this subtitle) shall not apply to plan years
2 beginning before the later of—
3 (1) the date on which the last of the collective
4 bargaining agreements relating to the coverage ter-
5 minates (determined without regard to any extension
6 thereof agreed to after the date of the enactment of
7 this Act); or
8 (2) the date that is after the end of the 12th
9 calendar month following the date of enactment of
10 this Act.
11 For purposes of paragraph (1), any coverage amendment
12 made pursuant to a collective bargaining agreement relat-
13 ing to the coverage which amends the coverage solely to
14 conform to any requirement added by this subtitle (or
15 amendments) shall not be treated as a termination of such
16 collective bargaining agreement.
17 **SEC. 133. CONFORMING AMENDMENTS.**
18 (a) PUBLIC HEALTH SERVICE ACT.—Title XXVII of
19 the Public Health Service Act (42 U.S.C. 300gg et seq.)
20 is amended—
21 (1) in section 2705 (42 U.S.C. 300gg), as so
22 redesignated by section 101—
23 (A) in subsection (c)—
24 (i) in paragraph (2), by striking
25 ''group health plan'' each place that such

1 appears and inserting "group or individual
2 health plan"; and
3 (ii) in paragraph (3)—
4 (I) by striking "group health in-
5 surance" each place that such appears
6 and inserting "group or individual
7 health insurance"; and
8 (II) in subparagraph (D), by
9 striking "small or large" and insert-
10 ing "individual or group";
11 (B) in subsection (d), by striking "group
12 health insurance" each place that such appears
13 and inserting "group or individual health insur-
14 ance"; and
15 (C) in subsection (e)(1)(A), by striking
16 "group health insurance" and inserting "group
17 or individual health insurance";
18 (2) in section 2702 (42 U.S.C. 300gg-1)—
19 (A) by striking the section heading and all
20 that follows through subsection (a)—
21 (B) in subsection (b)—
22 (i) by striking "health insurance
23 issuer offering health insurance coverage in
24 connection with a group health plan" each
25 place that such appears and inserting

1 "health insurance issuer offering group or
2 individual health insurance coverage";
3 (ii) in paragraph (2)(A)—
4 (I) by inserting "or individual"
5 after "employer"; and
6 (II) by inserting "or individual
7 health coverage, as the case may be"
8 before the semicolon; and
9 (iii) by transferring such section to
10 appear at the end of section 2705 (as
11 added by section 101(4));
12 (3) by striking the heading for subpart 2 of
13 part A;
14 (4) in section 2715 (42 U.S.C. 300gg-4), as so
15 redesignated—
16 (A) in subsection (a), by striking "health
17 insurance issuer offering group health insur-
18 ance coverage" and inserting "health insurance
19 issuer offering group or individual health insur-
20 ance coverage";
21 (B) in subsection (b)—
22 (i) by striking "health insurance
23 issuer offering group health insurance cov-
24 erage in connection with a group health
25 plan" in the matter preceding paragraph

1 (1) and inserting ''health insurance issuer
2 offering group or individual health insur-
3 ance coverage''; and
4 (ii) in paragraph (1), by striking
5 ''plan'' and inserting ''plan or coverage'';
6 (C) in subsection (c)—
7 (i) in paragraph (2), by striking
8 ''group health insurance coverage offered
9 by a health insurance issuer'' and inserting
10 ''health insurance issuer offering group or
11 individual health insurance coverage''; and
12 (ii) in paragraph (3), by striking
13 ''issuer'' and inserting ''health insurance
14 issuer''; and
15 (D) in subsection (e), by striking ''health
16 insurance issuer offering group health insur-
17 ance coverage'' and inserting ''health insurance
18 issuer offering group or individual health insur-
19 ance coverage'';
20 (5) in section 2716 (42 U.S.C. 300gg-5), as so
21 redesignated—
22 (A) in subsection (a), by striking ''(or
23 health insurance coverage offered in connection
24 with such a plan)'' each place that such appears
25 and inserting ''or a health insurance issuer of-

1 fering group or individual health insurance cov-
2 erage'';
3 (B) in subsection (b), by striking ''(or
4 health insurance coverage offered in connection
5 with such a plan)'' each place that such appears
6 and inserting ''or a health insurance issuer of-
7 fering group or individual health insurance cov-
8 erage''; and
9 (C) in subsection (c)—
10 (i) in paragraph (1), by striking ''(and
11 group health insurance coverage offered in
12 connection with a group health plan)'' and
13 inserting ''and a health insurance issuer
14 offering group or individual health insur-
15 ance coverage'';
16 (ii) in paragraph (2), by striking ''(or
17 health insurance coverage offered in con-
18 nection with such a plan)'' each place that
19 such appears and inserting ''or a health in-
20 surance issuer offering group or individual
21 health insurance coverage'';
22 (6) in section 2717 (42 U.S.C. 300gg-6), as so
23 redesignated, by striking ''health insurance issuers
24 providing health insurance coverage in connection
25 with group health plans'' and inserting ''and health

1 insurance issuers offering group or individual health
2 insurance coverage'';
3 (7) in section 2718 (42 U.S.C. 300gg-7), as so
4 redesignated—
5 (A) in subsection (a), by striking ''health
6 insurance coverage offered in connection with
7 such plan'' and inserting ''individual health in-
8 surance coverage'';
9 (B) in subsection (b)—
10 (i) in paragraph (1), by striking ''or a
11 health insurance issuer that provides
12 health insurance coverage in connection
13 with a group health plan'' and inserting
14 ''or a health insurance issuer that offers
15 group or individual health insurance cov-
16 erage'';
17 (ii) in paragraph (2), by striking
18 ''health insurance coverage offered in con-
19 nection with the plan'' and inserting ''indi-
20 vidual health insurance coverage''; and
21 (iii) in paragraph (3), by striking
22 ''health insurance coverage offered by an
23 issuer in connection with such plan'' and
24 inserting ''individual health insurance cov-
25 erage'';

1 (C) in subsection (c), by striking ''health
2 insurance issuer providing health insurance cov-
3 erage in connection with a group health plan''
4 and inserting ''health insurance issuer that of-
5 fers group or individual health insurance cov-
6 erage''; and
7 (D) in subsection (e)(1), by striking
8 ''health insurance coverage offered in connec-
9 tion with such a plan'' and inserting ''individual
10 health insurance coverage'';
11 (8) by striking the heading for subpart 3;
12 (9) in section 2711 (42 U.S.C. 300gg-11)—
13 (A) by striking the section heading and all
14 that follows through subsection (b);
15 (B) in subsection (c)—
16 (i) in paragraph (1)—
17 (I) in the matter preceding sub-
18 paragraph (A), by striking ''small
19 group'' and inserting ''group and indi-
20 vidual'';
21 (II) in subparagraph (A), by in-
22 serting ''and individuals'' after ''em-
23 ployers''; and
24 (III) in subparagraph (B)—

1 (aa) in the matter preceding
2 clause (i), by inserting ‘‘and indi-
3 viduals’’ after ‘‘employers’’;
4 (bb) in clause (i), by insert-
5 ing ‘‘or any additional individ-
6 uals’’ after ‘‘additional groups’’;
7 and
8 (cc) in clause (ii), by strik-
9 ing ‘‘without regard to the claims
10 experience of those employers
11 and their employees (and their
12 dependents) or any health status-
13 related factor relating to such’’
14 and inserting ‘‘and individuals
15 without regard to the claims ex-
16 perience of those individuals, em-
17 ployers and their employees (and
18 their dependents) or any health
19 status-related factor relating to
20 such individuals’’; and
21 (ii) in paragraph (2), by striking
22 ‘‘small group’’ and inserting ‘‘group or in-
23 dividual’’;
24 (C) in subsection (d)—

1 (i) by striking ‘‘small group’’ each
2 place that such appears and inserting
3 ‘‘group or individual’’; and
4 (ii) in paragraph (1)(B)—
5 (I) by striking ‘‘all employers’’
6 and inserting ‘‘all employers and indi-
7 viduals’’;
8 (II) by striking ‘‘those employ-
9 ers’’ and inserting ‘‘those individuals,
10 employers’’; and
11 (III) by striking ‘‘such employ-
12 ees’’ and inserting ‘‘such individuals,
13 employees’’;
14 (D) by striking subsection (e); and
15 (E) by transferring such section to appear
16 at the end of section 2702 (as added by section
17 101(4));
18 (10) in section 2712 (42 U.S.C. 300gg-12)—
19 (A) by striking the section heading and all
20 that follows through subsection (a);
21 (B) in subsection (b)—
22 (i) in the matter preceding paragraph
23 (1), by striking ‘‘group health plan in the
24 small or large group market’’ and inserting

1 "health insurance coverage offered in the
2 group or individual market";
3 (ii) in paragraph (1), by inserting ",
4 or individual, as applicable," after "plan
5 sponsor";
6 (iii) in paragraph (2), by inserting ",
7 or individual, as applicable," after "plan
8 sponsor"; and
9 (iv) by striking paragraph (3) and in-
10 serting the following:
11 "(3) VIOLATION OF PARTICIPATION OR CON-
12 TRIBUTION RATES.—In the case of a group health
13 plan, the plan sponsor has failed to comply with a
14 material plan provision relating to employer con-
15 tribution or group participation rules, pursuant to
16 applicable State law.";
17 (C) in subsection (c)—
18 (i) in paragraph (1)—
19 (I) in the matter preceding sub-
20 paragraph (A), by striking "group
21 health insurance coverage offered in
22 the small or large group market" and
23 inserting "group or individual health
24 insurance coverage";

1 (II) in subparagraph (A), by in-
2 serting ''or individual, as applicable,''
3 after ''plan sponsor'';
4 (III) in subparagraph (B)—
5 (aa) by inserting ''or indi-
6 vidual, as applicable,'' after ''plan
7 sponsor''; and
8 (bb) by inserting ''or indi-
9 vidual health insurance cov-
10 erage''; and
11 (IV) in subparagraph (C), by in-
12 serting ''or individuals, as applicable,''
13 after ''those sponsors''; and
14 (ii) in paragraph (2)(A)—
15 (I) in the matter preceding clause
16 (i), by striking ''small group market
17 or the large group market, or both
18 markets,'' and inserting ''individual or
19 group market, or all markets,''; and
20 (II) in clause (i), by inserting ''or
21 individual, as applicable,'' after ''plan
22 sponsor''; and
23 (D) by transferring such section to appear
24 at the end of section 2702 (as added by section
25 101(4));

1 (11) in section 2713 (42 U.S.C. 300gg-13)—
2 (A) in subsection (a)—
3 (i) in the matter preceding paragraph
4 (1), by inserting "or an individual" after
5 "employer"; and
6 (ii) in paragraphs (1) and (2), by in-
7 serting ", or individual, as applicable,"
8 after "employer" each place that such ap-
9 pears;
10 (B) in subsection (b)—
11 (i) in paragraph (1)—
12 (I) in the matter preceding sub-
13 paragraph (A), by inserting ", or indi-
14 vidual, as applicable," after "em-
15 ployer";
16 (II) in subparagraph (A), by add-
17 ing "and" at the end;
18 (III) by striking subparagraphs
19 (B) and (C); and
20 (IV) by redesignated subpara-
21 graph (D) as subparagraph (B); and
22 (ii) in paragraph (2), by inserting ",
23 or individual, as applicable," after "em-
24 ployer" each place that such appears; and

1 (C) by redesignating such section as sec-
2 tion 2710 and transferring such section to ap-
3 pear after section 2709 (as added by section
4 101(4));
5 (12) by redesignating subpart 4 as subpart 2;
6 (13) in section 2721 (42 U.S.C. 300gg-21)—
7 (A) by striking subsection (a);
8 (B) by striking ‘‘subparts 1 through 3’’
9 each place that such appears and inserting
10 ‘‘subpart 1’’; and
11 (C) by redesignating subsections (b)
12 through (e) as subsections (a) through (d), re-
13 spectively;
14 (14) in section 2722 (42 U.S.C. 300gg-22)—
15 (A) in subsection (a)—
16 (i) in paragraph (1), by striking
17 ‘‘small or large group markets’’ and insert-
18 ing ‘‘individual or group market’’; and
19 (ii) in paragraph (2), by inserting ‘‘or
20 individual health insurance coverage’’ after
21 ‘‘group health plans’’; and
22 (B) in subsection (b)(1)(B), by inserting
23 ‘‘individual health insurance coverage or’’ after
24 ‘‘respect to’’; and

1 (15) in section 2723(a)(1) (42 U.S.C. 300gg-
2 23), by inserting ''individual or'' before ''group
3 health insurance''.
4 (b) TECHNICAL AMENDMENT TO THE EMPLOYEE
5 RETIREMENT INCOME SECURITY ACT OF 1974.—Subpart
6 B of part 7 of subtitle A of title I of the Employee Retire-
7 ment Income Security Act of 1974 (29 U.S.C. 1181 et.
8 seq.) is amended, by adding at the end the following:

9 **''SEC. 715. ADDITIONAL MARKET REFORMS.**

10 ''The provisions of sections part A of title XXVII of
11 the Public Health Service Act (as amended by the Afford-
12 able Health Choices Act) shall apply to group health plans,
13 and health insurance issuers providing health insurance
14 coverage in connection with group health plans, as if in-
15 cluded in this subpart. To the extent that any provision
16 of this part conflicts with a provision of such subpart 1
17 with respect to group health plans, or health insurance
18 issuers providing health insurance coverage in connection
19 with group health plans, the provisions of such subpart
20 1 shall apply.''.
21 (c) TECHNICAL AMENDMENT TO THE INTERNAL
22 REVENUE CODE OF 1986.—Subchapter B of chapter 100
23 of the Internal Revenue Code of 1986 is amended by add-
24 ing at the end the following:

1 **"SEC. 9815. ADDITIONAL MARKET REFORMS.**

2 "The provisions of sections part A of title XXVII of
3 the Public Health Service Act (as amended by the Afford-
4 able Health Choices Act) shall apply to group health plans,
5 and health insurance issuers providing health insurance
6 coverage in connection with group health plans, as if in-
7 cluded in this subpart. To the extent that any provision
8 of this part conflicts with a provision of such subpart 1
9 with respect to group health plans, or health insurance
10 issuers providing health insurance coverage in connection
11 with group health plans, the provisions of such subpart
12 1 shall apply.".

13 **SEC. 134. EFFECTIVE DATES.**

14 (a) IMMEDIATE APPLICABILITY.—Except as other-
15 wise provided in subsection (b), this subtitle (and the
16 amendments made by this subtitle) shall become effective
17 on the date of enactment of this Act.

18 (b) DELAYED APPLICABILITY.—Sections 2701 of the
19 Public Health Service Act (as added by section 101) shall
20 become effective with respect to a State on the earlier of—

21 (1) the date that such State enacts or modifies
22 their State laws to conform such laws to the require-
23 ments of this subtitle (and amendments); or

24 (2) the date that is 4 years after the date of en-
25 actment of this Act.

1 # Subtitle B—Available Coverage for
2 # All Americans

3 **SEC. 141. ASSUMPTIONS REGARDING MEDICAID.**

4 (a) ASSUMPTIONS UNDERLYING POLICY.—The Com-
5 mittee on Health, Education, Labor, and Pensions of the
6 Senate assumes that the provisions of the Affordable
7 Health Choices Act will be considered by the Senate as
8 part of legislation that amends title XIX of the Social Se-
9 curity Act to implement the following policies:
10 (1) All individuals currently eligible for Med-
11 icaid will remain eligible for Medicaid.
12 (2) All individuals will be eligible for Medicaid
13 at income levels up to 150 percent of poverty.
14 (3) Improvements will be made in processes to
15 facilitate enrollment in Medicaid.
16 (4) States will be required to maintain levels of
17 eligibility with regard to beneficiaries currently en-
18 rolled in Medicaid.
19 (5) Criteria utilized to establish income levels
20 for eligibility for premium credits in a Gateway may
21 also be used to determine eligibility for Federal pro-
22 grams operated under titles XVIII, XIX, and XXI
23 of the Social Security Act.
24 (6) States will received a Federal medical as-
25 sistance percentage of 100 percent until 2015 for

1 additional costs of enrolling beneficiaries who are de-
2 scribed in paragraphs (2) through (4).
3 (7) Beginning in 2015, the Federal medical as-
4 sistance percentage for the costs of enrolling individ-
5 uals described in paragraphs (2) through (4) will
6 phase down to the percentage otherwise applicable
7 by 2020.
8 (8) An increased Federal medical assistance
9 percentage will be applicable to States that have in-
10 creased eligibility for individuals described in para-
11 graphs (2) through (4) prior to the date of enact-
12 ment of this section.
13 (b) RULE OF CONSTRUCTION.—The provisions of
14 title XXXI of the Public Health Service Act (as added
15 by section 143) shall be construed, for purposes of the
16 consideration of the Affordable Health Choices Act by the
17 Committee on Health, Education, Labor, and Pensions of
18 the Senate, as if the amendments described in subsection
19 (a) have been enacted.
20 **SEC. 142. BUILDING ON THE SUCCESS OF THE FEDERAL**
21 **EMPLOYEES HEALTH BENEFIT PROGRAM SO**
22 **ALL AMERICANS HAVE AFFORDABLE HEALTH**
23 **BENEFIT CHOICES.**
24 (a) FINDINGS.—The Senate finds that—

1 (1) the Federal employees health benefits pro-
2 gram under chapter 89 of title 5, United States
3 Code, allows Members of Congress to have afford-
4 able choices among competing health benefit plans;
5 (2) the Federal employees health benefits pro-
6 gram ensures that the health benefit plans available
7 to Members of Congress meet minimum standards of
8 quality and effectiveness;
9 (3) millions of Americans have no meaningful
10 choice in health benefits, because health benefit
11 plans are either unavailable or unaffordable; and
12 (4) all Americans should have the same kinds
13 of meaningful choices of health benefit plans that
14 Members of Congress, as Federal employees, enjoy
15 through the Federal employees health benefits pro-
16 gram.
17 (b) SENSE OF THE SENATE.—It is the sense of the
18 Senate that Congress should establish a means for all
19 Americans to enjoy affordable choices in health benefit
20 plans, in the same manner that Members of Congress have
21 such choices through the Federal employees health bene-
22 fits program.

1 **SEC. 143. AFFORDABLE HEALTH CHOICES FOR ALL AMERI-**
2 **CANS.**

3 (a) PURPOSE.—It is the purpose of this section to
4 facilitate the establishment of Affordable Health Benefit
5 Gateways in each State, with appropriate flexibility for
6 States in establishing and administering the Gateways.

7 (b) AMERICAN HEALTH BENEFIT GATEWAYS.—The
8 Public Health Service Act (42 U.S.C. 201 et seq.) is
9 amended by adding at the end the following:

10 **"TITLE XXXI—AFFORDABLE**
11 **HEALTH CHOICES FOR ALL**
12 **AMERICANS**

13 **"Subtitle A—Affordable Choices**

14 **"SEC. 3101. AFFORDABLE CHOICES OF HEALTH BENEFIT**
15 **PLANS.**

16 "(a) ASSISTANCE TO STATES TO ESTABLISH AMER-
17 ICAN HEALTH BENEFIT GATEWAYS.—

18 "(1) PLANNING AND ESTABLISHMENT
19 GRANTS.—Not later than 60 days after the date of
20 enactment of this section, the Secretary shall make
21 awards, from amounts appropriated under para-
22 graph (5), to States in the amount specified in para-
23 graph (2) for the uses described in paragraph (3).

24 "(2) AMOUNT SPECIFIED.—

25 "(A) TOTAL DETERMINED.—For each fis-
26 cal year, the Secretary shall determine the total

1 amount that the Secretary will make available
2 for grants under this subsection.
3 "(B) STATE AMOUNT.—For each State
4 that is awarded a grant under paragraph (1),
5 the amount of such grants shall be based on a
6 formula established by the Secretary under
7 which each State shall receive an award in an
8 amount that is based on the following two com-
9 ponents:
10 "(i) A minimum amount for each
11 State.
12 "(ii) An additional amount based on
13 population.
14 "(3) USE OF FUNDS.—A State shall use
15 amounts awarded under this subsection for activities
16 (including planning activities) related to establishing
17 an American Health Benefit Gateway, as described
18 in subsection (b).
19 "(4) RENEWABILITY OF GRANT.—
20 "(A) IN GENERAL.—The Secretary may
21 renew a grant awarded under paragraph (1) if
22 the State recipient of such grant—
23 "(i) is making progress, as determined
24 by the Secretary, toward—
25 "(I) establishing a Gateway; and

1 "(II) implementing the reforms
2 described subtitle A of title I of the
3 Affordable Health Choices Act; and
4 "(ii) is meeting such other bench-
5 marks as the Secretary may establish.
6 "(B) LIMITATION.—If a State is an estab-
7 lishing State or a participating State (as de-
8 fined in section 3104), such State shall not be
9 eligible for a grant renewal under subparagraph
10 (A) as of the second fiscal year following the
11 date on which such State was deemed to be an
12 establishing State or a participating State.
13 "(5) AUTHORIZATION OF APPROPRIATIONS.—
14 There are authorized to be appropriated such sums
15 as may be necessary to carry out this subsection in
16 each of fiscal years 2009 through 2014.
17 "(b) AMERICAN HEALTH BENEFIT GATEWAYS.—An
18 American Health Benefit Gateway (referred to in this sec-
19 tion as a 'Gateway') means a mechanism that—
20 "(1) facilitates the purchase of health insurance
21 coverage and related insurance products through the
22 Gateway at an affordable price by qualified individ-
23 uals and qualified employer groups; and
24 "(2) meets the requirements of subsection (c).
25 "(c) REQUIREMENTS.—

1 "(1) VOLUNTARY NATURE OF GATEWAY.—
2 "(A) CHOICE TO ENROLL OR NOT TO EN-
3 ROLL.—A qualified individual shall have the
4 choice to enroll or not to enroll in a qualified
5 health plan or to participate in a Gateway.
6 "(B) PROHIBITION ON COMPELLED EN-
7 ROLLMENT.—No individual shall be compelled
8 to enroll in a qualified health plan or to partici-
9 pate in a Gateway.
10 "(2) ESTABLISHMENT.—A Gateway shall be es-
11 tablished by—
12 "(A) a State, in the case of an establishing
13 State (as described in section 3104); or
14 "(B) the Secretary, in the case of a par-
15 ticipating State (as described in section 3104).
16 "(3) OFFERING OF COVERAGE.—
17 "(A) IN GENERAL.—A Gateway shall make
18 available qualified health plans to qualified indi-
19 viduals and qualified employers.
20 "(B) INCLUSION.—In making available
21 coverage pursuant to subparagraph (A), a Gate-
22 way shall include a public health insurance op-
23 tion.
24 "(C) LIMITATION.—A Gateway may not
25 make available any health plan or other health

1 insurance coverage that is not a qualified health
2 plan.
3 "(D) ALLOWANCE TO OFFER.—A Gateway
4 may make available a qualified health plan not-
5 withstanding any provision of law that may re-
6 quire benefits other than the essential health
7 benefits specified under section 3103(h).
8 "(4) FUNCTIONS.—A Gateway shall, at a min-
9 imum—
10 "(A) establish procedures for the certifi-
11 cation, recertification, and decertification, con-
12 sistent with guidelines developed by the Sec-
13 retary under subsection (l), of health plans as
14 qualified health plans;
15 "(B) develop and make available tools to
16 allow consumers to receive accurate information
17 on—
18 "(i) expected premiums and out of
19 pocket expenses;
20 "(ii) the availability of in-network and
21 out-of-network providers;
22 "(iii) the costs of any surcharge as-
23 sessed under paragraph (5);
24 "(iv) data, by plan, that reflects the
25 frequency with which preventive services

1 rated 'A' or 'B' by the U.S. Preventive
2 Services Task Force are utilized by enroll-
3 ees, a comparison of such data to the aver-
4 age frequency of preventive services uti-
5 lized by enrollees across all qualified health
6 plans, and whether 'A' and 'B' rated pre-
7 ventive services are utilized by enrollees as
8 frequently as recommended by the U.S.
9 Preventive Services Task Force; and
10 ''(v) such other matters relating to
11 consumer costs and expected experience
12 under the plan as a Gateway may deter-
13 mine necessary;
14 ''(C) utilize the administrative simplifica-
15 tion measures and standards developed under
16 section 222 of the Affordable Health Choices
17 Act;
18 ''(D) enter into agreements, to the extent
19 determined appropriate by the Gateway, with
20 navigators, as described in section 3105;
21 ''(E) facilitate the purchase of coverage for
22 long-term services and supports; and
23 ''(F) collect, analyze, and respond to com-
24 plaints and concerns from enrollees regarding
25 coverage provided through the Gateway.

1 "(5) SURCHARGES.—
2 "(A) IN GENERAL.—A Gateway may as-
3 sess a surcharge on all health insurance issuers
4 offering qualified health plans through the
5 Gateway to pay for the administrative and oper-
6 ational expenses of the Gateway.
7 "(B) LIMITATION.—A surcharge described
8 in subparagraph (A) may not exceed 3 percent
9 of the premiums collected by a qualified health
10 plan.
11 "(6) RISK ADJUSTMENT PAYMENT.—
12 "(A) ESTABLISHING STATES.—
13 "(i) LOW ACTUARIAL RISK PLANS.—
14 Using the criteria and methods developed
15 under subparagraph (B), each establishing
16 State or participating State (as defined in
17 section 3104) shall assess a charge on
18 health plans and health insurance issuers
19 (with respect to health insurance coverage)
20 if the actuarial risk of the enrollees of such
21 plans or coverage for a year is less than
22 the average actuarial risk of all enrollees in
23 all plans or coverage in such State for such
24 year that are not self-insured group health
25 plans (which are subject to the provisions

1 of the Employee Retirement Income Secu-
2 rity Act of 1974).
3 "(ii) HIGH ACTUARIAL RISK PLANS.—
4 Using the criteria and methods developed
5 under subparagraph (B), each establishing
6 State or participating State (as defined in
7 section 3104) shall provide a payment to
8 health plans and health insurance issuers
9 (with respect to health insurance coverage)
10 if the actuarial risk of the enrollees of such
11 plans or coverage for a year is greater
12 than the average actuarial risk of all en-
13 rollees in all plans and coverage in such
14 State for such year that are not self-in-
15 sured group health plans (which are sub-
16 ject to the provisions of the Employee Re-
17 tirement Income Security Act of 1974).
18 "(B) CRITERIA AND METHODS.—The Sec-
19 retary, in consultation with States shall estab-
20 lish criteria and methods to be used in carrying
21 out the risk adjustment activities under this
22 paragraph. The Secretary may utilize criteria
23 and methods similar to the criteria and meth-
24 ods utilized under part D of title XVIII of the
25 Social Security Act.

1 "(7) FACILITATING ENROLLMENT.—
2 "(A) IN GENERAL.—A Gateway shall
3 (through, to the extent practicable, the use of
4 information technology) implement policies and
5 procedures to—
6 "(i) facilitate the identification of in-
7 dividuals who lack qualifying coverage; and
8 "(ii) assist such individuals in enroll-
9 ing in—
10 "(I) a qualified health plan that
11 is affordable and available to such in-
12 dividual, if such individual is a quali-
13 fied individual;
14 "(II) the medicaid program
15 under title XIX of the Social Security
16 Act, if such individual is eligible for
17 such program;
18 "(III) the CHIP program under
19 title XXI of the Social Security Act, if
20 such individual is eligible for such
21 program; or
22 "(IV) other Federal programs for
23 that such individual is eligible to par-
24 ticipate in.

1 "(B) CHOICE FOR INDIVIDUALS ELIGIBLE
2 FOR CHIP.—A qualified individual who is eligi-
3 ble for the Children's Health Insurance Pro-
4 gram under title XXI of the Social Security Act
5 may elect to enroll in such program or in a
6 qualified health plan. Where such individual is
7 a minor child, such election shall be made by
8 the parent or guardian of such child.
9 "(C) OVERSIGHT.—The Secretary shall
10 oversee the implementation of subparagraph
11 (A)(ii) to ensure that individuals are directed to
12 enroll in the program most appropriate under
13 such subparagraph for each such individual.
14 "(D) ACCESSIBILITY OF MATERIALS.—Any
15 materials used by a Gateway to carry out this
16 paragraph shall be provided in a form and man-
17 ner calculated to be understood by individuals
18 who may apply to be enrollees in a qualified
19 health plan, taking into account potential lan-
20 guage barriers and disabilities of individuals.
21 "(8) CONSULTATION.—A Gateway shall consult
22 with stakeholders relevant to carrying out the activi-
23 ties under this subsection, including—
24 "(A) consumers who are enrollees in quali-
25 fied health plans;

1 “(B) individuals and entities with experi-
2 ence in facilitating enrollment in qualified
3 health plans;
4 “(C) State Medicaid offices; and
5 “(D) advocates for enrolling hard to reach
6 populations.
7 “(9) STANDARDS AND PROTOCOLS.—
8 “(A) IN GENERAL.—The Secretary, in con-
9 sultation with the Office of the National Coor-
10 dinator for Health Information Technology,
11 shall develop interoperable, secure, scalable, and
12 reusable standards and protocols that facilitate
13 enrollment of individuals in Federal and State
14 health and human services programs.
15 “(B) COORDINATION.—The Secretary shall
16 facilitate enrollment of individuals in programs
17 described in subparagraph (A) through methods
18 which shall include—
19 “(i) electronic matching against exist-
20 ing Federal and State data to serve as evi-
21 dence of eligibility and digital documenta-
22 tion in lieu of paper-based documentation;
23 “(ii) capability for individuals to
24 apply, recertify, and manage eligibility in-
25 formation online, including conducting

1 real-time queries against databases for ex-
2 isting eligibility prior to submitting appli-
3 cations; and
4 ''(iii) other functionalities necessary to
5 provide eligible individuals with a stream-
6 lined enrollment process.
7 ''(C) ASSISTANCE.—The Secretary may
8 award grants to enhance community-based en-
9 rollment to—
10 ''(i) States to assist such States in—
11 ''(I) contracting with qualified
12 technology vendors to develop elec-
13 tronic enrollment software systems;
14 ''(II) establishing Statewide
15 helplines for enrollment assistance
16 and referrals; and
17 ''(III) establishing public edu-
18 cation campaigns through grants to
19 qualifying organizations for the design
20 and implementation of public edu-
21 cation campaigns targeting uninsured
22 and traditionally underserved commu-
23 nities; and

1 "(ii) community-based organizations
2 for infrastructure and training to establish
3 electronic assistance programs.
4 "(10) NOTIFICATION.—With respect to the
5 standards and protocols developed under subsection
6 (11), the Secretary—
7 "(A) shall notify States of such standards
8 and protocols; and
9 "(B) may require, as a condition of receiv-
10 ing Federal funds, that States or other entities
11 incorporate such standards and protocols into
12 such investments.
13 "(d) CERTIFICATION.—A Gateway may certify a
14 health plan if—
15 "(1) such health plan meets the requirements of
16 subsection (l); and
17 "(2) the Gateway determines that making avail-
18 able such health plan through such Gateway is in
19 the interests of qualified individuals and qualified
20 employers in the States or States in which such
21 Gateway operates.
22 "(e) GUIDANCE.—The Secretary shall develop guid-
23 ance that may be used by a Gateway to carry out the ac-
24 tivities described in subsection (c).
25 "(f) FLEXIBILITY.—

1 "(1) REGIONAL OR OTHER INTERSTATE GATE-
2 WAYS.—A Gateway may operate in more than one
3 State, provided that each State in which such Gate-
4 way operates permits such operation.
5 "(2) SUBSIDIARY GATEWAYS.—A State may es-
6 tablish one or more subsidiary Gateway, provided
7 that—
8 "(A) each such Gateway serves a geo-
9 graphically distinct area; and
10 "(B) the area served by each such Gate-
11 way is at least as large as a community rating
12 area described in section 2701.
13 "(g) PORTALS TO STATE GATEWAY.—The Secretary
14 shall establish a mechanism, including an Internet
15 website, through which a resident of any State may iden-
16 tify any Gateway operating in such State.
17 "(h) CHOICE.—
18 "(1) QUALIFIED INDIVIDUALS.—A qualified in-
19 dividual may enroll in any qualified health plan
20 available to such individual.
21 "(2) QUALIFIED EMPLOYERS.—
22 "(A) EMPLOYER MAY SPECIFY TIER.—A
23 qualified employer may select to provide sup-
24 port for coverage of employees under a qualified

1 health plan at any tier of cost sharing described
2 in section 3111(a)(1).
3 ‘‘(B) EMPLOYEE MAY CHOOSE PLANS
4 WITHIN A TIER.—Each employee of a qualified
5 employer may choose to enroll in a qualified
6 health plan that offers coverage at the tier of
7 cost sharing selected by an employer described
8 in subparagraph (A).
9 ‘‘(3) SELF-EMPLOYED INDIVIDUALS.—
10 ‘‘(A) DEEMING.—An individual who is self-
11 employed (as defined for purposes of the Inter-
12 nal Revenue Code of 1986) shall be deemed to
13 be a qualified employer unless such individual
14 notifies the applicable Gateway that such indi-
15 vidual elects to be considered a qualified indi-
16 vidual.
17 ‘‘(B) ELIGIBILITY.—In the case of a self-
18 employed individual making the election de-
19 scribed in subparagraph (A)—
20 ‘‘(i) the income of such individual for
21 purposes of section 3111 shall be deemed
22 to be the total business income of such in-
23 dividual; and
24 ‘‘(ii) premium payments made by such
25 individual to a qualified health plan shall

1 not be treated as employer-provided cov-
2 erage under section 106(a) of the Internal
3 Revenue Code of 1986.

4 "(i) PAYMENT OF PREMIUMS BY QUALIFIED INDI-
5 VIDUALS.—A qualified individual enrolled in any qualified
6 health plan may pay any applicable premium owed by such
7 individual to the health insurance issuer issuing such
8 qualified health plan.

9 "(j) SINGLE RISK POOL.—A health insurance issuer
10 shall consider each enrollee in a qualified health plan to
11 be a member of a single risk pool.

12 "(k) EMPOWERING CONSUMER CHOICE.—

13 "(1) CONTINUED OPERATION OF MARKET OUT-
14 SIDE GATEWAYS.—Nothing in this title shall be con-
15 strued to prohibit a health insurance issuer from of-
16 fering a health insurance policy or providing cov-
17 erage under such policy to a qualified individual
18 where such policy is not a qualified health plan.

19 "(2) CONSUMER CHOICE OF PLAN.—Nothing in
20 this title shall be construed to prohibit a qualified
21 individual from enrolling in a health insurance plan
22 where such plan is not a qualified health plan.

23 "(3) CONTINUED OPERATED OF STATE BEN-
24 EFIT REQUIREMENTS.—Nothing in this title shall be
25 construed to terminate, abridge, or limit the oper-

1 ation of any requirement under State law with re-
2 spect to any policy or plan that is not a qualified
3 health plan to offer benefits required under State
4 law.
5 ''(l) CRITERIA FOR CERTIFICATION.—The Secretary
6 shall, by regulation, establish criteria for certification of
7 health plans as qualified health plans. Such criteria shall
8 require that, to be certified, a plan—
9 ''(1) not employ marketing practices that have
10 the effect of discouraging the enrollment in such
11 plan by individuals with significant health needs;
12 ''(2) employ methods to ensure that insurance
13 products are simple, comparable, and structured for
14 ease of consumer choice;
15 ''(3) ensure a wide choice of providers;
16 ''(4) make available to individuals enrolled in,
17 or seeking to enroll in, such plan a detailed descrip-
18 tion of—
19 ''(A) benefits offered, including maximums,
20 limitations (including differential cost-sharing
21 for out of network services), exclusions and
22 other benefit limitations;
23 ''(B) the service area;
24 ''(C) required premiums;
25 ''(D) cost-sharing requirements;

1 "(E) the manner in which enrollees access
2 providers; and
3 "(F) the grievance and appeals procedures;
4 "(5) provide coverage for at least the essential
5 health care benefits established under section
6 3103(h);
7 "(6)(A) is accredited by the National Com-
8 mittee for Quality Assurance or by any other entity
9 recognized by the Secretary for the accreditation of
10 health insurance issuers or plans; or
11 "(B) receive such accreditation within a period
12 established by a Gateway for such accreditation that
13 is applicable to all qualified health plans;
14 "(7) implement a quality improvement strategy
15 described in subsection (m)(1);
16 "(8) have adequate procedures in place for ap-
17 peals of coverage determinations; and
18 "(9) may not establish a benefit design that is
19 likely to substantially discourage enrollment by cer-
20 tain qualified individuals in such plan.
21 "(m) REWARDING QUALITY THROUGH MARKET-
22 BASED INCENTIVES.—
23 "(1) STRATEGY DESCRIBED.—A strategy de-
24 scribed in this paragraph is a payment structure

1 that provides increased reimbursement or other in-
2 centives for—
3 ‘‘(A) improving health outcomes through
4 activities that shall include quality reporting, ef-
5 fective case management, care coordination,
6 chronic disease management, medication and
7 care compliance initiatives, including through
8 the use of the medical home model defined in
9 section 212 Affordable Health Choices Act, for
10 treatment or services under the plan or cov-
11 erage;
12 ‘‘(B) prevention of hospital readmissions
13 through a comprehensive program for hospital
14 discharge that includes patient-centered edu-
15 cation and counseling, comprehensive discharge
16 planning, and post discharge reinforcement by
17 an appropriate health care professional; and
18 ‘‘(C) the implementation of wellness and
19 health promotion activities.
20 ‘‘(2) GUIDELINES.—The Secretary, in consulta-
21 tion with experts in health care quality and stake-
22 holders, shall develop guidelines concerning the mat-
23 ters described in paragraph (1).
24 ‘‘(3) REQUIREMENTS.—The guidelines devel-
25 oped under paragraph (2) shall require the periodic

1 reporting to the applicable Gateway of the activities
2 that a qualified health plan has conducted to imple-
3 ment a strategy described in paragraph (1).
4 "(n) NO INTERFERENCE WITH STATE REGULATORY
5 AUTHORITY.—Nothing in this title shall be construed to
6 preempt any State law regarding market conduct or re-
7 lated consumer protections.
8 "(o) QUALITY IMPROVEMENT.—
9 "(1) ENHANCING PATIENT SAFETY.—Beginning
10 on January 1, 2012 a qualified health plan may con-
11 tract with—
12 "(A) a hospital with greater than 50 beds
13 only if such hospital—
14 "(i) utilizes a patient safety evaluation
15 system as described in part C of title IX;
16 and
17 "(ii) implements a mechanism to en-
18 sure that each patient receives a com-
19 prehensive program for hospital discharge
20 that includes patient-centered education
21 and counseling, comprehensive discharge
22 planning, and post discharge reinforcement
23 by an appropriate health care professional;
24 or

1 ''(B) a health care provider if such pro-
2 vider implements such mechanisms to improve
3 health care quality as the Secretary may by reg-
4 ulation require.
5 ''(2) EXCEPTIONS.—The Secretary may estab-
6 lish reasonable exceptions to the requirements de-
7 scribed in paragraph (1).
8 ''(3) ADJUSTMENT.—The Secretary may by
9 regulation adjust the number of beds described in
10 paragraph (1)(A).
11 **''SEC. 3102. FINANCIAL INTEGRITY.**
12 ''(a) ACCOUNTING FOR EXPENDITURES.—
13 ''(1) IN GENERAL.—A State shall keep an accu-
14 rate accounting of all activities, receipts, and ex-
15 penditures of any Gateway operating in such State
16 and shall annually submit to the Secretary a report
17 concerning such accountings.
18 ''(2) INVESTIGATIONS.—The Secretary may in-
19 vestigate the affairs of a Gateway, may examine the
20 properties and records of a Gateway, and may re-
21 quire periodical reports in relation to activities un-
22 dertaken by a Gateway. A Gateway shall fully co-
23 operate in any investigation conducted under this
24 paragraph.

1 "(3) AUDITS.—A Gateway shall be subject to
2 annual audits by the Secretary.
3 "(4) PATTERN OF ABUSE.—If the Secretary de-
4 termines that a Gateway or a State has engaged in
5 serious misconduct with respect to compliance with,
6 or carrying out activities required, under this title,
7 the Secretary may rescind from payments otherwise
8 due to such State involved under this or any other
9 Act administered by the Secretary an amount not to
10 exceed 1 percent of such payments per year until
11 corrective actions are taken by the State that are de-
12 termined to be adequate by the Secretary.
13 "(5) PROTECTIONS AGAINST FRAUD AND
14 ABUSE.—With respect to activities carried out under
15 this title, the Secretary shall implement any measure
16 or procedure that—
17 "(A) the Secretary determines is appro-
18 priate to reduce fraud and abuse in the admin-
19 istration of this title; and
20 "(B) the Secretary has authority for under
21 this title or any other Act;
22 "(b) GAO OVERSIGHT.—Not later than 5 years after
23 the date of enactment of this section, the Comptroller
24 General shall conduct an ongoing study of Gateway activi-

1 ties and the enrollees in qualified health plans offered
2 through Gateways. Such study shall review—
3 ''(1) the operations and administration of Gate-
4 ways, including surveys and reports of qualified
5 health plans offered through Gateways and on the
6 experience of such plans (including data on enrollees
7 in Gateways and individuals purchasing health in-
8 surance coverage outside of Gateways), the expenses
9 of Gateways, claims statistics relating to qualified
10 health plans, complaints data relating to such plans,
11 and the manner in which Gateways meets their
12 goals;
13 ''(2) any significant observations regarding the
14 utilization and adoption of Gateways; and
15 ''(3) where appropriate, recommendations for
16 improvements in the operations or policies of Gate-
17 ways.
18 **''SEC. 3103. SEEKING THE BEST MEDICAL ADVICE.**
19 ''(a) SEEKING THE BEST MEDICAL ADVICE.—The
20 Secretary, in consultation with medical experts at the Na-
21 tional Institutes of Health, the Centers for Disease Con-
22 trol and Prevention, and other centers of excellence,
23 shall—
24 ''(1) establish a council to be known as the
25 'Medical Advisory Council' (referred to in this sec-

1 tion as the 'Council') to make recommendations to
2 the Secretary on the matters described in sub-
3 sections (h) and (i); or
4 ''(2) contract with the Institute of Medicine of
5 the National Academies of Science to establish the
6 Council described in paragraph (1).
7 ''(b) COMPOSITION.—
8 ''(1) IN GENERAL.—The Council shall be com-
9 posed of members with appropriate expertise in
10 order to carry out subsections (h) and (i).
11 ''(2) TERMS.—Each member appointed to the
12 Council shall serve for a term of 3 years, except that
13 an individual appointed to fill a vacancy on the
14 Council shall serve for the unexpired term of the va-
15 cancy for which such individual is appointed. A
16 member may be reappointed to the Council.
17 ''(3) APPOINTMENT.—The members of the
18 Council shall be appointed by the Secretary.
19 ''(c) ADMINISTRATIVE PROVISIONS.—
20 ''(1) QUORUM.—A majority of the members of
21 the Council shall constitute a quorum for purposes
22 of conducting business, and the affirmative vote of
23 a majority of members shall be necessary and suffi-
24 cient for any action taken. No vacancy in the mem-
25 bership of the Council shall impair the right of a

1 quorum to exercise all the rights and duties of the
2 Council.
3 "(2) COMPENSATION AND EXPENSES.—Mem-
4 bers of the Council shall serve without compensation,
5 except that while serving away from home and the
6 member's regular place of business, such a member
7 may be allowed travel expenses, as authorized by the
8 Chairperson of the Council.
9 "(3) STAFF, ETC..—The Council shall have the
10 authority to employ such staff as may be necessary
11 to carry out its duties under this section.
12 "(4) DETAIL OF FEDERAL GOVERNMENT EM-
13 PLOYEES.—An employee of the Federal Government
14 may be detailed to the Council without reimburse-
15 ment. The detail of the employee shall be without
16 interruption or loss of civil service status or privi-
17 lege.
18 "(5) HEARINGS.—The Council may hold such
19 hearings, sit and act at such times and places, take
20 such testimony, and receive such evidence as the
21 Council considers advisable to carry out this title.
22 "(d) SUBMISSION OF REPORTS.—Not later than 180
23 days after the date of enactment of this title, and annually
24 thereafter, the Council shall submit to the Secretary a re-

1 port containing the recommendations described in sub-
2 section (a).
3 "(e) REVIEW OF REPORTS BY SECRETARY.—
4 "(1) SCIENTIFIC AND MEDICAL VALIDITY.—Not
5 later than 30 days after receiving a report under
6 subsection (d), the Secretary, in consultation with
7 medical experts at the National Institutes of Health,
8 the Centers for Disease Control and Prevention, and
9 other centers of excellence, shall review such report
10 for scientific and medical validity.
11 "(2) REVISION REQUESTED.—If the Secretary
12 determines that any recommendation contained in a
13 report received under subsection (d) is not scientif-
14 ically or medically valid, the Secretary may request
15 revisions to such report.
16 "(3) REVISED REPORT.—Not later than 30
17 days after the receipt of a request for revisions from
18 the Secretary, as described in paragraph (2), the
19 Council shall submit a report which may contain
20 modifications to the recommendations made by the
21 Council in response to such request.
22 "(f) SUBMISSION OF REPORT TO CONGRESS.—Not
23 later than 30 days after receipt of a report as described
24 in subsection (e)(1)(B) or subsection (e)(3), the Secretary
25 shall formally submit such report to—

1 "(1) the Committee on Education and Labor,
2 the Committee on Energy and Commerce, and the
3 Committee on Ways and Means of the House Rep-
4 resentatives; and
5 "(2) the Committee on Health, Education,
6 Labor, and Pensions and the Committee on Finance
7 of the Senate.
8 "(g) CONGRESSIONAL REVIEW.—
9 "(1) RESOLUTION OF DISAPPROVAL.—For plan
10 years beginning in the year described in paragraph
11 (3), the recommendations contained in a report sub-
12 mitted under subsection (f) shall be considered to be
13 applicable unless, within 90 calendar days after the
14 date on which Congress receives such report, there
15 is enacted into law a joint resolution disapproving
16 such report in its entirety.
17 "(2) CONTENTS.—For the purpose of this sec-
18 tion, the term 'joint resolution' means only a joint
19 resolution—
20 "(A) that is introduced not later than 45
21 calendar days after the date on which the re-
22 port referred to in subsection (f) are received by
23 Congress;
24 "(B) which does not have a preamble;

1 "(C) the title of which is as follows: [insert
2 title language (Joint resolution relating to the
3 disapproval of ______)]; and
4 "(D) the matter after the resolving clause
5 of which is as follows: 'That Congress dis-
6 approves the recommendations submitted by the
7 ______________'.
8 "(3) YEAR DESCRIBED.—
9 "(A) TRANSMISSION BEFORE JUNE 30.—If
10 a report is submitted to Congress under sub-
11 section (f) not later than June 30, then the
12 year described in this paragraph is the year fol-
13 lowing the year in which the report is sub-
14 mitted.
15 "(B) TRANSMISSION AFTER JUNE 30.—If
16 the report is submitted to Congress under sub-
17 section (f) after June 30, then the year de-
18 scribed in this paragraph is the second year fol-
19 lowing the year in which the report is trans-
20 mitted.
21 "(4) EFFECT OF DISAPPROVAL.—
22 "(A) GENERAL RULE.—If Congress dis-
23 approves a report submitted under subsection
24 (f), then the recommendations contained in the

1 most previous report that was not disapproved
2 under this subsection shall continue to apply.
3 "(B) DISAPPROVAL OF INITIAL REPORT.—
4 If Congress disapproves the initial report sub-
5 mitted under subsection (f) in accordance with
6 this subsection, the Council shall issue a revised
7 report (and this section shall apply to such re-
8 port).
9 "(h) ELEMENTS OF REPORT.—
10 "(1) IN GENERAL.—The report of the Council
11 described in subsection (d) shall contain rec-
12 ommendations on at least the following:
13 "(A) Subject to paragraph (2), the essen-
14 tial health care benefits eligible for credits
15 under section 3111, where such benefits shall
16 include at least the following general categories:
17 "(i) Ambulatory patient services.
18 "(ii) Emergency services.
19 "(iii) Hospitalization.
20 "(iv) Maternity and newborn care.
21 "(v) Mental health and substance
22 abuse services.
23 "(vi) Prescription drugs.
24 "(vii) Rehabilitative, habilitative, and
25 laboratory services.

1 "(viii) Preventive and wellness serv-
2 ices.
3 "(ix) Pediatric services, including oral
4 and vision care as determined appropriate
5 by the Council.
6 "(B) The criteria that coverage must meet
7 to be considered minimum qualifying coverage.
8 "(C) The conditions under which coverage
9 shall be considered affordable and available cov-
10 erage for individuals and families at different
11 income levels.
12 "(2) LIMITATION.—
13 "(A) IN GENERAL.—In establishing the es-
14 sential health care benefits described in para-
15 graph (1)(A), the Council shall ensure that the
16 actuarial gross value of the benefits is equal to
17 the actuarial gross value of the benefits pro-
18 vided under a typical employer plan, as deter-
19 mined by the Secretary.
20 "(B) EFFECT OF ADDITIONAL SERVICES.—
21 The inclusion in the essential health care bene-
22 fits described in paragraph (1) of items and
23 services described in clauses (i) through (x) of
24 paragraph (1)(A), or not described in such

1 paragraphs, shall not affect the limitation de-
2 scribed in subparagraph (A).
3 ''(i) REQUIRED ELEMENTS FOR CONSIDERATION.—
4 ''(1) ESSENTIAL HEALTH CARE BENEFITS.—In
5 issuing recommendations on the matter described in
6 subsection (h)(1), the Council shall—
7 ''(A) ensure that recommendations on the
8 matter described in subsection (h)(1) reflect an
9 appropriate balance among the categories de-
10 scribed in such subsection, so that benefits are
11 not unduly weighted toward any category; and
12 ''(B) take into account the health care
13 needs of diverse segments of the population, in-
14 cluding women, children, persons with disabil-
15 ities, and other groups.
16 ''(2) MINIMUM QUALIFYING COVERAGE.—In
17 considering the matter described in subsection
18 (h)(2), the Council—
19 ''(A) shall—
20 ''(i) exclude from meeting such cri-
21 teria any coverage that—
22 ''(I) provides reimbursement for
23 the treatment or mitigation of—
24 ''(aa) a single disease or
25 condition; or

1 ‘‘(bb) an unreasonably lim-
2 ited set of diseases or conditions;
3 or
4 ‘‘(II) has an out of pocket limit
5 that exceeds the amount described in
6 section 223 of the Internal Revenue
7 Code of 1986 for the year involved;
8 and
9 ‘‘(ii) establish such criteria (taking
10 into account the requirements established
11 under clause (i)) in a manner that results
12 in the least practicable disruption of the
13 health care marketplace, consistent with
14 the goals and activities under this title;
15 and
16 ‘‘(B) may provide for the application of
17 different criteria with respect to young adults.
18 **‘‘SEC. 3104. ALLOWING STATE FLEXIBILITY.**
19 ‘‘(a) OPTIONAL STATE ESTABLISHMENT OF GATE-
20 WAY.—During the 4-year period following the date of en-
21 actment of this section, a State may—
22 ‘‘(1)(A) establish a Gateway (as defined for
23 purposes of section 3101);
24 ‘‘(B) adopt the insurance reform provisions as
25 provided for in title I of the Affordable Health

1 Choices Act (and the amendments made by such
2 title); and
3 "(C) agree to make employers who are State or
4 local governments subject to sections 162 and 164 of
5 the Affordable Health Choices Act.
6 "(2)(A) request that the Secretary operate (for
7 a minimum period of 5 years) a Gateway in such
8 State;
9 "(B) adopt the insurance reform provisions as
10 provided for in subtitle A of title I of the Affordable
11 Health Choices Act (and the amendments made by
12 such subtitle); and
13 "(C) agree to make employers who are State or
14 local governments subject to sections 162 and 164 of
15 the Affordable Health Choices Act; or
16 "(3) elect not to take the actions described in
17 paragraph (1) or (2).
18 "(b) ESTABLISHING STATES.—
19 "(1) IN GENERAL.—If the Secretary determines
20 that a State has taken the actions described in sub-
21 section (a)(1), any resident of that State who is an
22 eligible individual shall be eligible for credits under
23 section 3111 beginning on the date that is 60 days
24 after the date of such determination.

1 "(2) CONTINUED REVIEW.—The Secretary shall
2 establish procedures to ensure continued review by
3 the Secretary of the compliance of a State with the
4 requirements of subsection (a). If the Secretary de-
5 termines that a State has failed to maintain compli-
6 ance with such requirements, the Secretary may re-
7 voke the determination under subparagraph (A).
8 "(3) DEEMING.—A State that is the subject of
9 a positive determination by the Secretary under
10 paragraph (1) (unless such determination is revoked
11 under paragraph (2)) shall be deemed to be an 'es-
12 tablishing State' beginning on the date that is 60
13 days after the date of such determination.
14 "(c) REQUEST FOR THE SECRETARY TO ESTABLISH
15 A GATEWAY.—
16 "(1) IN GENERAL.—In the case of a State that
17 makes the request described in subsection (a)(2), the
18 Secretary shall determine whether the State has en-
19 acted and has in effect the insurance reforms pro-
20 vided for in subtitle A of title I of the Affordable
21 Health Choices Act.
22 "(2) OPERATION OF GATEWAY.—
23 "(A) POSITIVE DETERMINATION.—If the
24 Secretary determines that the State has enacted
25 and has in effect the insurance reforms de-

1 scribed in paragraph (1), the Secretary shall es-
2 tablish a Gateway in such State as soon as
3 practicable after making such determination.
4 ‘‘(B) NEGATIVE DETERMINATION.—If the
5 Secretary determines that the State has not en-
6 acted or does not have in effect the insurance
7 reforms described in paragraph (1), the Sec-
8 retary shall establish a Gateway in such State
9 as soon as practicable after the Secretary deter-
10 mines that such State has enacted such re-
11 forms.
12 ‘‘(3) PARTICIPATING STATE.—The State shall
13 be deemed to be a ‘participating State’ on the date
14 on which the Gateway established by the Secretary
15 is in effect in such State.
16 ‘‘(4) ELIGIBILITY.—Any resident of a State de-
17 scribed in paragraph (3) who is an eligible individual
18 shall be eligible for credits under section 3111 begin-
19 ning on the date that is 60 days after the date on
20 which such Gateway is established in such State.
21 ‘‘(d) FEDERAL FALLBACK IN THE CASE OF STATES
22 THAT REFUSE TO IMPROVE HEALTH CARE COVERAGE.—
23 ‘‘(1) IN GENERAL.—Upon the expiration of the
24 4-year period following the date of enactment of this

1 section, in the case of a State that is not otherwise
2 a participating State or an establishing State—
3 "(A) the Secretary shall establish and op-
4 erate a Gateway in such State;
5 "(B) the insurance reform provisions pro-
6 vided for in subtitle A of title I of the Afford-
7 able Health Choices Act shall become effective
8 in such State, notwithstanding any contrary
9 provision of State law;
10 "(C) the State shall be deemed to be a
11 'participating State'; and
12 "(D) the residents of that State who are
13 eligible individuals shall be eligible for credits
14 under section 3111 beginning on the date that
15 is 60 days after the date on which such Gate-
16 way is established, if the State agrees to make
17 employers who are State or local governments
18 subject to sections 162 and 164 of the Afford-
19 able Health Choices Act.
20 "(2) ELIGIBILITY OF INDIVIDUALS FOR CRED-
21 ITS.—With respect to a State that makes the elec-
22 tion described in subsection (a)(3), the residents of
23 such State shall not be eligible for credits under sec-
24 tion 3111 until such State becomes a participating
25 State under paragraph (1).

1 **"SEC. 3105. NAVIGATORS.**

2 "(a) IN GENERAL.—The Secretary shall award
3 grants to establishing States to enable the Gateway or
4 Gateways in such States to enter into agreements with pri-
5 vate and public entities under which such entities will
6 serve as navigators in accordance with this section.

7 "(b) ELIGIBILITY.—

8 "(1) IN GENERAL.—To be eligible to enter into
9 an agreement under subsection (a), an entity shall
10 demonstrate that the entity has existing relation-
11 ships with, or could readily establish relationships
12 with, employers and employees, and self-employed
13 individuals, likely to be eligible to participate in the
14 program under this title.

15 "(2) TYPES.—Entities described in paragraph
16 (1) may include trade, industry and professional as-
17 sociations, commercial fishing industry organiza-
18 tions, ranching and farming organizations, chambers
19 of commerce, unions, small business development
20 centers, and other entities that the Secretary deter-
21 mines to be capable of carrying out the duties de-
22 scribed in subsection (c).

23 "(c) DUTIES.—An entity that serves as a navigator
24 under an agreement under subsection (a) shall—

25 "(1) conduct public education activities to raise
26 awareness of the program under this title;

1 “(2) distribute fair and impartial information
2 concerning enrollment in an the availability of cred-
3 its for qualified health plans;
4 “(3) assist with enrollment in a qualified health
5 plan; and
6 “(4) provide information in a manner deter-
7 mined by the Secretary to be culturally and linguis-
8 tically appropriate to the needs of the population
9 served by the Gateway.
10 “(d) STANDARDS.—
11 “(1) IN GENERAL.—The Secretary shall estab-
12 lish standards for navigators under this section, in-
13 cluding provisions to avoid conflicts of interest.
14 Under such standards, a navigator may not—
15 “(A) be a health insurance issuer; or
16 “(B) receive any consideration directly or
17 indirectly from any health insurance issuer in
18 connection with the participation of any em-
19 ployer in the program under this title or the en-
20 rollment of any eligible employee in health in-
21 surance coverage under this title.
22 “(2) FAIR AND IMPARTIAL INFORMATION AND
23 SERVICES.—The Secretary, in collaboration with
24 States, shall develop guidelines regarding the duties
25 described in subsection (c).”.

1 (c) MEDICAID STATE PLAN AMENDMENT.—
2 (1) IN GENERAL.—Section 1902(a) of the So-
3 cial Security Act (42 U.S.C. 1396a(a)) is amend-
4 ed—
5 (A) in paragraph (72), by striking ''and''
6 after the semicolon;
7 (B) in paragraph (73), by striking the pe-
8 riod at the end and inserting ''; and''; and
9 (C) by inserting after paragraph (73), the
10 following:
11 ''(74) that, in the case of an individual who ap-
12 plies for medical assistance under the State plan or
13 for child health assistance or other health benefits
14 coverage under a State child health plan under title
15 XXI, and who is determined to not be eligible for as-
16 sistance under either such plan, the State shall es-
17 tablish procedures for—
18 ''(A) advising the individual of their op-
19 tions for coverage under a qualified health plan
20 (as defined in section 3116 of the Public Health
21 Service Act);
22 ''(B) determining, in accordance with cri-
23 teria established under section 3111(d) of the
24 Public Health Service Act, whether the indi-
25 vidual is an eligible individual (as such term is

1 defined in section 3116 of such Act) and if so,
2 the amount of such credits; and
3 ''(C) submitting to a qualified health plan
4 selected by the individual the information nec-
5 essary for the plan to enroll the individual.''.
6 (2) EFFECTIVE DATE.—The amendments made
7 by this subsection take effect on the date that is 1
8 year after the date of enactment of this Act.

9 Subtitle C—Affordable Coverage 10 for All Americans

11 **SEC. 151. SUPPORT FOR AFFORDABLE HEALTH COVERAGE.**

12 (a) IN GENERAL.—Title XXXI of the Public Health
13 Service Act, as added by section 142(a), is amended by
14 inserting after subtitle A the following:

15 "Subtitle B—Making Coverage 16 Affordable

17 **"SEC. 3111. SUPPORT FOR AFFORDABLE HEALTH COV-**
18 **ERAGE.**

19 ''(a) COST SHARING FOR A BASIC PLAN.—
20 ''(1) BASIC PLAN.—The Secretary shall estab-
21 lish at least the following tiers of cost sharing for el-
22 igible individuals:
23 ''(A) A tier for a basic plan in which—
24 ''(i) subject to the variation permitted
25 under paragraph (2), a qualified health

1 plan shall provide coverage for not less
2 than 76 percent of the total allowed costs
3 of the benefit provided; and
4 ''(ii) subject to the variation permitted
5 under paragraph (2), the out of pocket
6 limitation for the plan shall not be greater
7 than the out of pocket limitation applicable
8 under section 223(d)(2) of the Internal
9 Revenue Code of 1986.
10 ''(B) A tier in which—
11 ''(i) the cost sharing percentage is
12 equal to the cost sharing percentage of the
13 basic plan increased by 8 percentage
14 points; and
15 ''(ii) the dollar value of the out of
16 pocket limitation is 50 percent of the dol-
17 lar value of the out of pocket limitation of
18 the basic plan.
19 ''(C) A tier in which—
20 ''(i) the cost sharing percentage is
21 equal to the cost sharing percentage of the
22 basic plan increased by 17 percentage
23 points; and
24 ''(ii) the dollar value of the out of
25 pocket limitation that is 15 percent of the

1 dollar value of the out of pocket limitation
2 of the basic plan.
3 ''(2) ALLOWING VARIABILITY TO ACCOUNT FOR
4 COSTS.—The Secretary may increase or decrease—
5 ''(A) the cost sharing percentage specified
6 in subparagraphs (A)(i), (B)(i), or (C)(i) of
7 paragraph (1) by not more than 2 percentage
8 points; or
9 ''(B) the dollar value of the out of pocket
10 limitation specified in subparagraphs (A)(ii),
11 (B)(ii), or (C)(ii) of paragraph (1) by not more
12 than 5 percent of the applicable dollar value.
13 ''(3) REDETERMINATIONS.—The Secretary
14 may, not more frequently than once each year and
15 in accordance with paragraph (2), redetermine the
16 cost sharing percentage or the out of pocket limita-
17 tion under paragraph (1).
18 ''(4) OUT OF POCKET.—For purposes of this
19 section, the term 'out of pocket' shall include all ex-
20 penditures for covered benefits (as provided for with
21 respect to high deductible health plans under section
22 223(d)(2) of the Internal Revenue Code of 1986).
23 ''(b) PAYMENT OF CREDITS.—
24 ''(1) IN GENERAL.—The Secretary shall, with
25 respect to an eligible individual (as defined in sub-

1 section (i)) and on behalf of such individual, pay a
2 premium credit to the Gateway through which the
3 individual is enrolled in the qualified health plan in-
4 volved. Such Gateway shall remit an amount equal
5 to such credit to the qualified health plan in which
6 such individual is enrolled.

7 "(2) AMOUNT.—

8 "(A) IN GENERAL.—Subject to the index-
9 ing provision described in paragraph (6), and
10 the limitation described in paragraph (4), the
11 amount of a credit with respect to an eligible
12 individual under subparagraph (A) shall be an
13 amount determined by the Secretary so that the
14 eligible individual involved is not required to
15 pay in the case of an individual with a modified
16 adjusted gross income that does not exceed 500
17 percent of the poverty line for a family of the
18 size involved, an amount that exceeds 10 per-
19 cent of such individual's income.

20 "(B) REDUCTIONS BASED ON INCOME.—
21 The amount that an eligible individual is re-
22 quired to pay under subparagraph (A) shall be
23 ratably reduced to 1 percent of income in the
24 case of an eligible individual with a modified
25 adjusted gross income that does not exceed 150

1 percent of the poverty line for a family of the
2 size involved.
3 "(3) SIMPLIFIED SCHEDULE.—The Secretary
4 may establish a schedule of premium credits under
5 this subsection in dollar amounts to simplify the ad-
6 ministration of this section so long as any such
7 schedule does not significantly change the value of
8 the premium credits described in paragraph (2).
9 "(4) LIMITATION OF CREDITS.—
10 "(A) IN GENERAL.—A credit under para-
11 graph (1) may not exceed the amount of the
12 reference premium for the individual involved.
13 "(B) REFERENCE PREMIUM.—In this sec-
14 tion, the term 'reference premium' means—
15 "(i) with respect to an individual en-
16 rolling in coverage whose income does not
17 exceed 200 percent of the poverty line for
18 a family of the size involved, the weighted
19 average annual premium of the 3 lowest
20 cost qualified health plans that—
21 "(I) meet the criteria for cost
22 sharing and out of pocket limits de-
23 scribed in subsection (a)(1)(C); and

1 "(II) are offered in the commu-
2 nity rating area in which the indi-
3 vidual resides;
4 "(ii) with respect to an individual en-
5 rolling in coverage whose income exceeds
6 200, but does not exceed 300, percent of
7 the poverty line for a family of the size in-
8 volved, the weighted average annual pre-
9 mium of the 3 lowest cost qualified health
10 plans that—
11 "(I) meet the criteria for cost
12 sharing and out of pocket limits de-
13 scribed in subsection (a)(1)(A); and
14 "(II) are offered in the commu-
15 nity rating area in which the indi-
16 vidual resides; and
17 "(iii) with respect to an individual en-
18 rolling in coverage whose income exceeds
19 300, but does not exceed 500, percent of
20 the poverty line for a family of the size in-
21 volved, the weighted average annual pre-
22 mium of the 3 lowest cost qualified health
23 plans that—

1 "(I) meet the criteria for cost
2 sharing and out of pocket limits de-
3 scribed in subsection (a)(1)(A); and
4 "(II) are offered in the commu-
5 nity rating area in which the indi-
6 vidual resides.
7 "(C) INDIVIDUALS ALLOWED TO ENROLL
8 IN ANY PLAN.—Nothing in this section shall be
9 construed to prohibit a qualified individual from
10 enrolling in any qualified health plan.
11 "(5) METHOD OF CALCULATION.—
12 "(A) CALCULATION OF SUBSIDY BASED ON
13 ESSENTIAL HEALTH CARE BENEFITS.—In the
14 case of a qualified health plan that provides re-
15 imbursement for items or services that are not
16 described in an applicable recommendation by
17 the Medical Advisory Council under section
18 3103(h)(1), the reference premium shall be de-
19 termined for purposes of paragraph (2) without
20 regard to such reimbursement.
21 "(B) RISK ADJUSTMENT.—The reference
22 premium shall be determined for a standard
23 population.
24 "(C) RULE IN CASE OF FEWER PLANS.—
25 In any case in which there are less than 3

1 qualified health plans offered in the community
2 rating area in which the individual resides, the
3 determinations made under paragraph (2) shall
4 be based on the number of such qualified plans
5 that are actually offered in the area.
6 "(6) INDEXING.—The percentages described in
7 paragraph (1) that specify the portion of the ref-
8 erence premium that an individual or family is re-
9 sponsible for paying shall be annually adjusted based
10 on the percentage increase or decrease in the med-
11 ical care component of the Consumer Price Index for
12 all urban consumers (U.S. city average) during the
13 preceding fiscal year.
14 "(c) STATE FLEXIBILITY.—A State may make pay-
15 ments to or on behalf of an eligible individual that—
16 "(1) are greater than the amounts required
17 under this section; or
18 "(2) are intended to defray the costs of items
19 or services not described in an applicable rec-
20 ommendation by the Medical Advisory Council under
21 section 3103(h); or
22 "(d) ELIGIBILITY DETERMINATIONS.—
23 "(1) RULE FOR ELIGIBILITY DETERMINA-
24 TIONS.—The Secretary shall, by regulation, establish
25 rules and procedures for—

1 “(A) the submission of applications for
2 payments under this section, including the elec-
3 tronic submission and documents necessary for
4 application and auto enrollment through the
5 process described at section 3111(d);
6 “(B) making determinations with respect
7 to the eligibility of individuals submitting appli-
8 cations under subparagraph (A) for payments
9 under this section and informing individuals of
10 such determinations;
11 “(C) resolving appeals of such determina-
12 tions;
13 “(D) redetermining eligibility on a periodic
14 basis; and
15 “(E) making payments under this section.
16 “(2) CALCULATION OF ELIGIBILITY.—For pur-
17 poses of paragraph (1), the Secretary shall establish
18 rules that permit eligibility to be calculated based
19 on—
20 “(A) the applicant’s income for the pre-
21 vious tax year; or
22 “(B) in the case of an individual who is
23 seeking payment under this section based on
24 claiming a significant decrease in income—

1 “(i) the applicant’s income for the
2 most recent period otherwise practicable;
3 or
4 “(ii) the applicant’s declaration of es-
5 timated annual income for the year in-
6 volved.
7 “(3) DETERMINING ELIGIBILITY.—
8 “(A) AUTHORITY OF THE SECRETARY.—
9 The Secretary shall have the authority to make
10 determinations (including redeterminations)
11 with respect to the eligibility of individuals sub-
12 mitting applications for credits under this sec-
13 tion.
14 “(B) DELEGATION OF AUTHORITY.—Ex-
15 cept under the conditions described in subpara-
16 graph (D), the Secretary shall delegate to a
17 Gateway (and, upon request from such State or
18 States, to the State or States in which such
19 Gateway operates) the authority to carry out
20 the activities described in subparagraph (A).
21 “(C) REQUIREMENT FOR CONSISTENCY.—
22 A Gateway (and, as applicable, the State or
23 States in which such Gateway operates) shall
24 carry out the activities described in subpara-
25 graph (B) in a manner that is consistent with

1 the regulations promulgated under paragraph
2 (1).
3 "(D) REVOCATION OF AUTHORITY.—If the
4 Secretary determines that a Gateway (or the
5 State or States in which such Gateway oper-
6 ates) is carrying out the activities described in
7 subparagraph (A) in a manner that is substan-
8 tially inconsistent with the regulations promul-
9 gated under paragraph (1), the Secretary may,
10 after notice and opportunity for a hearing, re-
11 voke the delegation of authority under subpara-
12 graph (A). If the Secretary revokes the delega-
13 tion of authority, the references to a Gateway
14 in subparagraph (E) and (F) shall be deemed
15 to be references to the Secretary.
16 "(E) REQUIREMENT TO REPORT CHANGE
17 IN STATUS.—
18 "(i) IN GENERAL.—An individual that
19 has been determined to be eligible for sub-
20 sidies shall notify the Gateway of any
21 changes that may affect such eligibility in
22 a manner specified by the Secretary.
23 "(ii) REDETERMINATION.—If the
24 Gateway receives a notice from an indi-
25 vidual under clause (i), the Gateway shall

1 promptly redetermine the individual's eligi-
2 bility for payments.
3 ''(F) TERMINATION OF PAYMENTS.—The
4 Gateway shall terminate payments for an indi-
5 vidual (after providing notice to the individual)
6 if—
7 ''(i) the individual fails to provide in-
8 formation for purposes of subparagraph
9 (E)(i) on a timely basis; or
10 ''(ii) the Gateway determines that the
11 individual is no longer eligible for such
12 payments.
13 ''(4) APPLICATION.—
14 ''(A) METHODS.—The process established
15 under paragraph (1)(A) shall permit applica-
16 tions in person, by mail, telephone, and the
17 Internet.
18 ''(B) FORM AND CONTENTS.—An applica-
19 tion under paragraph (1)(A) shall be in such
20 form and manner as specified by the Secretary,
21 and may require documentation.
22 ''(C) SUBMISSION.—An application under
23 paragraph (1)(A) may be submitted to the
24 Gateway, or to a State agency for a determina-
25 tion under this section.

1 "(D) ASSISTANCE.—A Gateway, or a State
2 agency under this section, shall assist individ-
3 uals in the filing of applications under para-
4 graph (1)(A).
5 "(5) RECONCILIATION.—
6 "(A) FILING OF STATEMENT.—In the case
7 of an individual who has received payments
8 under this section for a year and who is claim-
9 ing a significant decrease (as determined by the
10 Secretary) in income from such year, such indi-
11 vidual shall file with the Secretary an income
12 reconciliation statement, at such time, in such
13 manner, and containing such information as the
14 Secretary may require.
15 "(B) RECONCILIATION.—
16 "(i) IN GENERAL.—Based on and
17 using the income reported in the statement
18 filed by an individual under subparagraph
19 (A), the Secretary shall compute the
20 amount of payments that should have been
21 provided to the individual for the year in-
22 volved.
23 "(ii) OVERPAYMENT OF PAYMENTS.—
24 If the amount of payments provided to an
25 individual for a year under this section was

1 significantly greater (as determined by the
2 Secretary) than the amount computed
3 under clause (i), the individual shall be lia-
4 ble to the Secretary for such excess
5 amount. The Secretary may establish
6 methods under which such liability may be
7 assessed through a reduction in the
8 amount of any credit otherwise applicable
9 under section 3111 with respect to such in-
10 dividual.
11 "(iii) UNDERPAYMENT OF PAY-
12 MENTS.—If the amount of payments pro-
13 vided to an individual for a year under this
14 section was less than the amount computed
15 under clause (i), the Secretary shall pay to
16 the individual the amount of such deficit.
17 The Secretary may establish methods
18 under which such payments may be pro-
19 vided through an increase in the amount of
20 any credit otherwise applicable under sec-
21 tion 3111 with respect to such individual.
22 "(C) FAILURE TO FILE.—In the case of an
23 individual who fails to file a statement for a
24 year as required under subparagraph (A), the
25 individual shall not be eligible for further pay-

1 ments until such statement is filed. The Sec-
2 retary shall waive the application of this sub-
3 paragraph if the individual establishes, to the
4 satisfaction of the Secretary, good cause for the
5 failure to file the statement on a timely basis.
6 ‘‘(6) OUTREACH.—The Gateway shall conduct
7 outreach activities to provide information to individ-
8 uals that may potentially be eligible for payments
9 under this section. Such activities shall include infor-
10 mation on the application process with respect to
11 such payments.
12 ‘‘(e) STATE DETERMINATIONS.—As a condition of its
13 State plan under title XIX of the Social Security Act, and
14 the receipt of any Federal financial assistance under sec-
15 tion 1903(a) of such Act, a State shall assist in making
16 eligibility determinations under this title in accordance
17 with this section.
18 ‘‘(f) EXCLUSION FROM INCOME.—Amounts received
19 by an individual under this section shall not be considered
20 income for purposes of making eligibility determinations
21 based on income or assets with respect to any other Fed-
22 eral program.
23 ‘‘(g) CONFLICT.—A Gateway may not establish rules
24 that conflict with or prevent the application of regulations
25 promulgated by the Secretary under this title.

1 "(h) NO FEDERAL FUNDING.—Nothing in this Act
2 shall allow Federal payments for individuals who are not
3 lawfully present in the United States.
4 "(i) APPROPRIATION.—Out of any funds in the
5 Treasury of the United States not otherwise appropriated,
6 there are appropriated such sums as may be necessary to
7 carry out this section for each fiscal year.

8 **"SEC. 3112. SMALL BUSINESS HEALTH OPTIONS PROGRAM**
9 **CREDIT.**

10 "(a) CALCULATION OF CREDIT.—For each calendar
11 year beginning in calendar year 2010, in the case of an
12 employer that is a qualified small employer, the Secretary
13 shall make a payment in the amount described in sub-
14 section (b).
15 "(b) GENERAL CREDIT AMOUNT.—For purposes of
16 this section:
17 "(1) IN GENERAL.—The credit amount de-
18 scribed in this subsection shall be the product of—
19 "(A) the applicable amount specified in
20 paragraph (2);
21 "(B) the employer size factor specified in
22 paragraph (3); and
23 "(C) the percentage of year factor specified
24 in paragraph (4).

1 "(2) APPLICABLE AMOUNT.—For purposes of
2 paragraph (1):
3 "(A) IN GENERAL.—The applicable
4 amount shall be equal to—
5 "(i) $1,000 for each employee of the
6 employer who receives self-only health in-
7 surance coverage through the employer;
8 "(ii) $2,000 for each employee of the
9 employer who receives family health insur-
10 ance coverage through the employer; and
11 "(iii) $1,500 for each employee of the
12 employer who receives health insurance
13 coverage for two adults or one adult and
14 one or more children through the employer.
15 "(B) BONUS FOR PAYMENT OF GREATER
16 PERCENTAGE OF PREMIUMS.—The applicable
17 amount specified in subparagraph (A) shall be
18 increased by $200 in the case of subparagraph
19 (A)(i), $400 in the case of subparagraph
20 (A)(ii), and $300 in the case of subparagraph
21 (A)(iii), for each additional 10 percent of the
22 qualified employee health insurance expenses
23 exceeding 60 percent which are paid by the
24 qualified small employer.

1 "(3) EMPLOYER SIZE FACTOR.—For purposes
2 of paragraph (1), the employer size factor shall be
3 the percentage determined in accordance with the
4 following:
5 "(A) With respect to an employer with
6 more than 10, but not more than 20, full-time
7 employees, the percentage shall be 80 percent.
8 "(B) With respect to an employer with
9 more than 20, but not more than 30, full-time
10 employees, the percentage shall be 50 percent.
11 "(C) With respect to an employer with
12 more than 30, but not more than 40, full-time
13 employees, the percentage shall be 40 percent.
14 "(D) With respect to an employer with
15 more than 40, but not more than 50, full-time
16 employees, the percentage shall be 20 percent.
17 "(E) With respect to an employer with
18 more than 50 full-time employees, the percent-
19 age shall be 0 percent.
20 "(4) PERCENTAGE OF YEAR FACTOR.—For pur-
21 poses of paragraph (1), the percentage of year factor
22 shall be equal to the ratio of—
23 "(A) the number of months during the tax-
24 able year for which the employer paid or in-

1 curred qualified employee health insurance ex-
2 penses; and
3 "(B) 12.
4 "(c) DEFINITIONS AND SPECIAL RULES.—For pur-
5 poses of this section:
6 "(1) QUALIFIED SMALL EMPLOYER.—
7 "(A) IN GENERAL.—The term 'qualified
8 small employer' means an employer (as defined
9 in section 3001(a)(4) of the Public Health
10 Service Act) that—
11 "(i) purchases health insurance cov-
12 erage for its employees in a small group
13 market in a State that meets the require-
14 ments of subparagraph (B) for the year in-
15 volved;
16 "(ii) pays or incurs at least 60 per-
17 cent of the qualified employee health insur-
18 ance expenses of such employer, or who is
19 self-employed; and
20 "(iii) was—
21 "(I) an employer that—
22 "(aa) employed an average
23 of 50 or fewer full-time employ-
24 ees during the preceding taxable
25 year; and

1 "(bb) had an average wage
2 of less than $50,000 for full time
3 employees in the preceding tax-
4 able year; or
5 "(II) a self-employed individual
6 that had—
7 "(aa) not less than $5,000
8 in net earnings or not less than
9 $15,000 in gross earnings from
10 self-employment in the preceding
11 taxable year; and
12 "(bb) not greater than
13 $50,000 in net earnings or not
14 greater than $150,000 in gross
15 earnings from self-employment in
16 the preceding taxable year.
17 "(B) LIMITATION.—An employer may not
18 receive a credit under this section for more than
19 three consecutive years.
20 "(2) QUALIFIED EMPLOYEE HEALTH INSUR-
21 ANCE EXPENSES.—
22 "(A) IN GENERAL.—The term 'qualified
23 employee health insurance expenses' means any
24 amount paid by an employer or an employee of
25 such employer for health insurance coverage

1 under this Act to the extent such amount is for
2 coverage—
3 ''(i) provided to any employee (as de-
4 fined in subsection 3001(a)(3) of such
5 Act), or
6 ''(ii) for the employer, in the case of
7 a self-employed individual.
8 ''(B) EXCEPTION FOR AMOUNTS PAID
9 UNDER SALARY REDUCTION ARRANGEMENTS.—
10 No amount paid or incurred for health insur-
11 ance coverage pursuant to a salary reduction
12 arrangement shall be taken into account for
13 purposes of subparagraph (A).
14 ''(3) FULL-TIME EMPLOYEE.—The term 'full
15 time employee' means, with respect to any period, an
16 employee (as defined in section 3001(a)(3)) of an
17 employer if the average number of hours worked by
18 such employee in the preceding taxable year for such
19 employer was at least 35 hours per week.
20 ''(d) INFLATION ADJUSTMENT.—
21 ''(1) IN GENERAL.—For each calendar year
22 after 2009, the dollar amounts specified in sub-
23 sections (b)(2)(A), (b)(2)(B), and (c)(1)(A)(iii)
24 (after the application of this paragraph) shall be the

1 amounts in effect in the preceding calendar year or,
2 if greater, the product of—
3 ‘‘(A) the corresponding dollar amount
4 specified in such subsection; and
5 ‘‘(B) the ratio of the index of wage infla-
6 tion (as determined by the Bureau of Labor
7 Statistics) for August of the preceding calendar
8 year to such index of wage inflation for August
9 of 2008.
10 ‘‘(2) ROUNDING.—If any amount determined
11 under paragraph (1) is not a multiple of $100, such
12 amount shall be rounded to the next lowest multiple
13 of $100.
14 ‘‘(e) APPLICATION OF CERTAIN RULES IN DETER-
15 MINATION OF EMPLOYER SIZE.—For purposes of this sec-
16 tion:
17 ‘‘(1) APPLICATION OF AGGREGATION RULE FOR
18 EMPLOYERS.—All persons treated as a single em-
19 ployer under subsection (b), (c), (m), or (o) of sec-
20 tion 414 of the Internal Revenue Code of 1986 shall
21 be treated as 1 employer.
22 ‘‘(2) EMPLOYERS NOT IN EXISTENCE IN PRE-
23 CEDING YEAR.—In the case of an employer which
24 was not in existence for the full preceding taxable
25 year, the determination of whether such employer

1 meets the requirements of this section shall be based
2 on the average number of full-time employees that it
3 is reasonably expected such employer will employ on
4 business days in the employer's first full taxable
5 year.

6 "(3) PREDECESSORS.—Any reference in this
7 subsection to an employer shall include a reference
8 to any predecessor of such employer.".

9 (b) DISCLOSURE OF INFORMATION TO PROVIDE PRE-
10 MIUM PAYMENTS.—

11 (1) IN GENERAL.—Subsection (l) of section
12 6103 of the Internal Revenue Code of 1986 is
13 amended by adding at the end the following new
14 paragraph:

15 "(21) VOLUNTARY AUTHORIZATION FOR IN-
16 COME VERIFICATION.—

17 "(A) VOLUNTARY AUTHORIZATION.—The
18 Secretary shall provide a mechanism for each
19 taxpayer to indicate whether such taxpayer au-
20 thorizes the Secretary to disclose to the Sec-
21 retary of Health and Human Services (or, pur-
22 suant to a delegation described in subsection
23 (d)(4)(B), to a State or a Gateway (as defined
24 in section 3101 of the Public Health Service
25 Act) return information of a taxpayer who may

1 be eligible for credits under section 3111 of the
2 Public Health Service Act.
3 "(B) PROVISION OF INFORMATION.—If a
4 taxpayer authorizes the disclosure described in
5 subparagraph (A), the Secretary shall disclose
6 to the Secretary of Health and Human Services
7 (or, pursuant to a delegation described in sub-
8 section (d)(4)(B), to a State or a Gateway) the
9 minimum necessary amount of information nec-
10 essary to establish whether such individual is el-
11 igible for credits under section 3111 of the
12 Public Health Service Act.
13 "(C) RESTRICTION ON USE OF DISCLOSED
14 INFORMATION.—Return information disclosed
15 under subparagraph (A) may be used by the
16 Secretary (or, pursuant to a delegation de-
17 scribed in subsection (d)(4)(B), a State or a
18 Gateway) only for the purposes of, and to the
19 extent necessary in, establishing the appropriate
20 amount of any payments under section 3111 of
21 the Public Health Service Act.".
22 (2) CONFORMING AMENDMENTS.—
23 (A) Paragraph (3) of section 6103(a) of
24 such Code is amended by striking "or (20)"
25 and inserting "(20), or (21)".

1 (B) Paragraph (4) of section 6103(p) of
2 such Code is amended by striking ''(l)(10),
3 (16), (18), (19), or (20)'' each place it appears
4 and inserting ''(l)(10), (16), (18), (19), (20), or
5 (21)''.
6 (C) Paragraph (2) of section 7213(a) of
7 such Code is amended by striking ''or (20)''
8 and inserting ''(20), or (21)''.

9 **SEC. 152. NON-DISCRIMINATION IN HEALTH CARE.**

10 [Policy under discussion]

11 Subtitle D—Shared Responsibility 12 for Health Care

13 **SEC. 161. INDIVIDUAL RESPONSIBILITY.**

14 (a) PAYMENTS.—
15 (1) IN GENERAL.—Subchapter A of chapter 1
16 of the Internal Revenue Code of 1986 (relating to
17 determination of tax liability) is amended by adding
18 at the end the following new part:

19 **''PART VIII—SHARED RESPONSIBILITY**
20 **PAYMENTS**

''Sec. 59B. Shared responsibility payments.

21 **''SEC. 59B. SHARED RESPONSIBILITY PAYMENTS.**

22 ''(a) PAYMENT.—
23 ''(1) IN GENERAL.—In the case of any indi-
24 vidual who did not have in effect qualifying coverage

1 (as defined in section 3116 of the Public Health
2 Service Act) for any month during the taxable year,
3 there is hereby imposed for the taxable year, in addi-
4 tion to any other amount imposed by this subtitle,
5 an amount equal to the amount established under
6 paragraph (2).
7 ''(2) AMOUNT ESTABLISHED.—
8 ''(A) REQUIREMENT TO ESTABLISH.—Not
9 later than June 30 of each calendar year, the
10 Secretary, in consultation with the Secretary of
11 Health and Human Services and with the
12 States, shall establish an amount for purposes
13 of paragraph (1).
14 ''(B) EFFECTIVE DATE.—The amount es-
15 tablished under subparagraph (A) shall be ef-
16 fective with respect to the taxable year following
17 the date on which the amount under subpara-
18 graph (A) is established.
19 ''(C) REQUIRED CONSIDERATION.—In es-
20 tablishing the amount under subparagraph (A),
21 the Secretary shall seek to establish the min-
22 imum practicable amount that can accomplish
23 the goal of enhancing participation in qualifying
24 coverage (as so defined).

1 "(b) EXEMPTIONS.—Subsection (a) shall not apply to
2 any individual—
3 "(1) with respect to any month if such month
4 occurs during any period in which such individual
5 did not have qualifying coverage (as so defined) for
6 a period of less than 90 days,
7 "(2) who is a resident of a State that is not a
8 participating State or an establishing State (as such
9 terms are defined in section 3104 of the Public
10 Health Service Act),
11 "(3) who is an enrolled member of a federally
12 recognized Indian tribe (as defined in section 4 of
13 the Indian Self-Determination and Education Assist-
14 ance Act),
15 "(4) for whom affordable health care coverage
16 is not available (as such terms are defined in an ap-
17 plicable recommendation of the Medical Advisory
18 Council under section 3103 of the Public Health
19 Service Act),
20 "(5) for whom a payment under subsection (a)
21 would otherwise represent an exceptional financial
22 hardship, as determined by the Secretary, or
23 "(6) described in section 3116(a)(5)(C)(i) of
24 the Public Health Service Act.
25 "(c) COORDINATION WITH OTHER PROVISIONS.—

1 "(1) NOT TREATED AS TAX FOR CERTAIN PUR-
2 POSES.—The amount imposed by this section shall
3 not be treated as a tax imposed by this chapter for
4 purposes of determining—
5 "(A) the amount of any credit allowable
6 under this chapter, or
7 "(B) the amount of the minimum tax im-
8 posed by section 55.
9 "(2) TREATMENT UNDER SUBTITLE F.—For
10 purposes of subtitle F, the amount imposed by this
11 section shall be treated as if it were a tax imposed
12 by section 1.
13 "(3) SECTION 15 NOT TO APPLY.—Section 15
14 shall not apply to the amount imposed by this sec-
15 tion.
16 "(4) SECTION NOT TO AFFECT LIABILITY OF
17 POSSESSIONS, ETC.—This section shall not apply for
18 purposes of determining liability to any possession of
19 the United States. For purposes of section 932 and
20 7654, the amount imposed under this section shall
21 not be treated as a tax imposed by this chapter.
22 "(d) REGULATIONS.—The Secretary may prescribe
23 such regulations as may be appropriate to carry out the
24 purposes of this section.".

1 (2) CLERICAL AMENDMENT.—The table of
2 parts for subchapter A of chapter 1 of such Code is
3 amended by adding at the end the following new
4 item:

"PART VIII—SHARED RESPONSIBILITY PAYMENTS".

5 (3) EFFECTIVE DATE.—The amendments made
6 by this section shall apply to taxable years beginning
7 after December 31, 2010.
8 (b) REPORTING OF HEALTH INSURANCE COV-
9 ERAGE.—
10 (1) IN GENERAL.—Part III of subchapter A of
11 chapter 61 of the Internal Revenue Code of 1986 is
12 amended by inserting after subpart B the following
13 new subpart:

14 **"Subpart D—Information Regarding Health**
15 **Insurance Coverage**

"Sec. 6055. Reporting of health insurance coverage.

16 **"SEC. 6055. REPORTING OF HEALTH INSURANCE COV-**
17 **ERAGE.**

18 "(a) IN GENERAL.—Every person who provides
19 health insurance that is qualifying coverage shall make a
20 return described in subsection (b).
21 "(b) FORM AND MANNER OF RETURN.—A return is
22 described in this subsection if such return—
23 "(1) is in such form as the Secretary pre-
24 scribes,

1 "(2) contains—
2 "(A) the name, address, and taxpayer
3 identification number of each individual who is
4 covered under health insurance that is quali-
5 fying coverage provided by such person, and
6 "(B) the number of months during the cal-
7 endar year during which each such individual
8 was covered under such health insurance, and
9 "(3) such other information as the Secretary
10 may prescribe.
11 "(c) STATEMENTS TO BE FURNISHED TO INDIVID-
12 UALS WITH RESPECT TO WHOM INFORMATION IS RE-
13 PORTED.—
14 "(1) IN GENERAL.—Every person required to
15 make a return under subsection (a) shall furnish to
16 each individual whose name is required to be set
17 forth in such return a written statement showing—
18 "(A) the name, address, and phone num-
19 ber of the information contact of the person re-
20 quired to make such return, and
21 "(B) the number of months during the cal-
22 endar year during which such individual was
23 covered under health insurance that is quali-
24 fying coverage provided by such person.

1 "(2) TIME FOR FURNISHING STATEMENTS.—
2 The written statement required under paragraph (1)
3 shall be furnished on or before January 31 of the
4 year following the calendar year for which the return
5 under subsection (a) was required to be made.
6 "(d) QUALIFYING COVERAGE.—For purposes of this
7 section, the term 'qualifying coverage' has the meaning
8 given such term under section 3116 of the Public Health
9 Service Act.".
10 (2) CONFORMING AMENDMENTS.—The table of
11 subparts for part III of subchapter A of chapter 61
12 of such Code is amended by inserting after the item
13 relating to subpart C the following new item:

"SUBPART D—HEALTH INSURANCE COVERAGE".

14 (3) EFFECTIVE DATE.—The amendments made
15 by this section shall apply to taxable years beginning
16 after December 31, 2010.
17 (c) NOTIFICATION OF NONENROLLMENT.—Not later
18 than June 30 of each year, the Secretary of the Treasury,
19 acting through the Internal Revenue Service and in con-
20 sultation with the Secretary of Health and Human Serv-
21 ices, shall send a notification each individual who files an
22 individual income tax return and who is not enrolled in
23 qualifying coverage (as defined in section 3116 of the Pub-
24 lic Health Service Act). Such notification shall contain in-

1 formation on the services available through the Gateway
2 operating in the State in which such individual resides.

3 **SEC. 162. NOTIFICATION ON THE AVAILABILITY OF AF-**
4 **FORDABLE HEALTH CHOICES.**

5 The Fair Labor Standards Act of 1938 is amended
6 by inserting after section 18 (29 U.S.C. 218) the fol-
7 lowing:

8 **''SEC. 18A. NOTICE TO EMPLOYEES.**

9 ''In accordance with guidelines prescribed by the Sec-
10 retary, an employer to which this Act applies, shall provide
11 to each employee at the time of hiring (or with respect
12 to current employee, within 90 days of the date of enact-
13 ment of this section, written notice informing the employee
14 of the existence of the American Health Benefits Gateway,
15 including a description of the services provided by such
16 Gateway and the manner in which the employee may con-
17 tact the Gateway to request assistance.''.

18 **SEC. 163. SHARED RESPONSIBILITY OF EMPLOYERS.**

19 Subtitle B of title XXXI of the Public Health Service
20 Act, as amended by section 153, is further amended by
21 adding at the end the following:

22 **''SEC. 3115. SHARED RESPONSIBILITY OF EMPLOYERS.**

23 ''**[**Policy under discussion**]**

24 **''SEC. 3116. DEFINITIONS.**

25 ''(a) IN GENERAL.—In this title:

1 "(1) PUBLIC HEALTH INSURANCE OPTION.—
2 [Policy under discussion]
3 "(2) ELIGIBLE INDIVIDUAL.—The term 'eligible
4 individual' means an individual who is—
5 "(A) a citizen or national of the United
6 States or an alien lawfully admitted to the
7 United States for permanent residence or an
8 alien lawfully present in the United States;
9 "(B) a qualified individual;
10 "(C) enrolled in a qualified health plan;
11 and
12 "(D) not receiving full benefits coverage
13 under a State child health plan under title XXI
14 of the Social Security Act (42 U.S.C. 1397aa et
15 seq.) (or a waiver of such plan).
16 "(3) QUALIFIED EMPLOYER.—
17 "(A) IN GENERAL.—The term 'qualified
18 employer' means an employer that—
19 "(i) elects to make all full-time em-
20 ployees of such employer eligible for a
21 qualified health plan; and
22 "(ii)(I) in the case of an employer
23 that elects to enroll in a qualified health
24 plan made available through a Gateway in
25 an establishing State, meets criteria (in-

1 cluding criteria regarding the size of a
2 qualified employer) established by such
3 State; or
4 ''(II) in the case of an employer that
5 elects to enroll in a qualified health plan
6 made available through a Gateway in a
7 participating State—
8 ''(aa) employs fewer than the
9 number of employees specified in sub-
10 paragraph (B); and
11 ''(bb) meets criteria established
12 by the Secretary.
13 ''(B) NUMBER OF EMPLOYEES.—
14 ''(i) ESTABLISHMENT.—The Secretary
15 may by regulation establish the number of
16 employees described in subparagraph
17 (A)(ii)(II)(aa).
18 ''(ii) DEFAULT.—If the Secretary
19 does not establish the number described in
20 subparagraph (A)(ii)(II)(aa), such number
21 shall be deemed to be 10.
22 ''(4) QUALIFIED HEALTH PLAN.—The term
23 'qualified health plan' means health plan that—
24 ''(A) has in effect a certification (which
25 may include a seal or other indication of ap-

1 proval) that such plan meets the criteria for
2 certification described in section 3101(l) issued
3 or recognized by each Gateway through which
4 such plan is offered; and
5 ‘‘(B) is offered by a health insurance
6 issuer that—
7 ‘‘(i) is licensed and in good standing
8 to offer health insurance coverage in each
9 State in which such issuer offers health in-
10 surance coverage under this title;
11 ‘‘(ii) agrees to offer at least one quali-
12 fied health plan in the tier described in
13 section 3111(a)(1)(A) and at least one
14 plan in the tier described in section
15 3111(a)(1)(B);
16 ‘‘(iii) complies with the regulations de-
17 veloped by the Secretary under section
18 3101(l) and such other requirements as an
19 applicable Gateway may establish; and
20 ‘‘(iv) agrees to pay any surcharge as-
21 sessed under section 3101(d)(5).
22 ‘‘(5) QUALIFIED INDIVIDUAL.—
23 ‘‘(A) IN GENERAL.—The term ‘qualified
24 individual’ means an individual who is—

1 "(i) residing in a participating State
2 or an establishing State (as defined in sec-
3 tion 3104);
4 "(ii) not incarcerated;
5 "(iii) not entitled to coverage under
6 the Medicare program under part A of title
7 XVIII of the Social Security Act;
8 "(iv) not enrolled in coverage under
9 the Medicare program under part B of title
10 XVIII of the Social Security Act or under
11 part C of such title; and
12 "(v) not eligible for coverage under—
13 "(I) the Medicaid program under
14 a State plan under title XIX of the
15 Social Security Act (42 U.S.C. 1396
16 et seq.), or under a waiver under sec-
17 tion 1115 of such Act;
18 "(II) the TRICARE program
19 under chapter 55 of title 10, United
20 States Code (as defined in section
21 1072(7) of such title);
22 "(III) the Federal employees
23 health benefits program under chapter
24 89 of title 5, United States Code; or

1 "(IV) employer-sponsored cov-
2 erage (except as provided under sub-
3 paragraph (B)).
4 "(B) EMPLOYEE.—An individual who is el-
5 igible for employer-sponsored coverage shall be
6 deemed to be a qualified individual under sub-
7 paragraph (A) if such coverage—
8 "(i) does not meet the criteria estab-
9 lished under section 3103 for minimum
10 qualifying coverage; or
11 "(ii) is not affordable (as such term is
12 defined under an applicable recommenda-
13 tion of the Council described in section
14 3103) for such employee.
15 "(C) ASSUMED MEDICAID ELIGIBILITY OF
16 INDIVIDUALS AT LESS THAN 150 PERCENT OF
17 POVERTY.—
18 "(i) ASSUMED ELIGIBILITY.—For
19 purposes of this title, an individual with an
20 adjusted gross income that does not exceed
21 150 percent of the poverty line for a family
22 of the size involved shall be assumed to be
23 eligible to participate in the medicaid pro-
24 gram under title XIX of the Social Secu-
25 rity Act.

1 "(ii) EFFECT.—An individual de-
2 scribed in clause (i) shall not be considered
3 a qualified individual for purposes of this
4 title.
5 "(6) QUALIFYING COVERAGE.—The term 'quali-
6 fying coverage' means—
7 "(A) a group health plan or health insur-
8 ance coverage—
9 "(i) that an individual is enrolled in
10 on the date of enactment of this title; or
11 "(ii) that is described in clause (i) and
12 that is renewed by an enrollee;
13 "(B) a group health plan or health insur-
14 ance coverage that—
15 "(i) is not described in subparagraph
16 (A); and
17 "(ii) meets or exceeds the criteria for
18 minimum qualifying coverage (as defined
19 in subsection (d));
20 "(C) Medicare coverage under parts A and
21 B of title XVIII of the Social Security Act or
22 under part C of such title;
23 "(D) Medicaid coverage under a State plan
24 under title XIX of the Social Security Act (or
25 under a waiver under section 1115 of such

1 Act), other than coverage consisting solely of
2 benefits under section 1928 of such Act;
3 ''(E) coverage under title XXI of the So-
4 cial Security Act;
5 ''(F) coverage under the TRICARE pro-
6 gram under chapter 55 of title 10, United
7 States Code;
8 ''(G) coverage under the veteran's health
9 care program under chapter 17 of title 38,
10 United States Code, but only if the coverage for
11 the individual involved is determined by the
12 Secretary to be not less than the coverage pro-
13 vided under a qualified health plan, based on
14 the individual's priority for services as provided
15 under section 1705(a) of such title;
16 ''(H) coverage under the Federal employ-
17 ees health benefits program under chapter 89 of
18 title 5, United States Code;
19 ''(I) a State health benefits high risk pool;
20 ''(J) a health benefit plan under section
21 2504(e) of title 22, United States Code; or
22 ''(K) coverage under a qualified health
23 plan.
24 For purposes of this paragraph, individual shall be
25 deemed to have qualifying coverage if such indi-

1 vidual is an individual described in section 1402(e)
2 and (g) of the Internal Revenue Code of 1986.
3 ''(b) INCORPORATION OF ADDITIONAL DEFINI-
4 TIONS.—Unless specifically provided for otherwise, the
5 definitions contained in section 2791 shall apply with re-
6 spect to this title.''.

7 Subtitle E—Improving Access to
8 Health Care Services

9 SEC. 171. SPENDING FOR FEDERALLY QUALIFIED HEALTH
10 CENTERS (FQHCS).

11 Section 330(r) of the Public Health Service Act (42
12 U.S.C. 254b(r)) is amended by striking paragraph (1) and
13 inserting the following:
14 ''(1) GENERAL AMOUNTS FOR GRANTS.—For
15 the purpose of carrying out this section, in addition
16 to the amounts authorized to be appropriated under
17 subsection (d), there is authorized to be appro-
18 priated the following:
19 ''(A) For fiscal year 2010,
20 $2,988,821,592.
21 ''(B) For fiscal year 2011,
22 $3,862,107,440.
23 ''(C) For fiscal year 2012, $4,990,553,440.
24 ''(D) For fiscal year 2013,
25 $6,448,713,307.

1 "(E) For fiscal year 2014,
2 $7,332,924,155.
3 "(F) For fiscal year 2015,
4 $8,332,924,155.
5 "(G) For fiscal year 2016, and each subse-
6 quent fiscal year, the amount appropriated for
7 the preceding fiscal year adjusted by the prod-
8 uct of—
9 "(i) one plus the average percentage
10 increase in costs incurred per patient
11 served; and
12 "(ii) one plus the average percentage
13 increase in the total number of patients
14 served.".
15 **SEC. 172. OTHER PROVISIONS.**
16 (a) SETTINGS FOR SERVICE DELIVERY.—Section
17 330(a)(1) of the Public Health Service Act (42 U.S.C.
18 254b(a)(1)) is amended by adding at the end the fol-
19 lowing: "Required primary health services and additional
20 health services may be provided either at facilities directly
21 operated by the center or at any other inpatient or out-
22 patient settings determined appropriate by the center to
23 meet the needs of its patents.".

1 (b) LOCATION OF SERVICE DELIVERY SITES.—Sec-
2 tion 330(a) of the Public Health Service Act (42 U.S.C.
3 254b(a)) is amended by adding at the end the following:
4 "(3) CONSIDERATIONS.—
5 "(A) LOCATION OF SITES.—Subject to
6 subparagraph (B), a center shall not be re-
7 quired to locate its service facility or facilities
8 within a designated medically underserved area
9 in order to serve either the residents of its
10 catchment area or a special medically under-
11 served population comprised of migratory and
12 seasonal agricultural workers, the homeless, or
13 residents of public housing, if that location is
14 determined by the center to be reasonably ac-
15 cessible to and appropriate to meet the needs of
16 the medically underserved residents of the cen-
17 ter's catchment area or the special medically
18 underserved population, in accordance with sub-
19 paragraphs (A) and (J) of subsection (k)(3).
20 "(B) LOCATION WITHIN ANOTHER CEN-
21 TER'S AREA.—The Secretary may permit appli-
22 cants for grants under this section to propose
23 the location of a service delivery site within an-
24 other center's catchment area if the applicant
25 demonstrates sufficient unmet need in such

1 area and can otherwise justify the need for ad-
2 ditional Federal resources in the catchment
3 area. In determining whether to approve such a
4 proposal, the Secretary shall take into consider-
5 ation whether collaboration between the two
6 centers exists, or whether the applicant has
7 made reasonable attempts to establish such col-
8 laboration, and shall consider any comments
9 timely submitted by the affected center con-
10 cerning the potential impact of the proposal on
11 the availability or accessibility of services the
12 affected center currently provides or the finan-
13 cial viability of the affected center.''.
14 (c) AFFILIATION AGREEMENTS.—Section
15 330(k)(3)(B) of the Public Health Service Act (42 U.S.C.
16 254b(k)(3)(B)) is amended by inserting before the semi-
17 colon the following: '', including contractual arrangements
18 as appropriate, while maintaining full compliance with the
19 requirements of this section, including the requirements
20 of subparagraph (H) concerning the composition and au-
21 thorities of the center's governing board, and, except as
22 otherwise provided in clause (ii) of such subparagraph, en-
23 suring full autonomy of the center over policies, direction,
24 and operations related to health care delivery, personnel,
25 finances, and quality assurance''.

1 (d) GOVERNANCE REQUIREMENTS.—Section
2 330(k)(3) of the Public Health Service Act (42 U.S.C.
3 254b(k)(3)) is amended—
4 (1) in subparagraph (H)—
5 (A) in clause (ii), strike ''; and'' and in-
6 serting '', except that in the case of a public
7 center (as defined in the second sentence of this
8 paragraph), the public entity may retain au-
9 thority to establish financial and personnel poli-
10 cies for the center; and'';
11 (B) in clause (iii), by adding ''and'' at the
12 end; and
13 (C) by inserting after clause (iii) the fol-
14 lowing:
15 ''(iv) in the case of a co-applicant with
16 a public entity, meets the requirements of
17 clauses (i) and (ii);''; and
18 (2) in the second sentence, by inserting before
19 the period the following: ''that is governed by a
20 board that satisfies the requirements of subpara-
21 graph (H) or that jointly applies (or has applied) for
22 funding with a co-applicant board that meets such
23 requirements''.
24 (e) ADJUSTMENT IN CENTER'S OPERATING PLAN
25 AND BUDGET.—Section 330(k)(3)(I)(i) of the Public

1 Health Service Act (42 U.S.C. 254b(k)(3)(I)(i)) is amend-
2 ed by adding before the semicolon the following: '', which
3 may be modified by the center at any time during the fis-
4 cal year involved if such modifications do not require addi-
5 tional grant funds, do not compromise the availability or
6 accessibility of services currently provided by the center,
7 and otherwise meet the conditions of subsection (a)(3)(B),
8 except that any such modifications that do not comply
9 with this clause, as determined by the health center, shall
10 be submitted to the Secretary for approval''.
11 (f) JOINT PURCHASING ARRANGEMENTS FOR RE-
12 DUCED COST.—Section 330(l) of the Public Health Serv-
13 ice Act (42 U.S.C. 254b(l)) is amended—
14 (1) by striking ''The Secretary'' and inserting
15 the following:
16 ''(1) IN GENERAL.—The Secretary''; and
17 (2) by adding at the end the following:
18 ''(2) ASSISTANCE WITH SUPPLIES AND SERV-
19 ICES COSTS.—The Secretary, directly or through
20 grants or contracts, may carry out projects to estab-
21 lish and administer arrangements under which the
22 costs of providing the supplies and services needed
23 for the operation of federally qualified health centers
24 are reduced through collaborative efforts of the cen-
25 ters, through making purchases that apply to mul-

1 tiple centers, or through such other methods as the
2 Secretary determines to be appropriate.''.
3 (g) OPPORTUNITY TO CORRECT MATERIAL FAILURE
4 REGARDING GRANT CONDITIONS.—Section 330(e) of the
5 Public Health Service Act (42 U.S.C. 254b(e)) is amended
6 by adding at the end the following:
7 ''(6) OPPORTUNITY TO CORRECT MATERIAL
8 FAILURE REGARDING GRANT CONDITIONS.—If the
9 Secretary finds that a center materially fails to meet
10 any requirement (except for any requirements
11 waived by the Secretary) necessary to qualify for its
12 grant under this subsection, the Secretary shall pro-
13 vide the center with an opportunity to achieve com-
14 pliance (over a period of up to 1 year from making
15 such finding) before terminating the center's grant.
16 A center may appeal and obtain an impartial review
17 of any Secretarial determination made with respect
18 to a grant under this subsection, or may appeal and
19 receive a fair hearing on any Secretarial determina-
20 tion involving termination of the center's grant enti-
21 tlement, modification of the center's service area,
22 termination of a medically underserved population
23 designation within the center's service area, disallow-
24 ance of any grant expenditures, or a significant re-
25 duction in a center's grant amount.''.

1 **SEC. 173. FUNDING FOR NATIONAL HEALTH SERVICE**
2 **CORPS.**

3 Section 338H(a) of the Public Health Service Act (42
4 U.S.C. 254q(a)) is amended to read as follows:

5 ''(a) AUTHORIZATION OF APPROPRIATIONS.—For the
6 purpose of carrying out this section, there is authorized
7 to be appropriated, out of any funds in the Treasury not
8 otherwise appropriated, the following:

9 ''(1) For fiscal year 2010, $320,461,632.

10 ''(2) For fiscal year 2011, $414,095,394.

11 ''(3) For fiscal year 2012, $535,087,442.

12 ''(4) For fiscal year 2013, $691,431,432.

13 ''(5) For fiscal year 2014, $893,456,433.

14 ''(6) For fiscal year 2015, $1,154,510,336.

15 ''(7) For fiscal year 2016, and each subsequent
16 fiscal year, the amount appropriated for the pre-
17 ceding fiscal year adjusted by the product of—

18 ''(A) one plus the average percentage in-
19 crease in the costs of health professions edu-
20 cation during the prior fiscal year; and

21 ''(B) one plus the average percentage
22 change in the number of individuals residing in
23 health professions shortage areas designated
24 under section 333 during the prior fiscal year,
25 relative to the number of individuals residing in
26 such areas during the previous fiscal year.''.

1 **SEC. 174. NEGOTIATED RULEMAKING FOR DEVELOPMENT**
2 **OF METHODOLOGY AND CRITERIA FOR DES-**
3 **IGNATING MEDICALLY UNDERSERVED POPU-**
4 **LATIONS AND HEALTH PROFESSIONS SHORT-**
5 **AGE AREAS.**

6 (a) ESTABLISHMENT.—
7 (1) IN GENERAL.—The Secretary of Health and
8 Human Services (in this section referred to as the
9 ''Secretary'') shall establish, through a negotiated
10 rulemaking process under subchapter 3 of chapter 5
11 of title 5, United States Code, a comprehensive
12 methodology and criteria for designation of—
13 (A) medically underserved populations in
14 accordance with section 330(b)(3) of the Public
15 Health Service Act (42 U.S.C. 254b(b)(3));
16 (B) health professions shortage areas
17 under section 332 of the Public Health Service
18 Act (42 U.S.C. 254e).
19 (2) FACTORS TO CONSIDER.—In establishing
20 the methodology and criteria under paragraph (1),
21 the Secretary—
22 (A) shall consult with relevant stakeholders
23 who will be significantly affected by a rule
24 (such as national, State and regional organiza-
25 tions representing affected entities), State
26 health offices, community organizations, health

1 centers and other affected entities, and other
2 interested parties; and
3 (B) shall take into account—
4 (i) the timely availability and appro-
5 priateness of data used to determine a des-
6 ignation to potential applicants for such
7 designations;
8 (ii) the impact of the methodology and
9 criteria on communities of various types
10 and on health centers and other safety net
11 providers;
12 (iii) the degree of ease or difficulty
13 that will face potential applicants for such
14 designations in securing the necessary
15 data; and
16 (iv) the extent to which the method-
17 ology accurately measures various barriers
18 that confront individuals and population
19 groups in seeking health care services.
20 (b) PUBLICATION OF NOTICE.—In carrying out the
21 rulemaking process under this subsection, the Secretary
22 shall publish the notice provided for under section 564(a)
23 of title 5, United States Code, by not later than 45 days
24 after the date of the enactment of this Act.

1 (c) TARGET DATE FOR PUBLICATION OF RULE.—As
2 part of the notice under subsection (b), and for purposes
3 of this subsection, the ''target date for publication'', as
4 referred to in section 564(a)(5) of title 5, United Sates
5 Code, shall be July 1, 2010.

6 (d) APPOINTMENT OF NEGOTIATED RULEMAKING
7 COMMITTEE AND FACILITATOR.—The Secretary shall pro-
8 vide for—

9 (1) the appointment of a negotiated rulemaking
10 committee under section 565(a) of title 5, United
11 States Code, by not later than 30 days after the end
12 of the comment period provided for under section
13 564(c) of such title; and

14 (2) the nomination of a facilitator under section
15 566(c) of such title 5 by not later than 10 days after
16 the date of appointment of the committee.

17 (e) PRELIMINARY COMMITTEE REPORT.—The nego-
18 tiated rulemaking committee appointed under subsection
19 (d) shall report to the Secretary, by not later than April
20 1, 2010, regarding the committee's progress on achieving
21 a consensus with regard to the rulemaking proceeding and
22 whether such consensus is likely to occur before one month
23 before the target date for publication of the rule. If the
24 committee reports that the committee has failed to make
25 significant progress toward such consensus or is unlikely

1 to reach such consensus by the target date, the Secretary
2 may terminate such process and provide for the publica-
3 tion of a rule under this section through such other meth-
4 ods as the Secretary may provide.

5 (f) FINAL COMMITTEE REPORT.—If the committee
6 is not terminated under subsection (e), the rulemaking
7 committee shall submit a report containing a proposed
8 rule by not later than one month before the target publica-
9 tion date.

10 (g) INTERIM FINAL EFFECT.—The Secretary shall
11 publish a rule under this section in the Federal Register
12 by not later than the target publication date. Such rule
13 shall be effective and final immediately on an interim
14 basis, but is subject to change and revision after public
15 notice and opportunity for a period (of not less than 90
16 days) for public comment. In connection with such rule,
17 the Secretary shall specify the process for the timely re-
18 view and approval of applications for such designations
19 pursuant to such rules and consistent with this section.

20 (h) PUBLICATION OF RULE AFTER PUBLIC COM-
21 MENT.—The Secretary shall provide for consideration of
22 such comments and republication of such rule by not later
23 than 1 year after the target publication date.

1 **SEC. 175. EQUITY FOR CERTAIN ELIGIBLE SURVIVORS.**

2 (a) REBUTTABLE PRESUMPTION.—Section 411(c)(4)
3 of the Black Lung Benefits Act (30 U.S.C. 921(c)(4)) is
4 amended by striking the last sentence.

5 (b) CONTINUATION OF BENEFITS.—Section 422(l) of
6 the Black Lung Benefits Act (30 U.S.C. 932(l)) is amend-
7 ed by striking ‘‘, except with respect to a claim filed under
8 this part on or after the effective date of the Black Lung
9 Benefits Amendments of 1981’’.

10 (c) EFFECTIVE DATE.—The amendments made by
11 this section shall apply with respect to claims filed under
12 part B or part C of the Black Lung Benefits Act (30
13 U.S.C. 921 et seq., 931 et seq.) after January 1, 2005,
14 that are pending on or after the date of enactment of this
15 Act.

16 **SEC. 176. REAUTHORIZATION OF EMERGENCY MEDICAL**
17 **SERVICES FOR CHILDREN PROGRAM.**

18 Section 1910 of the Public Health Service Act (42
19 U.S.C. 300w–9) is amended—

20 (1) in subsection (a), by striking ‘‘3-year period
21 (with an optional 4th year’’ and inserting ‘‘4-year
22 period (with an optional 5th year’’; and

23 (2) in subsection (d)—

24 (A) by striking ‘‘and such sums’’ and in-
25 serting ‘‘such sums’’; and

1 (B) by inserting before the period the fol-
2 lowing: ‘‘, $25,000,000 for fiscal year 2010,
3 $26,250,000 for fiscal year 2011, $27,562,500
4 for fiscal year 2012, $28,940,625 for fiscal year
5 2013, and $30,387,656 for fiscal year 2014’’.

6 Subtitle F—Making Health Care
7 More Affordable for Retirees

8 SEC. 181. REINSURANCE FOR RETIREES.

9 (a) ADMINISTRATION.—
10 (1) IN GENERAL.—Not later than 90 days after
11 the date of enactment of this section, the Secretary
12 shall establish a temporary reinsurance program to
13 provide reimbursement to eligible employers located
14 in any State that is not a participating State or an
15 establishing State (as described in section 3104) for
16 the cost of providing health insurance coverage to
17 retirees between the ages of 55 and 64 during the
18 period beginning on the date on which such program
19 is established and ending on the date on which such
20 State becomes a participating State or an estab-
21 lishing State.
22 (2) REFERENCE.—For purposes of this section,
23 the term ‘‘employer’’ shall be deemed to include a
24 collective bargaining organization that is providing
25 the type of health coverage described in paragraph

1 (1) to retirees in a State that is not a participating
2 State or an establishing State (as described in sec-
3 tion 3104).
4 (b) PARTICIPATION.—
5 (1) EMPLOYER ELIGIBILITY.—To be eligible to
6 participate in the program established under this
7 section, an employer (referred to in this section as
8 a ''participating employer'') shall—
9 (A) be an employer that provides appro-
10 priate employer-sponsored health insurance cov-
11 erage (as described in paragraph (2)), including
12 coverage under a Taft-Hartley plan, a multiem-
13 ployer plan, a self-funded plan, or a voluntary
14 employee benefit association, for individuals
15 who are between the ages of 55 and 64 who are
16 not active employees of the employer (or de-
17 pendents of active employees) and who not are
18 not eligible for coverage under title XVIII of
19 the Social Security Act; and
20 (B) submit to the Secretary an application
21 for participation in the program, at such time,
22 in such manner, and containing such informa-
23 tion as the Secretary shall require.

1 (2) APPROPRIATE EMPLOYER-SPONSORED COV-
2 ERAGE.—Appropriate employer-sponsored health in-
3 surance coverage described in this paragraph shall—
4 (A) meet the requirements established
5 under section 3103(h)(2);
6 (B) implement programs and procedures to
7 generate cost-savings with respect to enrollees
8 with chronic and high-cost conditions;
9 (C) provide documentation of the actual
10 cost of medical claims involved; and
11 (D) be certified as appropriate by the Sec-
12 retary.
13 (c) PAYMENTS.—
14 (1) SUBMISSION OF CLAIMS.—
15 (A) IN GENERAL.—A participating em-
16 ployer shall submit a claim for reimbursement
17 to the Secretary which shall contain documenta-
18 tion of the actual costs of the items and serv-
19 ices for which the claim is being submitted.
20 (B) BASIS FOR CLAIMS.—Claims submitted
21 under paragraph (1) shall be based on the ac-
22 tual amount expended by the participating em-
23 ployer involved within the plan year for claims
24 by individuals described in subsection (b)(1)(A).
25 In determining the amount of a claim for pur-

1 poses of this subsection, the employer shall take
2 into account any negotiated price concessions
3 (such as discounts, direct or indirect subsidies,
4 rebates, and direct or indirect remunerations)
5 obtained by the employer with respect to the
6 coverage involved.
7 (2) PROGRAM PAYMENTS.—If the Secretary de-
8 termines that a participating employer has sub-
9 mitted a valid claim under paragraph (1), the Sec-
10 retary shall reimburse such employer for 80 percent
11 of that portion of the costs involved in the claim that
12 exceed $15,000, subject to the limits contained in
13 paragraph (3).
14 (3) LIMIT.—To be eligible for reimbursement
15 under the program, a claim submitted by a partici-
16 pating employer shall not be less than $15,000 nor
17 greater than $90,000. Such amounts shall be ad-
18 justed each fiscal year based on the percentage in-
19 crease in the Medical Care Component of the Con-
20 sumer Price Index for all urban consumers (rounded
21 to the nearest multiple of $1,000) for the year in-
22 volved.
23 (4) USE OF PAYMENTS.—Amounts paid to a
24 participating employer under this subsection shall be
25 used to lower premium costs for enrollees in health

1 insurance coverage provided by the employer. Such
2 payments shall not be used for administrative costs
3 or profit increases. The Secretary shall develop a
4 mechanism to monitor the appropriate use of such
5 payments by such employers.
6 (5) PAYMENTS NOT TREATED AS INCOME.—
7 Payments received under this subsection shall not be
8 included in determining employer gross income.
9 (6) APPEALS.—The Secretary shall establish—
10 (A) an appeals process to permit partici-
11 pating employers to appeal determination of the
12 Secretary with respect to claims submitted
13 under this section; and
14 (B) procedures to protect against fraud,
15 waste, and abuse under the program.
16 (d) AUDITS.—The Secretary shall conduct annual au-
17 dits of claims data submitted by participating employers
18 under this section to ensure that such employers (and the
19 health plans involved) are in compliance with the require-
20 ments of this section.
21 (e) RETIREE RESERVE TRUST FUND.—
22 (1) ESTABLISHMENT OF TRUST FUND.—
23 (A) IN GENERAL.—There is established in
24 the Treasury of the United States a trust fund
25 to be known as the "Retiree Reserve Trust

1 Fund'' (referred to in this section as the ''Trust
2 Fund''), that shall consist of such amounts as
3 may be appropriated or credited to the Trust
4 Fund as provided for in this subsection to en-
5 able the Secretary to carry out the program
6 under this section. Such amounts shall remain
7 available until expended.

8 (B) FUNDING.—There are hereby appro-
9 priated to the Trust Fund, out of any moneys
10 in the Treasury not otherwise appropriated an
11 amount requested by the Secretary of Health
12 and Human Services as necessary to carry out
13 this section, except that the total of all such
14 amounts requested shall not exceed
15 $10,000,000,000.

16 (C) APPROPRIATIONS FROM THE TRUST
17 FUND.—

18 (i) IN GENERAL.—Amounts in the
19 Trust Fund may be appropriated to pro-
20 vide funding to carry out this program
21 under this section

22 (ii) BUDGETARY IMPLICATIONS.—
23 Amounts appropriated under clause (i),
24 and outlays flowing from such appropria-
25 tions, shall not be taken into account for

1 purposes of any budget enforcement proce-
2 dures including allocations under section
3 302(a) and (b) of the Balanced Budget
4 and Emergency Deficit Control Act and
5 budget resolutions for fiscal years during
6 which appropriations are made from the
7 Trust Fund.
8 (2) USE OF TRUST FUND.—The Secretary shall
9 use amounts contained in the Trust Fund to carry
10 out the program under this section.
11 (3) LIMITATIONS.—The Secretary has the au-
12 thority to stop taking applications for participation
13 in the program to comply with the funding limit pro-
14 vided for in paragraph (1)(B).

15 Subtitle G—Improving the Use of 16 Health Information Technology 17 for Enrollment; Miscellaneous 18 Provisions

19 **SEC. 185. HEALTH INFORMATION TECHNOLOGY ENROLL-**
20 **MENT STANDARDS AND PROTOCOLS.**

21 Title XXX of the Public Health Service Act (42
22 U.S.C. 300jj et seq.) is amended by adding at the end
23 the following:

1 **"Subtitle C—Other Provisions Re-**
2 **lated to Health Information**
3 **Technology**

4 **"SEC. 3021. HEALTH INFORMATION TECHNOLOGY ENROLL-**
5 **MENT STANDARDS AND PROTOCOLS.**

6 "(a) IN GENERAL.—
7 "(1) STANDARDS AND PROTOCOLS.—Not later
8 than 180 days after the date of enactment of this
9 title, the Secretary, in consultation with the HIT
10 Policy Committee and the HIT Standards Com-
11 mittee, shall develop interoperable and secure stand-
12 ards and protocols that facilitate enrollment of indi-
13 viduals in Federal and State health and human serv-
14 ices programs, as determined by the Secretary.
15 "(2) METHODS.—The Secretary shall facilitate
16 enrollment in such programs through methods deter-
17 mined appropriate by the Secretary, which shall in-
18 clude providing individuals and third parties author-
19 ized by such individuals and their designees notifica-
20 tion of eligibility and verification of eligibility re-
21 quired under such programs.
22 "(b) CONTENT.—The standards and protocols for
23 electronic enrollment in the Federal and State programs
24 described in subsection (a) shall allow for the following:

1 "(1) Electronic matching against existing Fed-
2 eral and State data, including vital records, employ-
3 ment history, enrollment systems, tax records, and
4 other data determined appropriate by the Secretary
5 to serve as evidence of eligibility and in lieu of
6 paper-based documentation.
7 "(2) Simplification and submission of electronic
8 documentation, digitization of documents, and sys-
9 tems verification of eligibility.
10 "(3) Reuse of stored eligibility information (in-
11 cluding documentation) to assist with retention of el-
12 igible individuals.
13 "(4) Capability for individuals to apply, recer-
14 tify and manage their eligibility information online,
15 including at home, at points of service, and other
16 community-based locations.
17 "(5) Ability to expand the enrollment system to
18 integrate new programs, rules, and functionalities, to
19 operate at increased volume, and to apply stream-
20 lined verification and eligibility processes to other
21 Federal and State programs, as appropriate.
22 "(6) Notification of eligibility, recertification,
23 and other needed communication regarding eligi-
24 bility, which may include communication via email
25 and cellular phones.

1 "(7) Other functionalities necessary to provide
2 eligibles with streamlined enrollment process.
3 "(c) APPROVAL AND NOTIFICATION.—Upon approval
4 by the HIT Policy Committee, the HIT Standards Com-
5 mittee, and the Secretary of the standards and protocols
6 developed under subsection (a), the Secretary—
7 "(1) shall notify States of such standards and
8 protocols; and
9 "(2) may require, as a condition of receiving
10 Federal funds for the health information technology
11 investments, that States or other entities incorporate
12 such standards and protocols into such investments.
13 "(d) GRANTS FOR IMPLEMENTATION OF APPRO-
14 PRIATE ENROLLMENT HIT.—
15 "(1) IN GENERAL.—The Secretary shall award
16 grant to eligible entities to develop new, and adapt
17 existing, technology systems to implement the HIT
18 enrollment standards and protocols developed under
19 subsection (a) (referred to in this subsection as 'ap-
20 propriate HIT technology').
21 "(2) ELIGIBLE ENTITIES.—To be eligible for a
22 grant under this subsection, an entity shall—
23 "(A) be a State, political subdivision of a
24 State, or a local governmental entity; and

1 “(B) submit to the Secretary an applica-
2 tion at such time, in such manner, and con-
3 taining—
4 “(i) a plan to adopt and implement
5 appropriate enrollment technology that in-
6 cludes—
7 “(I) proposed reduction in main-
8 tenance costs of technology systems;
9 “(II) elimination or updating of
10 legacy systems; and
11 “(III) demonstrated collaboration
12 with other entities that may receive a
13 grant under this section that are lo-
14 cated in the same State, political sub-
15 division, or locality;
16 “(ii) an assurance that the entity will
17 share such appropriate enrollment tech-
18 nology in accordance with paragraph (4);
19 and
20 “(iii) such other information as the
21 Secretary may require.
22 “(3) SHARING.—
23 “(A) IN GENERAL.—The Secretary shall
24 ensure that appropriate enrollment HIT adopt-
25 ed under grants under this subsection is made

1 available to other qualified State, qualified po-
2 litical subdivisions of a State, or other appro-
3 priate qualified entities (as described in sub-
4 paragraph (B)) at no cost.
5 ''(B) QUALIFIED ENTITIES.—The Sec-
6 retary shall determine what entities are quali-
7 fied to receive enrollment HIT under subpara-
8 graph (A), taking into consideration the rec-
9 ommendations of the HIT Policy Committee
10 and the HIT Standards Committee.''.

11 **SEC. 186. RULE OF CONSTRUCTION REGARDING HAWAII'S**
12 **PREPAID HEALTH CARE ACT.**

13 Nothing in this title (or an amendment made by this
14 title) shall be construed to modify or limit the application
15 of the exemption for Hawaii's Prepaid Health Care Act
16 (Haw. Rev. Stat. §§ 393-1 et seq.) as provided for under
17 section 514(b)(5) of the Employee Retirement Income Se-
18 curity Act of 1974 (29 U.S.C. 1144(b)(5)).

19 **SEC. 187. KEY NATIONAL INDICATORS.**

20 (a) DEFINITIONS.—In this section:
21 (1) ACADEMY.—The term ''Academy'' means
22 the National Academy of Sciences.
23 (2) COMMISSION.—The term ''Commission''
24 means the Commission on Key National Indicators
25 established under subsection (b).

1 (3) INSTITUTE.—The term "Institute" means a
2 Key National Indicators Institute as designated
3 under subsection (c)(3).
4 (b) COMMISSION ON KEY NATIONAL INDICATORS.—
5 (1) ESTABLISHMENT.—There is established a
6 "Commission on Key National Indicators".
7 (2) MEMBERSHIP.—
8 (A) NUMBER AND APPOINTMENT.—The
9 Commission shall be composed of 8 members, to
10 be appointed equally by the majority and mi-
11 nority leaders of the Senate and the Speaker
12 and minority leader of the House of Represent-
13 atives.
14 (B) PROHIBITED APPOINTMENTS.—Mem-
15 bers of the Commission shall not include Mem-
16 bers of Congress or other elected Federal,
17 State, or local government officials.
18 (C) QUALIFICATIONS.—In making appoint-
19 ments under subparagraph (A), the majority
20 and minority leaders of the Senate and the
21 Speaker and minority leader of the House of
22 Representatives shall appoint individuals who
23 have shown a dedication to improving civic dia-
24 logue and decision-making through the wide use
25 of scientific evidence and factual information.

1 (D) PERIOD OF APPOINTMENT.—Each
2 member of the Commission shall be appointed
3 for a 2-year term, except that 1 initial appoint-
4 ment shall be for 3 years. Any vacancies shall
5 not affect the power and duties of the Commis-
6 sion but shall be filled in the same manner as
7 the original appointment and shall last only for
8 the remainder of that term.
9 (E) DATE.—Members of the Commission
10 shall be appointed by not later than 30 days
11 after the date of enactment of this Act.
12 (F) INITIAL ORGANIZING PERIOD.——Not
13 later than 60 days after the date of enactment
14 of this Act, the Commission shall develop and
15 implement a schedule for completion of the re-
16 view and reports required under subsection (d).
17 (G) CO-CHAIRPERSONS.—The Commission
18 shall select 2 Co-Chairpersons from among its
19 members.
20 (c) DUTIES OF THE COMMISSION.—
21 (1) IN GENERAL.—The Commission shall—
22 (A) conduct comprehensive oversight of a
23 newly established key national indicators system
24 consistent with the purpose described in this
25 subsection;

1 (B) make recommendations on how to im-
2 prove the key national indicators system;
3 (C) coordinate with Federal Government
4 users and information providers to assure ac-
5 cess to relevant and quality data; and
6 (D) enter into contracts with the Academy.
7 (2) REPORTS.—
8 (A) ANNUAL REPORT TO CONGRESS.—Not
9 later than 1 year after the selection of the 2
10 Co-Chairpersons of the Commission, and each
11 subsequent year thereafter, the Commission
12 shall prepare and submit to the appropriate
13 Committees of Congress and the President a re-
14 port that contains a detailed statement of the
15 recommendations, findings, and conclusions of
16 the Commission on the activities of the Acad-
17 emy and a designated Institute related to the
18 establishment of a Key National Indicator Sys-
19 tem.
20 (B) ANNUAL REPORT TO THE ACADEMY.—
21 (i) IN GENERAL.—Not later than 6
22 months after the selection of the 2 Co-
23 Chairpersons of the Commission, and each
24 subsequent year thereafter, the Commis-
25 sion shall prepare and submit to the Acad-

1 emy and a designated Institute a report
2 making recommendations concerning po-
3 tential issue areas and key indicators to be
4 included in the Key National Indicators.
5 (ii) LIMITATION.—The Commission
6 shall not have the authority to direct the
7 Academy or, if established, the Institute,
8 to adopt, modify, or delete any key indica-
9 tors.
10 (3) CONTRACT WITH THE NATIONAL ACADEMY
11 OF SCIENCES.——
12 (A) IN GENERAL.——As soon as practicable
13 after the selection of the 2 Co-Chairpersons of
14 the Commission, the Co-Chairpersons shall
15 enter into an arrangement with the National
16 Academy of Sciences under which the Academy
17 shall—
18 (i) review available public and private
19 sector research on the selection of a set of
20 key national indicators;
21 (ii) determine how best to establish a
22 key national indicator system for the
23 United States, by either creating its own
24 institutional capability or designating an
25 independent private nonprofit organization

1 as an Institute to implement a key national
2 indicator system;
3 (iii) if the Academy designates an
4 independent Institute under clause (ii),
5 provide scientific and technical advice to
6 the Institute and create an appropriate
7 governance mechanism that balances Acad-
8 emy involvement and the independence of
9 the Institute; and
10 (iv) provide an annual report to the
11 Commission addressing scientific and tech-
12 nical issues related to the key national in-
13 dicator system and, if established, the In-
14 stitute, and governance of the Institute's
15 budget and operations.
16 (B) PARTICIPATION.—In executing the ar-
17 rangement under subparagraph (A), the Na-
18 tional Academy of Sciences shall convene a
19 multi-sector, multi-disciplinary process to define
20 major scientific and technical issues associated
21 with developing, maintaining, and evolving a
22 Key National Indicator System and, if an Insti-
23 tute is established, to provide it with scientific
24 and technical advice.

1 (C) ESTABLISHMENT OF A KEY NATIONAL
2 INDICATOR SYSTEM.—
3 (i) IN GENERAL.—In executing the ar-
4 rangement under subparagraph (A), the
5 National Academy of Sciences shall enable
6 the establishment of a key national indi-
7 cator system by—
8 (I) creating its own institutional
9 capability; or
10 (II) partnering with an inde-
11 pendent private nonprofit organization
12 as an Institute to implement a key na-
13 tional indicator system.
14 (ii) INSTITUTE.—If the Academy des-
15 ignates an Institute under clause (i)(II),
16 such Institute shall be a non-profit entity
17 (as defined for purposes of section
18 501(c)(3) of the Internal Revenue Code of
19 1986) with an educational mission, a gov-
20 ernance structure that emphasizes inde-
21 pendence, and characteristics that make
22 such entity appropriate for establishing a
23 key national indicator system.
24 (iii) RESPONSIBILITIES.—Either the
25 Academy or the Institute designated under

1 clause (i)(II) shall be responsible for the
2 following:
3 (I) Identifying and selecting issue
4 areas to be represented by the key na-
5 tional indicators.
6 (II) Identifying and selecting the
7 measures used for key national indica-
8 tors within the issue areas under sub-
9 clause (I).
10 (III) Identifying and selecting
11 data to populate the key national indi-
12 cators described under subclause (II).
13 (IV) Designing, publishing, and
14 maintaining a public website that con-
15 tains a freely accessible database al-
16 lowing public access to the key na-
17 tional indicators.
18 (V) Developing a quality assur-
19 ance framework to ensure rigorous
20 and independent processes and the se-
21 lection of quality data.
22 (VI) Developing a budget for the
23 construction and management of a
24 sustainable, adaptable, and evolving
25 key national indicator system that re-

1 flects all Commission funding of
2 Academy and, if an Institute is estab-
3 lished, Institute activities.
4 (VII) Reporting annually to the
5 Commission regarding its selection of
6 issue areas, key indicators, data, and
7 progress toward establishing a web-ac-
8 cessible database.
9 (VIII) Responding directly to the
10 Commission in response to any Com-
11 mission recommendations and to the
12 Academy regarding any inquiries by
13 the Academy.
14 (iv) GOVERNANCE.—Upon the estab-
15 lishment of a key national indicator sys-
16 tem, the Academy shall create an appro-
17 priate governance mechanism that incor-
18 porates advisory and control functions. If
19 an Institute is designated under clause
20 (i)(II), the governance mechanism shall
21 balance appropriate Academy involvement
22 and the independence of the Institute.
23 (v) MODIFICATION AND CHANGES.—
24 The Academy shall retain the sole discre-
25 tion, at any time, to alter its approach to

1 the establishment of a key national indi-
2 cator system or, if an Institute is des-
3 ignated under clause (i)(II), to alter any
4 aspect of its relationship with the Institute
5 or to designate a different non-profit entity
6 to serve as the Institute.
7 (vi) CONSTRUCTION.—Nothing in this
8 section shall be construed to limit the abil-
9 ity of the Academy or the Institute des-
10 ignated under clause (i)(II) to receive pri-
11 vate funding for activities related to the es-
12 tablishment of a key national indicator sys-
13 tem.
14 (D) ANNUAL REPORT.—As part of the ar-
15 rangement under subparagraph (A), the Na-
16 tional Academy of Sciences shall, not later than
17 270 days after the date of enactment of this
18 Act, and annually thereafter, submit to the Co-
19 Chairpersons of the Commission a report that
20 contains the findings and recommendations of
21 the Academy.
22 (d) GOVERNMENT ACCOUNTABILITY OFFICE STUDY
23 AND REPORT.—
24 (1) GAO STUDY.—The Comptroller General of
25 the United States shall conduct a study of previous

1 work conducted by all public agencies, private orga-
2 nizations, or foreign countries with respect to best
3 practices for a key national indicator system. The
4 study shall be submitted to the appropriate author-
5 izing committees of Congress.
6 (2) GAO FINANCIAL AUDIT.—If an Institute is
7 established under this section, the Comptroller Gen-
8 eral shall conduct an annual audit of the financial
9 statements of the Institute, in accordance with gen-
10 erally accepted government auditing standards and
11 submit a report on such audit to the Commission
12 and the appropriate authorizing committees of Con-
13 gress.
14 (3) GAO PROGRAMMATIC REVIEW.—The Comp-
15 troller General of the United States shall conduct
16 programmatic assessments of the Institute estab-
17 lished under this section as determined necessary by
18 the Comptroller General and report the findings to
19 the Commission and to the appropriate authorizing
20 committees of Congress.
21 (e) AUTHORIZATION OF APPROPRIATIONS.—
22 (1) IN GENERAL.——There are authorized to be
23 appropriated to carry out the purposes of this sec-
24 tion, $10,000,000 for fiscal year 2010, and

1 $7,5000,000 for each of fiscal year 2011 through
2 2018.
3 (2) AVAILABILITY.——Amounts appropriated
4 under paragraph (1) shall remain available until ex-
5 pended.

6 Subtitle H—CLASS Act

7 SEC. 190. SHORT TITLE OF SUBTITLE.

8 This subtitle may be cited as the ''Community Living
9 Assistance Services and Supports Act'' or the ''CLASS
10 Act''.

11 PART I—COMMUNITY LIVING ASSISTANCE
12 SERVICES AND SUPPORTS

13 SEC. 191. ESTABLISHMENT OF NATIONAL VOLUNTARY IN-
14 SURANCE PROGRAM FOR PURCHASING COM-
15 MUNITY LIVING ASSISTANCE SERVICES AND
16 SUPPORT.

17 (a) ESTABLISHMENT OF CLASS PROGRAM.—
18 (1) IN GENERAL.—The Public Health Service
19 Act (42 U.S.C. 201 et seq.), as amended by section
20 143, is amended by adding at the end the following:

1 # “TITLE XXXII—COMMUNITY LIV-
2 # ING ASSISTANCE SERVICES
3 # AND SUPPORTS

4 **“SEC. 3201. PURPOSE.**

5 ‘‘The purpose of this title is to establish a national
6 voluntary insurance program for purchasing community
7 living assistance services and supports in order to—
8 ‘‘(1) provide individuals with functional limita-
9 tions with tools that will allow them to maintain
10 their personal and financial independence and live in
11 the community through a new financing strategy for
12 community living assistance services and supports;
13 ‘‘(2) establish an infrastructure that will help
14 address the Nation’s community living assistance
15 services and supports needs;
16 ‘‘(3) alleviate burdens on family caregivers; and
17 ‘‘(4) address institutional bias by providing a fi-
18 nancing mechanism that supports personal choice
19 and independence to live in the community.

20 **“SEC. 3202. DEFINITIONS.**

21 ‘‘In this title:
22 ‘‘(1) ACTIVE ENROLLEE.—The term ‘active en-
23 rollee’ means an individual who is enrolled in the
24 CLASS program in accordance with section 3204

1 and who has paid any premiums due to maintain
2 such enrollment.
3 ‘‘(2) ACTIVELY EMPLOYED.—The term ‘actively
4 employed’ means an individual who—
5 ‘‘(A) is reporting for work at the individ-
6 ual’s usual place of employment or at another
7 location to which the individual is required to
8 travel because of the individual’s employment
9 (or in the case of an individual who is a mem-
10 ber of the uniformed services, is on active duty
11 and is physically able to perform the duties of
12 the individual’s position); and
13 ‘‘(B) is able to perform all the usual and
14 customary duties of the individual’s employment
15 on the individual’s regular work schedule.
16 ‘‘(3) ACTIVITIES OF DAILY LIVING.—The term
17 ‘activities of daily living’ means each of the following
18 activities specified in section 7702B(c)(2)(B) of the
19 Internal Revenue Code of 1986:
20 ‘‘(A) Eating.
21 ‘‘(B) Toileting.
22 ‘‘(C) Transferring.
23 ‘‘(D) Bathing.
24 ‘‘(E) Dressing.
25 ‘‘(F) Continence.

1 "(4) CLASS PROGRAM.—The term 'CLASS
2 program' means the program established under this
3 title.
4 "(5) DISABILITY DETERMINATION SERVICE.—
5 The term 'Disability Determination Service' means,
6 with respect to each State, the entity that has an
7 agreement with the Commissioner of Social Security
8 to make disability determinations for purposes of
9 title II or XVI of the Social Security Act (42 U.S.C.
10 401 et seq., 1381 et seq.).
11 "(6) ELIGIBLE BENEFICIARY.—
12 "(A) IN GENERAL.—The term 'eligible
13 beneficiary' means any individual who is an ac-
14 tive enrollee in the CLASS program and, as of
15 the date described in subparagraph (B)—
16 "(i) has paid premiums for enrollment
17 in such program for at least 60 months;
18 and
19 "(ii) has paid premiums for enroll-
20 ment in such program for at least 12 con-
21 secutive months, if a lapse in premium
22 payments of more than 3 months has oc-
23 curred during the period that begins on the
24 date of the individual's enrollment and
25 ends on the date of such determination.

1 "(B) DATE DESCRIBED.—For purposes of
2 subparagraph (A), the date described in this
3 subparagraph is the date on which the indi-
4 vidual is determined to have a functional limita-
5 tion described in section 3203(a)(1)(C) that is
6 expected to last for a continuous period of more
7 than 90 days.
8 "(7) HOSPITAL; NURSING FACILITY; INTER-
9 MEDIATE CARE FACILITY FOR THE MENTALLY RE-
10 TARDED; INSTITUTION FOR MENTAL DISEASES.—
11 The terms 'hospital', 'nursing facility', 'intermediate
12 care facility for the mentally retarded', and 'institu-
13 tion for mental diseases' have the meanings given
14 such terms for purposes of Medicaid.
15 "(8) CLASS INDEPENDENCE ADVISORY COUN-
16 CIL.—The term 'CLASS Independence Advisory
17 Council' or 'Council' means the Advisory Council es-
18 tablished under section 3207 to advise the Secretary.
19 "(9) CLASS INDEPENDENCE BENEFIT PLAN.—
20 The term 'CLASS Independence Benefit Plan'
21 means the benefit plan developed and designated by
22 the Secretary in accordance with section 3203.
23 "(10) CLASS INDEPENDENCE FUND.—The
24 term 'CLASS Independence Fund' or 'Fund' means
25 the fund established under section 3206.

1 "(11) MEDICAID.—The term 'Medicaid' means
2 the program established under title XIX of the So-
3 cial Security Act (42 U.S.C. 1396 et seq.).
4 "(12) POVERTY LINE.—The term 'poverty line'
5 has the meaning given that term in section
6 2110(c)(5) of the Social Security Act (42 U.S.C.
7 1397jj(c)(5)).
8 "(13) PROTECTION AND ADVOCACY SYSTEM.—
9 The term 'Protection and Advocacy System' means
10 the system for each State established under section
11 143 of the Developmental Disabilities Assistance
12 and Bill of Rights Act of 2000 (42 U.S.C. 15043).
13 **"SEC. 3203. CLASS INDEPENDENCE BENEFIT PLAN.**
14 "(a) PROCESS FOR DEVELOPMENT.—
15 "(1) IN GENERAL.—The Secretary, in consulta-
16 tion with appropriate actuaries and other experts,
17 shall develop at least 2 actuarially sound benefit
18 plans as alternatives for consideration for designa-
19 tion by the Secretary as the CLASS Independence
20 Benefit Plan under which eligible beneficiaries shall
21 receive benefits under this title. Each of the plan al-
22 ternatives developed shall be designed to provide eli-
23 gible beneficiaries with the benefits described in sec-
24 tion 3205 consistent with the following require-
25 ments:

1 "(A) PREMIUMS.—
2 "(i) MAXIMUM MONTHLY LIMIT.—
3 "(I) IN GENERAL.—With respect
4 to all premiums to be paid by enroll-
5 ees for a year, the maximum monthly
6 premium for enrollment in the
7 CLASS program for all reasonably
8 anticipated new and continuing enroll-
9 ees during the year, shall not exceed
10 the average estimated average dollar
11 amount determined in subclause (II)
12 for the year.
13 "(II) ESTIMATED AVERAGE DOL-
14 LAR AMOUNT.—Subject to subclause
15 (III), the estimated average dollar
16 amount described in this subclause for
17 a year is the amount equal to $65, in-
18 creased by the percentage increase in
19 the consumer price index for all urban
20 consumers (U.S. city average) for
21 each year occurring after 2009 and
22 before such year.
23 "(III) ADJUSTMENT TO ENSURE
24 MINIMUM CASH BENEFIT.—The Sec-
25 retary may adjust the estimated aver-

1 age dollar amount determined in sub-
2 clause (II) for a year as necessary to
3 ensure payment of the minimum cash
4 benefit required under subparagraph
5 (D)(i).
6 "(ii) NOMINAL PREMIUM FOR POOR-
7 EST INDIVIDUALS AND FULL-TIME STU-
8 DENTS.—
9 "(I) IN GENERAL.—The monthly
10 premium for enrollment in the
11 CLASS program shall not exceed the
12 applicable dollar amount per month
13 determined under subclause (II) for—
14 "(aa) any individual whose
15 income does not exceed the pov-
16 erty line; and
17 "(bb) any individual who
18 has not attained age 22, and is
19 actively employed during any pe-
20 riod in which the individual is a
21 full-time student (as determined
22 by the Secretary).
23 "(II) APPLICABLE DOLLAR
24 AMOUNT.—The applicable dollar
25 amount described in this subclause is

1 the amount equal to $5, increased by
2 the percentage increase in the con-
3 sumer price index for all urban con-
4 sumers (U.S. city average) for each
5 year occurring after 2009 and before
6 such year.
7 ‘‘(iii) AGE-BASED PREMIUMS PER-
8 MITTED FOR ALL OTHER INDIVIDUALS.—
9 The monthly premium for enrollment in
10 the CLASS program for individuals who
11 are not described in clause (ii) may be
12 lower for younger individuals than for
13 older individuals, but the same premium
14 shall be established for all such individuals
15 who are the same age.
16 ‘‘(iv) OTHER REQUIREMENTS.—The
17 premiums satisfy the additional require-
18 ments specified in subsection (b).
19 ‘‘(B) VESTING PERIOD.—A 5-year vesting
20 period for eligibility for benefits.
21 ‘‘(C) BENEFIT TRIGGERS.—A benefit trig-
22 ger for provision of benefits that requires a de-
23 termination that an individual has a functional
24 limitation described in any of the following

1 clauses that is expected to last for a continuous
2 period of more than 90 days:
3 ''(i) The individual is determined to
4 be unable to perform at least the minimum
5 number (which may be 2 or 3) of activities
6 of daily living as are required under the
7 plan for the provision of benefits without
8 substantial assistance (as defined by the
9 Secretary) from another individual.
10 ''(ii) The individual requires substan-
11 tial supervision to protect the individual
12 from threats to health and safety due to
13 substantial cognitive impairment.
14 ''(iii) The individual has a level of
15 functional limitation similar (as determined
16 under regulations prescribed by the Sec-
17 retary) to the level of functional limitation
18 described in clause (i) or (ii).
19 ''(D) CASH BENEFIT.—Payment of a cash
20 benefit that satisfies the following requirements:
21 ''(i) MINIMUM REQUIRED AMOUNT.—
22 The benefit amount provides an eligible
23 beneficiary with not less than an average
24 of $50 per day (as determined based on
25 the reasonably expected distribution of

1 beneficiaries receiving benefits at various
2 benefit levels).
3 "(ii) AMOUNT SCALED TO FUNC-
4 TIONAL ABILITY.—The benefit amount is
5 varied based on a scale of functional abil-
6 ity, with not less than 2, and not more
7 than 6, benefit level amounts.
8 "(iii) DAILY OR WEEKLY.—The ben-
9 efit is paid on a daily or weekly basis.
10 "(iv) NO LIFETIME OR AGGREGATE
11 LIMIT.—The benefit is not subject to any
12 lifetime or aggregate limit.
13 "(E) COORDINATION WITH SUPPLE-
14 MENTAL COVERAGE OBTAINED THROUGH THE
15 EXCHANGE.—The benefits allow for coordina-
16 tion with any supplemental coverage purchased
17 from a health insurance issuer (as defined in
18 section 2791) through a Gateway established
19 under section 3101.
20 "(2) REVIEW AND RECOMMENDATION BY THE
21 CLASS INDEPENDENCE ADVISORY COUNCIL.—The
22 CLASS Independence Advisory Council shall—
23 "(A) evaluate the alternative benefit plans
24 developed under paragraph (1); and

1 "(B) recommend for designation as the
2 CLASS Independence Benefit Plan for offering
3 to the public the plan that the Council deter-
4 mines best balances price and benefits to meet
5 enrollees' needs in an actuarially sound manner,
6 while optimizing the probability of the long-
7 term sustainability of the CLASS program.
8 "(3) DESIGNATION BY THE SECRETARY.—Not
9 later than October 1, 2012, the Secretary, taking
10 into consideration the recommendation of the
11 CLASS Independence Advisory Council under para-
12 graph (2)(B), shall designate a benefit plan as the
13 CLASS Independence Benefit Plan. The Secretary
14 shall publish such designation, along with details of
15 the plan and the reasons for the selection by the
16 Secretary, in an interim final rule that allows for a
17 period of public comment and subsequent response
18 by the Secretary before being final.
19 "(b) ADDITIONAL PREMIUM REQUIREMENTS.—
20 "(1) ANNUAL ESTABLISHMENT OF PREMIUM
21 FOR NEW ENROLLEES AFTER FIRST YEAR OF THE
22 PROGRAM.—The Secretary shall annually establish
23 the monthly premium for enrollment in the CLASS
24 program during any year after the first year in
25 which the program is in effect under this title. The

1 Secretary shall determine such annual monthly pre-
2 mium based on the following:
3 "(A) The most recent report of the CLASS
4 Independence Fund Board of Trustees under
5 section 3105(d).
6 "(B) The advice and recommendations of
7 the CLASS Independence Advisory Council.
8 "(C) The projected distribution and
9 amount of benefits under the CLASS program.
10 "(D) Such other factors as the Secretary
11 determines appropriate.
12 "(2) ADJUSTMENT OF PREMIUMS.—
13 "(A) IN GENERAL.—Except as provided in
14 subparagraphs (B), (C), (D), and (E), the
15 amount of the monthly premium determined for
16 an individual upon such individual's enrollment
17 in the CLASS program shall remain the same
18 for as long as the individual is an active en-
19 rollee in the program.
20 "(B) RECALCULATED PREMIUM IF RE-
21 QUIRED FOR PROGRAM SOLVENCY.—
22 "(i) IN GENERAL.—Subject to clause
23 (ii), if the Secretary determines, based on
24 the most recent report of the Board of
25 Trustees of the CLASS Independence

1 Fund, the advice of the CLASS Independ-
2 ence Advisory Council, or such other infor-
3 mation as the Secretary determines appro-
4 priate, that the monthly premiums and in-
5 come to the CLASS Independence Fund
6 for a year are projected to be insufficient
7 with respect to the 20-year period that be-
8 gins with that year, the Secretary shall ad-
9 just the monthly premiums for individuals
10 enrolled in the CLASS program as nec-
11 essary (but maintaining a nominal pre-
12 mium for enrollees whose income is below
13 the poverty line or who are full-time stu-
14 dents actively employed).
15 ''(ii) EXEMPTION FROM INCREASE.—
16 Any increase in a monthly premium im-
17 posed as result of a determination de-
18 scribed in clause (i) shall not apply with
19 respect to the monthly premium of any ac-
20 tive enrollee who—
21 ''(I) has attained age 65;
22 ''(II) has paid premiums for en-
23 rollment in the program for at least
24 20 years; and
25 ''(III) is not actively employed.

1 "(C) RECALCULATED PREMIUM IF RE-
2 ENROLLMENT AFTER MORE THAN A 3-MONTH
3 LAPSE.—
4 "(i) IN GENERAL.—The reenrollment
5 of an individual after a 90-day period dur-
6 ing which the individual failed to pay the
7 monthly premium required to maintain the
8 individual's enrollment in the CLASS pro-
9 gram shall be treated as an initial enroll-
10 ment for purposes of age-adjusting the
11 premium for enrollment in the program.
12 "(ii) CREDIT FOR PRIOR MONTHS IF
13 REENROLLED WITHIN 5 YEARS.—An indi-
14 vidual who reenrolls in the CLASS pro-
15 gram after such a 90-day period and be-
16 fore the end of the 5-year period that be-
17 gins with the first month for which the in-
18 dividual failed to pay the monthly premium
19 required to maintain the individual's en-
20 rollment in the program shall be—
21 "(I) credited with any months of
22 paid premiums that accrued prior to
23 the individual's lapse in enrollment;
24 and

1 "(II) notwithstanding the total
2 amount of any such credited months,
3 required to satisfy section
4 3201(7)(A)(ii) before being eligible to
5 receive benefits.
6 "(D) NO LONGER STATUS AS A FULL-TIME
7 STUDENT.—An individual subject to a nominal
8 premium on the basis of being described in sub-
9 section (a)(1)(A)(ii)(I)(bb) who ceases to be de-
10 scribed in that subsection, beginning with the
11 first month following the month in which the
12 individual ceases to be so described, shall be
13 subject to the same monthly premium as the
14 monthly premium that applies to an individual
15 of the same age who first enrolls in the pro-
16 gram under the most similar circumstances as
17 the individual (such as the first year of eligi-
18 bility for enrollment in the program or in a sub-
19 sequent year).
20 "(E) PENALTY FOR REENOLLMENT AFTER
21 5-YEAR LAPSE.—In the case of an individual
22 who reenrolls in the CLASS program after the
23 end of the 5-year period described in subpara-
24 graph (C)(ii), the monthly premium required
25 for the individual shall be the age-adjusted pre-

1 mium that would be applicable to an initially
2 enrolling individual who is the same age as the
3 reenrolling individual, increased by the greater
4 of—
5 ''(i) an amount that the Secretary de-
6 termines is actuarially sound for each
7 month that occurs during the period that
8 begins with the first month for which the
9 individual failed to pay the monthly pre-
10 mium required to maintain the individual's
11 enrollment in the CLASS program and
12 ends with the month preceding the month
13 in which the reenollment is effective; or
14 ''(ii) 1 percent of the applicable age-
15 adjusted premium for each such month oc-
16 curring in such period.
17 ''(3) ADMINISTRATIVE EXPENSES.—In deter-
18 mining the monthly premiums for the CLASS pro-
19 gram the Secretary may factor in costs for admin-
20 istering the program, not to exceed—
21 ''(A) in the case of the first 5 years in
22 which the program is in effect under this title,
23 an amount equal to 3 percent of all premiums
24 paid during each such year; and

1 "(B) in the case of subsequent years, an
2 amount equal to 5 percent of the total amount
3 of all expenditures (including benefits paid)
4 under this title with respect to that year.
5 "(4) NO UNDERWRITING REQUIREMENTS.—No
6 underwriting (other than on the basis of age in ac-
7 cordance with paragraph (3)) shall be used to—
8 "(A) determine the monthly premium for
9 enrollment in the CLASS program; or
10 "(B) prevent an individual from enrolling
11 in the program.
12 "(c) SELF-ATTESTATION AND VERIFICATION OF IN-
13 COME.—The Secretary shall establish procedures to—
14 "(1) permit an individual who is eligible for the
15 nominal premium required under subsection
16 (a)(1)(A)(ii), as part of their automatic enrollment
17 in the CLASS program, to self-attest that their in-
18 come does not exceed the poverty line or that their
19 status as a full-time student who is actively em-
20 ployed;
21 "(2) verify, using procedures similar to the pro-
22 cedures used by the Commissioner of Social Security
23 under section 1631(e)(1)(B)(ii) of the Social Secu-
24 rity Act and consistent with the requirements appli-
25 cable to the conveyance of data and information

1 under section 1942 of such Act, the validity of such
2 self-attestation; and
3 "(3) require an individual to confirm, on at
4 least an annual basis, that their income does not ex-
5 ceed the poverty line or that they continue to main-
6 tain such status.

7 **"SEC. 3204. ENROLLMENT AND DISENROLLMENT REQUIRE-**
8 **MENTS.**

9 "(a) AUTOMATIC ENROLLMENT.—
10 "(1) IN GENERAL.—Subject to paragraph (2),
11 the Secretary shall establish procedures under which
12 each individual described in subsection (c) shall be
13 automatically enrolled in the CLASS program by an
14 employer of such individual in the same manner as
15 an employer may elect to automatically enroll em-
16 ployees in a plan under section 401(k), 403(b), or
17 457 of the Internal Revenue Code of 1986.
18 "(2) ALTERNATIVE ENROLLMENT PROCE-
19 DURES.—The procedures established under para-
20 graph (1) shall provide for an alternative enrollment
21 process for an individual described in subsection (c)
22 in the case of such an individual—
23 "(A) who is self-employed;
24 "(B) who has more than 1 employer;

1 “(C) whose employer does not elect to par-
2 ticipate in the automatic enrollment process es-
3 tablished by the Secretary; or
4 “(D) who is a spouse described in sub-
5 section (c)(2) of who is not subject to automatic
6 enrollment.
7 “(3) ADMINISTRATION.—
8 “(A) IN GENERAL.—The Secretary shall,
9 by regulation, establish procedures to—
10 “(i) ensure that an individual is not
11 automatically enrolled in the CLASS pro-
12 gram by more than 1 employer; and
13 “(ii) allow for an individual’s em-
14 ployer to deduct a premium for a spouse
15 described in subsection (c)(1)(B) who is
16 not subject to automatic enrollment.
17 “(B) FORM.—Enrollment in the CLASS
18 program shall be made in such manner as the
19 Secretary may prescribe in order to ensure ease
20 of administration.
21 “(b) ELECTION TO OPT-OUT.—An individual de-
22 scribed in subsection (c) may elect to waive enrollment in
23 the CLASS program at any time in such form and manner
24 as the Secretary shall prescribe.

1 "(c) INDIVIDUAL DESCRIBED.—For purposes of en-
2 rolling in the CLASS program, an individual described in
3 this paragraph is—
4 "(1) an individual—
5 "(A) who has attained age 18;
6 "(B) who—
7 "(i) receives wages on which there is
8 imposed a tax under section 3201(a) of the
9 Internal Revenue Code of 1986; or
10 "(ii) derives self-employment income
11 on which there is imposed a tax under sec-
12 tion 1401(a) of the Internal Revenue Code
13 of 1986;
14 "(C) who is actively employed; and
15 "(D) who is not—
16 "(i) a patient in a hospital or nursing
17 facility, an intermediate care facility for
18 the mentally retarded, or an institution for
19 mental diseases and receiving medical as-
20 sistance under Medicaid; or
21 "(ii) confined in a jail, prison, other
22 penal institution or correctional facility, or
23 by court order pursuant to conviction of a
24 criminal offense or in connection with a
25 verdict or finding described in section

1 202(x)(1)(A)(ii) of the Social Security Act
2 (42 U.S.C. 402(x)(1)(A)(ii)); or
3 ''(2) the spouse of an individual described in
4 paragraph (1) and who would be an individual so de-
5 scribed but for subparagraph (B) or (C) of that
6 paragraph.
7 ''(d) RULE OF CONSTRUCTION.—Nothing in this title
8 shall be construed as requiring an active enrollee to con-
9 tinue to satisfy subparagraph (B) or (C) of subsection
10 (c)(1) in order to maintain enrollment in the CLASS pro-
11 gram.
12 ''(e) PAYMENT.—
13 ''(1) PAYROLL DEDUCTION.—An amount equal
14 to the monthly premium for the enrollment in the
15 CLASS program of an individual shall be deducted
16 from the wages or self-employment income of such
17 individual in accordance with such procedures as the
18 Secretary, in consultation with the Secretary of the
19 Treasury, shall establish for employers who elect to
20 deduct and withhold such premiums on behalf of en-
21 rolled employees.
22 ''(2) ALTERNATIVE PAYMENT MECHANISM.—
23 The Secretary shall establish alternative procedures
24 for the payment of monthly premiums by an indi-
25 vidual enrolled in the CLASS program—

1 "(A) who does not have an employer who
2 elects to deduct and withhold premiums in ac-
3 cordance with subparagraph (A); or
4 "(B) who does not earn wages or derive
5 self-employment income.
6 "(f) TRANSFER OF PREMIUMS COLLECTED.—
7 "(1) IN GENERAL.—During each calendar year
8 the Secretary of the Treasury shall deposit into the
9 CLASS Independence Fund a total amount equal, in
10 the aggregate, to 100 percent of the premiums col-
11 lected during that year.
12 "(2) TRANSFERS BASED ON ESTIMATES.—The
13 amount deposited pursuant to paragraph (1) shall be
14 transferred in at least monthly payments to the
15 CLASS Independence Fund on the basis of esti-
16 mates by the Secretary and certified to the Sec-
17 retary of the Treasury of the amounts collected in
18 accordance with subparagraphs (A) and (B) of para-
19 graph (5). Proper adjustments shall be made in
20 amounts subsequently transferred to the Fund to
21 the extent prior estimates were in excess of, or were
22 less than, actual amounts collected.
23 "(g) OTHER ENROLLMENT AND DISENROLLMENT
24 OPPORTUNITIES.—The Secretary shall establish proce-
25 dures under which—

1 "(1) an individual who, in the year of the individual's initial eligibility to enroll in the CLASS program, has elected to waive enrollment in the program, is eligible to elect to enroll in the program, in such form and manner as the Secretary shall establish, only during an open enrollment period established by the Secretary that is specific to the individual and that may not occur more frequently than biennially after the date on which the individual first elected to waive enrollment in the program; and

11 "(2) an individual shall only be permitted to disenroll from the program during an annual disenrollment period established by the Secretary and in such form and manner as the Secretary shall establish.

16 **"SEC. 3205. BENEFITS.**

17 "(a) DETERMINATION OF ELIGIBILITY.—

18 "(1) APPLICATION FOR RECEIPT OF BENEFITS.—The Secretary shall establish procedures under which an active enrollee shall apply for receipt of benefits under the CLASS Independence Benefit Plan.

23 "(2) ELIGIBILITY ASSESSMENTS.—

1 "(A) IN GENERAL.—Not later than Janu-
2 ary 1, 2012, the Secretary shall enter into
3 agreements with—
4 "(i) the Disability Determination
5 Service for each State to provide for eligi-
6 bility assessments of active enrollees who
7 apply for receipt of benefits;
8 "(ii) the Protection and Advocacy
9 System for each State to provide advocacy
10 services in accordance with subsection (d);
11 and
12 "(iii) public and private entities to
13 provide advice and assistance counseling in
14 accordance with subsection (e).
15 "(B) 30-DAY PERIOD FOR APPROVAL OR
16 DISAPPROVAL.—An agreement under subpara-
17 graph (A) shall require that a Disability Deter-
18 mination Service determine within 30 days of
19 the receipt of an application for benefits under
20 the CLASS Independence Benefit Plan whether
21 an applicant is eligible for a cash benefit under
22 the program and if so, the amount of the cash
23 benefit in accordance the sliding scale estab-
24 lished under the plan. An application that is

1 pending after 45 days shall be deemed ap-
2 proved.
3 "(C) PRESUMPTIVE ELIGIBILITY FOR CER-
4 TAIN INSTITUTIONALIZED ENROLLEES PLAN-
5 NING TO DISCHARGE.—An active enrollee shall
6 be deemed presumptively eligible if the en-
7 rollee—
8 "(i) has applied for, and attests is eli-
9 gible for, the maximum cash benefit avail-
10 able under the sliding scale established
11 under the CLASS Independence Benefit
12 Plan;
13 "(ii) is a patient in a hospital (but
14 only if the hospitalization is for long-term
15 care), nursing facility, intermediate care
16 facility for the mentally retarded, or an in-
17 stitution for mental diseases; and
18 "(iii) is in the process of, or about to
19 being the process of, planning to discharge
20 from the hospital, facility, or institution, or
21 within 60 days from the date of discharge
22 from the hospital, facility, or institution.
23 "(D) APPEALS.—The Secretary shall es-
24 tablish procedures under which an applicant for
25 benefits under the CLASS Independence Ben-

1 efit Plan shall be guaranteed the right to ap-
2 peal an adverse determination.
3 "(b) BENEFITS.—An eligible beneficiary shall receive
4 the following benefits under the CLASS Independence
5 Benefit Plan:
6 "(1) CASH BENEFIT.—A cash benefit estab-
7 lished by the Secretary in accordance with the re-
8 quirements of section 3203(a)(1)(D) that—
9 "(A) the first year in which beneficiaries
10 receive the benefits under the plan, is not less
11 than the average dollar amount specified in
12 clause (i) of such section; and
13 "(B) for any subsequent year, is not less
14 than the average per day dollar limit applicable
15 under this subparagraph for the preceding year,
16 increased by the percentage increase in the con-
17 sumer price index for all urban consumers
18 (U.S. city average) over the previous year.
19 "(2) ADVOCACY SERVICES.—Advocacy services
20 in accordance with subsection (d).
21 "(3) ADVICE AND ASSISTANCE COUNSELING.—
22 Advice and assistance counseling in accordance with
23 subsection (e).
24 "(c) PAYMENT OF BENEFITS.—
25 "(1) LIFE INDEPENDENCE ACCOUNT.—

1 “(A) IN GENERAL.—The Secretary shall
2 establish procedures for administering the pro-
3 vision of benefits to eligible beneficiaries under
4 the CLASS Independence Benefit Plan, includ-
5 ing the payment of the cash benefit for the ben-
6 eficiary into a Life Independence Account es-
7 tablished by the Secretary on behalf of each eli-
8 gible beneficiary.
9 “(B) USE OF CASH BENEFITS.—Cash ben-
10 efits paid into a Life Independence Account of
11 an eligible beneficiary shall be used to purchase
12 nonmedical services and supports that the bene-
13 ficiary needs to maintain his or her independ-
14 ence at home or in another residential setting
15 of their choice in the community, including (but
16 not limited to) home modifications, assistive
17 technology, accessible transportation, home-
18 maker services, respite care, personal assistance
19 services, home care aides, and nursing support.
20 “(C) ELECTRONIC MANAGEMENT OF
21 FUNDS.—The Secretary shall establish proce-
22 dures for—
23 “(i) crediting an account established
24 on behalf of a beneficiary with the bene-
25 ficiary’s cash daily benefit;

1 "(ii) allowing the beneficiary to access
2 such account through debit cards; and
3 "(iii) accounting for withdrawals by
4 the beneficiary from such account.
5 "(D) PRIMARY PAYOR RULES FOR BENE-
6 FICIARIES WHO ARE ENROLLED IN MEDICAID.—
7 In the case of an eligible beneficiary who is en-
8 rolled in Medicaid, the following payment rules
9 shall apply:
10 "(i) INSTITUTIONALIZED BENE-
11 FICIARY.—If the beneficiary is a patient in
12 a hospital, nursing facility, intermediate
13 care facility for the mentally retarded, or
14 an institution for mental diseases, the ben-
15 eficiary shall retain an amount equal to 5
16 percent of the beneficiary's daily or weekly
17 cash benefit (as applicable) (which shall be
18 in addition to the amount of the bene-
19 ficiary's personal needs allowance provided
20 under Medicaid), and the remainder of
21 such benefit shall be applied toward the fa-
22 cility's cost of providing the beneficiary's
23 care, and Medicaid shall provide secondary
24 coverage for such care.

1 "(ii) BENEFICIARIES RECEIVING
2 HOME AND COMMUNITY-BASED SERV-
3 ICES.—
4 "(I) 50 PERCENT OF BENEFIT
5 RETAINED BY BENEFICIARY.—Subject
6 to subclause (II), if a beneficiary is
7 receiving medical assistance under
8 Medicaid for home and community
9 based services, the beneficiary shall
10 retain an amount equal to 50 percent
11 of the beneficiary's daily or weekly
12 cash benefit (as applicable), and the
13 remainder of the daily or weekly cash
14 benefit shall be applied toward the
15 cost to the State of providing such as-
16 sistance (and shall not be used to
17 claim Federal matching funds under
18 Medicaid), and Medicaid shall provide
19 secondary coverage for the remainder
20 of any costs incurred in providing
21 such assistance.
22 "(II) REQUIREMENT FOR STATE
23 OFFSET.—A State shall be paid the
24 remainder of a beneficiary's daily or
25 weekly cash benefit under subclause

1 (I) only if the State home and com-
2 munity-based waiver under section
3 1115 of the Social Security Act (42
4 U.S.C. 1315) or subsection (c) or (d)
5 of section 1915 of such Act (42
6 U.S.C. 1396n), or the State plan
7 amendment under subsection (i) of
8 such section does not include a waiver
9 of the requirements of section
10 1902(a)(1) of the Social Security Act
11 (relating to statewideness) or of sec-
12 tion 1902(a)(10)(B) of such Act (re-
13 lating to comparability) and the State
14 offers at a minimum case manage-
15 ment services, personal care services,
16 habilitation services, and respite care
17 under such a waiver or State plan
18 amendment.
19 ''(III) DEFINITION OF HOME AND
20 COMMUNITY-BASED SERVICES.—In
21 this clause, the term 'home and com-
22 munity-based services' means any
23 services which may be offered under a
24 home and community-based waiver
25 authorized for a State under section

1 1115 of the Social Security Act (42
2 U.S.C. 1315) or subsection (c) or (d)
3 of section 1915 of such Act (42
4 U.S.C. 1396n) or under a State plan
5 amendment under subsection (i) of
6 such section.
7 ‘‘(iii) BENEFICIARIES ENROLLED IN
8 PROGRAMS OF ALL-INCLUSIVE CARE FOR
9 THE ELDERLY (PACE).—
10 ‘‘(I) IN GENERAL.—Subject to
11 subclause (II), if a beneficiary is re-
12 ceiving medical assistance under Med-
13 icaid for PACE program services
14 under section 1934 of the Social Secu-
15 rity Act (42 U.S.C. 1396u–4), the
16 beneficiary shall retain an amount
17 equal to 50 percent of the bene-
18 ficiary’s daily or weekly cash benefit
19 (as applicable), and the remainder of
20 the daily or weekly cash benefit shall
21 be applied toward the cost to the
22 State of providing such assistance
23 (and shall not be used to claim Fed-
24 eral matching funds under Medicaid),
25 and Medicaid shall provide secondary

1 coverage for the remainder of any
2 costs incurred in providing such as-
3 sistance.
4 "(II) INSTITUTIONALIZED RE-
5 CIPIENTS OF PACE PROGRAM SERV-
6 ICES.—If a beneficiary receiving as-
7 sistance under Medicaid for PACE
8 program services is a patient in a hos-
9 pital, nursing facility, intermediate
10 care facility for the mentally retarded,
11 or an institution for mental diseases,
12 the beneficiary shall be treated as in
13 institutionalized beneficiary under
14 clause (i).
15 "(2) AUTHORIZED REPRESENTATIVES.—
16 "(A) IN GENERAL.—The Secretary shall
17 establish procedures to allow access to a bene-
18 ficiary's cash benefits by an authorized rep-
19 resentative of the eligible beneficiary on whose
20 behalf such benefits are paid.
21 "(B) QUALITY ASSURANCE AND PROTEC-
22 TION AGAINST FRAUD AND ABUSE.—The proce-
23 dures established under subparagraph (A) shall
24 ensure that authorized representatives of eligi-
25 ble beneficiaries comply with standards of con-

1 duct established by the Secretary, including
2 standards requiring that such representatives
3 provide quality services on behalf of such bene-
4 ficiaries, do not have conflicts of interest, and
5 do not misuse benefits paid on behalf of such
6 beneficiaries or otherwise engage in fraud or
7 abuse.
8 ''(3) COMMENCEMENT OF BENEFITS.—Benefits
9 shall be paid to, or on behalf of, an eligible bene-
10 ficiary beginning with the first month in which an
11 application for such benefits is approved.
12 ''(4) ROLLOVER OPTION FOR LUMP-SUM PAY-
13 MENT.—An eligible beneficiary may elect to—
14 ''(A) defer payment of their daily or weekly
15 benefit and to rollover any such deferred bene-
16 fits from month-to-month, but not from year-to-
17 year; and
18 ''(B) receive a lump-sum payment of such
19 deferred benefits in an amount that may not
20 exceed the lesser of—
21 ''(i) the total amount of the accrued
22 deferred benefits; or
23 ''(ii) the applicable annual benefit.
24 ''(5) PERIOD FOR DETERMINATION OF ANNUAL
25 BENEFITS.—

1 "(A) IN GENERAL.—The applicable period
2 for determining with respect to an eligible bene-
3 ficiary the applicable annual benefit and the
4 amount of any accrued deferred benefits is the
5 12-month period that commences with the first
6 month in which the beneficiary began to receive
7 such benefits, and each 12-month period there-
8 after.
9 "(B) INCLUSION OF INCREASED BENE-
10 FITS.—The Secretary shall establish procedures
11 under which cash benefits paid to an eligible
12 beneficiary that increase or decrease as a result
13 of a change in the functional status of the bene-
14 ficiary before the end of a 12-month benefit pe-
15 riod shall be included in the determination of
16 the applicable annual benefit paid to the eligible
17 beneficiary.
18 "(C) RECOUPMENT OF UNPAID, ACCRUED
19 BENEFITS.—
20 "(i) IN GENERAL.—The Secretary
21 shall recoup any accrued benefits in the
22 event of—
23 "(I) the death of a beneficiary; or
24 "(II) the failure of a beneficiary
25 to elect under paragraph (4)(B) to re-

1 ceive such benefits as a lump-sum
2 payment before the end of the 12-
3 month period in which such benefits
4 accrued.

5 "(ii) PAYMENT INTO CLASS INDE-
6 PENDENCE FUND.—Any benefits recouped
7 in accordance with clause (i) shall be paid
8 into the CLASS Independence Fund and
9 used in accordance with section 3206.

10 "(6) REQUIREMENT TO RECERTIFY ELIGIBILITY
11 FOR RECEIPT OF BENEFITS.—An eligible beneficiary
12 shall periodically, as determined by the Secretary—

13 "(A) recertify by submission of medical
14 evidence the beneficiary's continued eligibility
15 for receipt of benefits; and

16 "(B) submit records of expenditures attrib-
17 utable to the aggregate cash benefit received by
18 the beneficiary during the preceding year.

19 "(7) SUPPLEMENT, NOT SUPPLANT OTHER
20 HEALTH CARE BENEFITS.—Subject to the Medicaid
21 payment rules under paragraph (1)(D), benefits re-
22 ceived by an eligible beneficiary shall supplement,
23 but not supplant, other health care benefits for
24 which the beneficiary is eligible under Medicaid or

1 any other Federally funded program that provides
2 health care benefits or assistance.
3 ‘‘(d) ADVOCACY SERVICES.—An agreement entered
4 into under subsection (a)(2)(A)(ii) shall require the Pro-
5 tection and Advocacy System for the State to—
6 ‘‘(1) assign, as needed, an advocacy counselor
7 to each eligible beneficiary that is covered by such
8 agreement and who shall provide an eligible bene-
9 ficiary with—
10 ‘‘(A) information regarding how to access
11 the appeals process established for the program;
12 ‘‘(B) assistance with respect to the annual
13 recertification and notification required under
14 subsection (c)(6); and
15 ‘‘(C) such other assistance with obtaining
16 services as the Secretary, by regulation, shall
17 require; and
18 ‘‘(2) ensure that the System and such coun-
19 selors comply with the requirements of subsection
20 (i).
21 ‘‘(e) ADVICE AND ASSISTANCE COUNSELING.—An
22 agreement entered into under subsection (a)(2)(A)(iii)
23 shall require the entity to assign, as requested by an eligi-
24 ble beneficiary that is covered by such agreement, an ad-

1 vice and assistance counselor who shall provide an eligible
2 beneficiary with information regarding—
3 "(1) accessing and coordinating long-term serv-
4 ices and supports in the most integrated setting;
5 "(2) possible eligibility for other benefits and
6 services;
7 "(3) development of a service and support plan;
8 "(4) information about programs established
9 under the Assistive Technology Act of 1998 and the
10 services offered under such programs; and
11 "(5) such other services as the Secretary, by
12 regulation, may require.
13 "(f) NO EFFECT ON ELIGIBILITY FOR OTHER BENE-
14 FITS.—Benefits paid to an eligible beneficiary under the
15 CLASS program shall be disregarded for purposes of de-
16 termining or continuing the beneficiary's eligibility for re-
17 ceipt of benefits under any other Federal, State, or locally
18 funded assistance program, including benefits paid under
19 titles II, XVI, XVIII, XIX, or XXI of the Social Security
20 Act (42 U.S.C. 401 et seq., 1381 et seq., 1395 et seq.,
21 1396 et seq., 1397aa et seq.), under the laws administered
22 by the Secretary of Veterans Affairs, under low-income
23 housing assistance programs, or under the supplemental
24 nutrition assistance program established under the Food
25 and Nutrition Act of 2008 (7 U.S.C. 2011 et seq.).

1 “(g) RULE OF CONSTRUCTION.—Nothing in this title
2 shall be construed as prohibiting benefits paid under the
3 CLASS Independence Benefit Plan from being used to
4 compensate a family caregiver for providing community
5 living assistance services and supports to an eligible bene-
6 ficiary.

7 “(h) PROTECTION AGAINST CONFLICT OF INTER-
8 ESTS.—The Secretary shall establish procedures to ensure
9 that the Disability Determination Service and Protection
10 and Advocacy System for a State, advocacy counselors for
11 eligible beneficiaries, and any other entities that provide
12 services to active enrollees and eligible beneficiaries under
13 the CLASS program comply with the following:

14 “(1) If the entity provides counseling or plan-
15 ning services, such services are provided in a manner
16 that fosters the best interests of the active enrollee
17 or beneficiary.

18 “(2) The entity has established operating proce-
19 dures that are designed to avoid or minimize con-
20 flicts of interest between the entity and an active en-
21 rollee or beneficiary.

22 “(3) The entity provides information about all
23 services and options available to the active enrollee
24 or beneficiary, to the best of its knowledge, including
25 services available through other entities or providers.

1 "(4) The entity assists the active enrollee or
2 beneficiary to access desired services, regardless of
3 the provider.
4 "(5) The entity reports the number of active
5 enrollees and beneficiaries provided with assistance
6 by age, disability, and whether such enrollees and
7 beneficiaries received services from the entity or an-
8 other entity.
9 "(6) If the entity provides counseling or plan-
10 ning services, the entity ensures that an active en-
11 rollee or beneficiary is informed of any financial in-
12 terest that the entity has in a service provider.
13 "(7) The entity provides an active enrollee or
14 beneficiary with a list of available service providers
15 that can meet the needs of the active enrollee or
16 beneficiary.
17 **"SEC. 3206. CLASS INDEPENDENCE FUND.**
18 "(a) ESTABLISHMENT OF CLASS INDEPENDENCE
19 FUND.—There is established in the Treasury of the
20 United States a trust fund to be known as the 'CLASS
21 Independence Fund'. The Secretary of the Treasury shall
22 serve as Managing Trustee of such Fund. The Fund shall
23 consist of all amounts derived from payments into the
24 Fund under sections 3204(f) and 3205(c)(5)(C)(ii), and
25 remaining after investment of such amounts under sub-

1 section (b), including additional amounts derived as in-
2 come from such investments. The amounts held in the
3 Fund are appropriated and shall remain available without
4 fiscal year limitation—

5 "(1) to be held for investment on behalf of indi-
6 viduals enrolled in the CLASS program;

7 "(2) to pay the administrative expenses related
8 to the Fund and to investment under subsection (b);
9 and

10 "(3) to pay cash benefits to eligible bene-
11 ficiaries under the CLASS Independence Benefit
12 Plan.

13 "(b) INVESTMENT OF FUND BALANCE.—The Sec-
14 retary of the Treasury shall invest and manage the
15 CLASS Independence Fund in the same manner, and to
16 the same extent, as the Federal Supplementary Medical
17 Insurance Trust Fund may be invested and managed
18 under subsections (c), (d), and (e) of section 1841(d) of
19 the Social Security Act (42 U.S.C. 1395t).

20 "(c) OFF-BUDGET STATUS; LOCK-BOX PROTEC-
21 TION.—

22 "(1) EXCLUSION OF TRUST FUNDS FROM ALL
23 BUDGETS.—Notwithstanding any other provision of
24 law, the amounts derived from payments into the
25 Fund and amounts paid from the Fund shall not be

1 counted as new budget authority, outlays, receipts,
2 or deficit or surplus for purposes of—
3 ‘‘(A) the budget of the United States Gov-
4 ernment, as submitted by the President;
5 ‘‘(B) the congressional budget; or
6 ‘‘(C) the Balanced Budget and Emergency
7 Deficit Control Act of 1985.
8 ‘‘(2) LOCK-BOX PROTECTION.—
9 ‘‘(A) IN GENERAL.—Notwithstanding any
10 other provision of law, it shall not be in order
11 in the Senate or the House of Representatives
12 to consider any measure that would authorize
13 the payment or use of amounts in the Fund for
14 any purpose other than a purpose authorized
15 under this title.
16 ‘‘(B) 60-VOTE WAIVER REQUIRED IN THE
17 SENATE.—
18 ‘‘(i) IN GENERAL.—Subparagraph (A)
19 may be waived or suspended in the Senate
20 only by the affirmative vote of $^3/_5$ of the
21 Members, duly chosen and sworn.
22 ‘‘(ii) APPEALS.—
23 ‘‘(I) PROCEDURE.—Appeals in
24 the Senate from the decisions of the
25 Chair relating to clause (i) shall be

1 limited to 1 hour, to be equally di-
2 vided between, and controlled by, the
3 mover and the manager of the meas-
4 ure that would authorize the payment
5 or use of amounts in the Fund for a
6 purpose other than a purpose author-
7 ized under this title.
8 "(II) 60-VOTES REQUIRED.—An
9 affirmative vote of 3⁄5 of the Members,
10 duly chosen and sworn, shall be re-
11 quired in the Senate to sustain an ap-
12 peal of the ruling of the Chair on a
13 point of order raised in relation to
14 clause (i).
15 "(C) RULES OF THE SENATE AND HOUSE
16 OF REPRESENTATIVES.—This section is enacted
17 by Congress—
18 "(i) as an exercise of the rulemaking
19 power of the Senate and House of Rep-
20 resentatives, respectively, and is deemed to
21 be part of the rules of each House, respec-
22 tively, but applicable only with respect to
23 the procedure to be followed in that House
24 in the case of a measure described in sub-
25 paragraph (A), and it supersedes other

1 rules only to the extent that it is incon-
2 sistent with such rules; and
3 ''(ii) with full recognition of the con-
4 stitutional right of either House to change
5 the rules (so far as they relate to the pro-
6 cedure of that House) at any time, in the
7 same manner, and to the same extent as in
8 the case of any other rule of that House.
9 ''(d) BOARD OF TRUSTEES.—
10 ''(1) IN GENERAL.—With respect to the CLASS
11 Independence Fund, there is hereby created a body
12 to be known as the Board of Trustees of the CLASS
13 Independence Fund (hereinafter in this section re-
14 ferred to as the 'Board of Trustees') composed of
15 the Commissioner of Social Security, the Secretary
16 of the Treasury, the Secretary of Labor, and the
17 Secretary of Health and Human Services, all ex offi-
18 cio, and of two members of the public (both of whom
19 may not be from the same political party), who shall
20 be nominated by the President for a term of 4 years
21 and subject to confirmation by the Senate. A mem-
22 ber of the Board of Trustees serving as a member
23 of the public and nominated and confirmed to fill a
24 vacancy occurring during a term shall be nominated
25 and confirmed only for the remainder of such term.

1 An individual nominated and confirmed as a member
2 of the public may serve in such position after the ex-
3 piration of such member's term until the earlier of
4 the time at which the member's successor takes of-
5 fice or the time at which a report of the Board is
6 first issued under paragraph (2) after the expiration
7 of the member's term. The Secretary of the Treas-
8 ury shall be the Managing Trustee of the Board of
9 Trustees. The Board of Trustees shall meet not less
10 frequently than once each calendar year. A person
11 serving on the Board of Trustees shall not be con-
12 sidered to be a fiduciary and shall not be personally
13 liable for actions taken in such capacity with respect
14 to the Trust Fund.
15 ''(2) DUTIES.—
16 ''(A) IN GENERAL.—It shall be the duty of
17 the Board of Trustees to do the following:
18 ''(i) Hold the CLASS Independence
19 Fund.
20 ''(ii) Report to the Congress not later
21 than the first day of April of each year on
22 the operation and status of the CLASS
23 Independence Fund during the preceding
24 fiscal year and on its expected operation

1 and status during the current fiscal year
2 and the next 2 fiscal years.
3 ''(iii) Report immediately to the Con-
4 gress whenever the Board is of the opinion
5 that the amount of the CLASS Independ-
6 ence Fund is unduly small.
7 ''(iv) Review the general policies fol-
8 lowed in managing the CLASS Independ-
9 ence Fund, and recommend changes in
10 such policies, including necessary changes
11 in the provisions of law which govern the
12 way in which the CLASS Independence
13 Fund is to be managed.
14 ''(B) REPORT.—The report provided for in
15 subparagraph (A)(ii) shall—
16 ''(i) include—
17 ''(I) a statement of the assets of,
18 and the disbursements made from, the
19 CLASS Independence Fund during
20 the preceding fiscal year;
21 ''(II) an estimate of the expected
22 income to, and disbursements to be
23 made from, the CLASS Independence
24 Fund during the current fiscal year
25 and each of the next 2 fiscal years;

1 "(III) a statement of the actu-
2 arial status of the CLASS Independ-
3 ence Fund for the current fiscal year,
4 each of the next 2 fiscal years, and as
5 projected over the 75-year period be-
6 ginning with the current fiscal year;
7 and

8 "(IV) an actuarial opinion by the
9 Chief Actuary of the Social Security
10 Administration certifying that the
11 techniques and methodologies used
12 are generally accepted within the ac-
13 tuarial profession and that the as-
14 sumptions and cost estimates used are
15 reasonable; and

16 "(ii) be printed as a House document
17 of the session of the Congress to which the
18 report is made.

19 "(C) RECOMMENDATIONS.—If the Board
20 of Trustees determines that enrollment trends
21 and expected future benefit claims on the
22 CLASS Independence Fund create expected fi-
23 nancial problems that are unlikely to be re-
24 solved with reasonable premium increases or
25 through other means, the Board of Trustees

1 shall include in the report provided for in sub-
2 paragraph (A)(ii) recommendations for such
3 legislative action as the Board of Trustees de-
4 termine to be appropriate, including whether to
5 adjust monthly premiums or impose a tem-
6 porary moratorium on new enrollments.

7 **"SEC. 3207. CLASS INDEPENDENCE ADVISORY COUNCIL.**

8 "(a) ESTABLISHMENT.—There is hereby created an
9 Advisory Committee to be known as the 'CLASS Inde-
10 pendence Advisory Council'.

11 "(b) MEMBERSHIP.—

12 "(1) IN GENERAL.—The CLASS Independence
13 Advisory Council shall be composed of not more
14 than 15 individuals, not otherwise in the employ of
15 the United States—

16 "(A) who shall be appointed by the Presi-
17 dent without regard to the civil service laws and
18 regulations; and

19 "(B) a majority of whom shall be rep-
20 resentatives of individuals who participate or
21 are likely to participate in the CLASS program,
22 and shall include representatives of older and
23 younger workers, individuals with disabilities,
24 family caregivers of individuals who require
25 services and supports to maintain their inde-

1 pendence at home or in another residential set-
2 ting of their choice in the community, individ-
3 uals with expertise in long-term care or dis-
4 ability insurance, actuarial science, economics,
5 and other relevant disciplines, as determined by
6 the Secretary.
7 ''(2) TERMS.—
8 ''(A) IN GENERAL.—The members of the
9 CLASS Independence Advisory Council shall
10 serve overlapping terms of 3 years (unless ap-
11 pointed to fill a vacancy occurring prior to the
12 expiration of a term, in which case the indi-
13 vidual shall serve for the remainder of the
14 term).
15 ''(B) LIMITATION.—A member shall not be
16 eligible to serve for more than 2 consecutive
17 terms.
18 ''(3) CHAIR.—The President shall, from time to
19 time, appoint one of the members of the CLASS
20 Independence Advisory Council to serve as the
21 Chair.
22 ''(c) DUTIES.—The CLASS Independence Advisory
23 Council shall advise the Secretary on matters of general
24 policy in the administration of the CLASS program estab-

1 lished under this title and in the formulation of regula-
2 tions under this title including with respect to—
3 ‘‘(1) the development of the CLASS Independ-
4 ence Benefit Plan under section 3203; and
5 ‘‘(2) the determination of monthly premiums
6 under such plan.
7 ‘‘(d) APPLICATION OF FACA.—The Federal Advisory
8 Committee Act (5 U.S.C. App.), other than section 14 of
9 that Act, shall apply to the CLASS Independence Advisory
10 Council.
11 ‘‘(e) AUTHORIZATION OF APPROPRIATIONS.—
12 ‘‘(1) IN GENERAL.—There are authorized to be
13 appropriated to the CLASS Independence Advisory
14 Council to carry out its duties under this section,
15 such sums as may be necessary for fiscal year 2011
16 and for each fiscal year thereafter.
17 ‘‘(2) AVAILABILITY.—Any sums appropriated
18 under the authorization contained in this section
19 shall remain available, without fiscal year limitation,
20 until expended.
21 **‘‘SEC. 3208. REGULATIONS; ANNUAL REPORT.**
22 ‘‘(a) REGULATIONS.—The Secretary shall promulgate
23 such regulations as are necessary to carry out the CLASS
24 program in accordance with this title. Such regulations

1 shall include provisions to prevent fraud and abuse under
2 the program.

3 ''(b) ANNUAL REPORT.—Beginning January 1, 2014,
4 the Secretary shall submit an annual report to Congress
5 on the CLASS program. Each report shall include the fol-
6 lowing:

7 ''(1) The total number of enrollees in the pro-
8 gram.

9 ''(2) The total number of eligible beneficiaries
10 during the fiscal year.

11 ''(3) The total amount of cash benefits provided
12 during the fiscal year.

13 ''(4) A description of instances of fraud or
14 abuse identified during the fiscal year.

15 ''(5) Recommendations for such administrative
16 or legislative action as the Secretary determines is
17 necessary to improve the program or to prevent the
18 occurrence of fraud or abuse.

19 **''SEC. 3209. TAX TREATMENT OF PROGRAM.**

20 ''The CLASS program shall be treated for purposes
21 of the Internal Revenue Code of 1986 in the same manner
22 as a qualified long-term care insurance contract for quali-
23 fied long-term care services.''.

24 (2) CONFORMING AMENDMENTS TO MED-
25 ICAID.—Section 1902(a) of the Social Security Act

1 (42 U.S.C. 1396a(a)), as amended by section
2 5006(e)(2)(A) of division B of Public Law 111–5, is
3 amended—
4 (A) in paragraph (72), by striking ''and''
5 at the end;
6 (B) in paragraph (73)(B), by striking the
7 period and inserting ''; and''; and
8 (C) by inserting after paragraph (73) the
9 following:
10 ''(74) provide that the State will comply with
11 such regulations regarding the application of pri-
12 mary and secondary payor rules with respect to indi-
13 viduals who are eligible for medical assistance under
14 this title and are eligible beneficiaries under the
15 CLASS program established under title XXXII of
16 the Public Health Service Act as the Secretary shall
17 establish.''.
18 (b) ASSURANCE OF ADEQUATE INFRASTRUCTURE
19 FOR THE PROVISION OF PERSONAL CARE ATTENDANT
20 WORKERS.—Section 1902(a) of the Social Security Act
21 (42 U.S.C. 1396a(a)), as amended by subsection (a)(2),
22 is amended—
23 (1) in paragraph (73)(B), by striking ''and'' at
24 the end;

1 (2) in paragraph (74), by striking the period at
2 the end and inserting ''; and''; and
3 (3) by inserting after paragraph (74), the fol-
4 lowing:
5 ''(75) provide that, not later than 2 years after
6 the date of enactment of the Community Living As-
7 sistance Services and Supports Act, each State
8 shall—
9 ''(A) assess the extent to which entities
10 such as providers of home care, home health
11 services, home and community service providers,
12 public authorities created to provide personal
13 care services to individuals eligible for medical
14 assistance under the State plan, and nonprofit
15 organizations, are serving or have the capacity
16 to serve as fiscal agents for, employers of, and
17 providers of employment-related benefits for,
18 personal care attendant workers who provide
19 personal care services to individuals receiving
20 benefits under the CLASS program established
21 under title XXXII of the Public Health Service
22 Act, including in rural and underserved areas;
23 ''(B) designate or create such entities to
24 serve as fiscal agents for, employers of, and
25 providers of employment-related benefits for,

1 such workers to ensure an adequate supply of
2 the workers for individuals receiving benefits
3 under the CLASS program, including in rural
4 and underserved areas; and
5 ''(C) ensure that the designation or cre-
6 ation of such entities will not negatively alter or
7 impede existing programs, models, methods, or
8 administration of service delivery that provide
9 for consumer controlled or self-directed home
10 and community services and further ensure that
11 such entities will not impede the ability of indi-
12 viduals to direct and control their home and
13 community services, including the ability to se-
14 lect, manage, dismiss, co-employ, or employ
15 such workers or inhibit such individuals from
16 relying on family members for the provision of
17 personal care services.''.
18 (c) PERSONAL CARE ATTENDANTS WORKFORCE AD-
19 VISORY PANEL.—
20 (1) ESTABLISHMENT.—Not later than 90 days
21 after the date of enactment of this Act, the Sec-
22 retary of Health and Human Services shall establish
23 a Personal Care Attendants Workforce Advisory
24 Panel for the purpose of examining and advising the
25 Secretary and Congress on workforce issues related

1 to personal care attendant workers, including with
2 respect to the adequacy of the number of such work-
3 ers, the salaries, wages, and benefits of such work-
4 ers, and access to the services provided by such
5 workers.

6 (2) MEMBERSHIP.—In appointing members to
7 the Personal Care Attendants Workforce Advisory
8 Panel, the Secretary shall ensure that such members
9 include the following:

10 (A) Individuals with disabilities of all ages.

11 (B) Senior individuals.

12 (C) Representatives of individuals with dis-
13 abilities.

14 (D) Representatives of senior individuals.

15 (E) Representatives of workforce and labor
16 organizations.

17 (F) Representatives of home and commu-
18 nity-based service providers.

19 (G) Representatives of assisted living pro-
20 viders.

21 (d) INCLUSION OF INFORMATION ON SUPPLEMENTAL
22 COVERAGE IN THE NATIONAL CLEARINGHOUSE FOR
23 LONG-TERM CARE INFORMATION; EXTENSION OF FUND-
24 ING.—Section 6021(d) of the Deficit Reduction Act of
25 2005 (42 U.S.C. 1396p note) is amended—

1 (1) in paragraph (2)(A)—
2 (A) in clause (ii), by striking "and" at the
3 end;
4 (B) in clause (iii), by striking the period at
5 the end and inserting "; and"; and
6 (C) by adding at the end the following:
7 "(iv) include information regarding
8 the CLASS program established under
9 title XXXII of the Public Health Service
10 Act and coverage offered by health insur-
11 ance issuers (as defined in section 2791 of
12 the Public Health Service Act) through a
13 Gateway established under section 3101 of
14 such Act that is supplemental coverage to
15 the benefits provided under a CLASS
16 Independence Benefit Plan under that pro-
17 gram."; and
18 (2) in paragraph (3), by striking "2010" and
19 inserting "2015".
20 (e) EFFECTIVE DATE.—The amendments made by
21 subsections (a), (b), and (d) take effect on January 1,
22 2011.

1 **PART II—AMENDMENTS TO THE INTERNAL**
2 **REVENUE CODE OF 1986**

3 **SEC. 195. CREDIT FOR COSTS OF EMPLOYERS WHO ELECT**
4 **TO AUTOMATICALLY ENROLL EMPLOYEES**
5 **AND WITHHOLD CLASS PREMIUMS FROM**
6 **WAGES.**

7 (a) IN GENERAL.—Subpart D of part IV of sub-
8 chapter A of chapter 1 of the Internal Revenue Code of
9 1986 (relating to business credits) is amended by inserting
10 after section 45Q the following:

11 **“SEC. 45R. CREDIT FOR COSTS OF AUTOMATICALLY EN-**
12 **ROLLING EMPLOYEES AND WITHHOLDING**
13 **CLASS PREMIUMS FROM WAGES.**

14 “(a) GENERAL RULE.—For purposes of section 38,
15 the CLASS automatic enrollment and premium with-
16 holding credit determined under this section for the tax-
17 able year is an amount equal to 25 percent of the total
18 amount paid or incurred by the taxpayer during the tax-
19 able year to—

20 “(1) automatically enroll employees in the
21 CLASS program established under title XXIX of the
22 Public Health Service Act, and

23 “(2) withhold monthly CLASS premiums on be-
24 half of an employee who is enrolled in that program.

1 "(b) DENIAL OF DOUBLE BENEFIT.—No deduction
2 shall be allowed under this chapter for any amount taken
3 into account in determining the credit under this section.
4 "(c) ELECTION NOT TO CLAIM CREDIT.—This sec-
5 tion shall not apply to a taxpayer for any taxable year
6 if such taxpayer elects to have this section not apply for
7 such taxable year.".
8 (b) CREDIT MADE PART OF GENERAL BUSINESS
9 CREDIT.—Subsection (b) of section 38 of the Internal
10 Revenue Code of 1986 (relating to general business credit)
11 is amended by striking "plus" at the end of paragraph
12 (34), by striking the period at the end of paragraph (35)
13 and inserting ", plus", and by inserting after paragraph
14 (35) the following new paragraph:
15 "(36) the CLASS automatic enrollment and
16 premium withholding credit determined under sec-
17 tion 45R(a).".
18 (c) CLERICAL AMENDMENT.—The table of sections
19 for subpart D of part IV of subchapter A of chapter 1
20 of the Internal Revenue Code of 1986 is amended by in-
21 serting after the item relating to section 45Q the following
22 new item:

"Sec. 45R. Credit for costs of automatically enrolling employees and withholding CLASS premiums from wages.".

23 (d) EFFECTIVE DATE.—The amendments made by
24 this section shall apply to expenses paid or incurred after

1 December 31, 2010, in taxable years ending after such
2 date.

3 **SEC. 196. LONG-TERM CARE INSURANCE INCLUDIBLE IN**
4 **CAFETERIA PLANS.**

5 (a) IN GENERAL.—Section 125(f) of the Internal
6 Revenue Code of 1986 is amended by striking the last sen-
7 tence.

8 (b) EFFECTIVE DATE.—The amendment made by
9 this section shall apply to taxable years beginning after
10 December 31, 2010.

11 TITLE II—IMPROVING THE 12 QUALITY AND EFFICIENCY OF 13 HEALTH CARE

14 Subtitle A—National Strategy to 15 Improve Health Care Quality

16 **SEC. 201. NATIONAL STRATEGY.**

17 (a) IN GENERAL.—Title III of the Public Health
18 Service Act (42 U.S.C. 241 et seq.) is amended by adding
19 at the end the following:

1 "PART S—HEALTH CARE QUALITY PROGRAMS

2 "Subpart I—National Strategy for Quality
3 Improvement in Health Care

4 "SEC. 399HH. NATIONAL STRATEGY FOR QUALITY IM-
5 PROVEMENT IN HEALTH CARE.

6 "(a) ESTABLISHMENT OF NATIONAL STRATEGY AND
7 PRIORITIES.—
8 "(1) NATIONAL STRATEGY.—The Secretary,
9 through a transparent collaborative process, shall es-
10 tablish a national strategy to improve the delivery of
11 health care services, patient health outcomes, and
12 population health.
13 "(2) IDENTIFICATION OF PRIORITIES.—
14 "(A) IN GENERAL.—The Secretary shall
15 identify national priorities for improvement in
16 developing the strategy under paragraph (1).
17 "(B) REQUIREMENTS.—The Secretary
18 shall ensure that priorities identified under sub-
19 paragraph (A) will—
20 "(i) address the health care provided
21 to patients with high-cost chronic diseases;
22 "(ii) improve the design, development,
23 demonstration, dissemination, and adop-
24 tion of infrastructure and innovative meth-
25 odologies and strategies for quality im-
26 provement in the delivery of health care

1 services that represent best practices to
2 improve patient safety and reduce medical
3 errors, preventable admissions and re-
4 admissions, and health care-associated in-
5 fections;
6 "(iii) have the greatest potential for
7 improving the health outcomes, efficiency,
8 and patient-centeredness of health care;
9 "(iv) reduce health disparities across
10 health disparity populations (as defined by
11 section 485E) and geographic areas;
12 "(v) address gaps in quality and
13 health outcomes measures, comparative ef-
14 fectiveness information, and data aggrega-
15 tion techniques, including the use of data
16 registries;
17 "(vi) identify areas in the delivery of
18 health care services that have the potential
19 for rapid improvement in the quality of pa-
20 tient care;
21 "(vii) improve Federal payment policy
22 to emphasize quality;
23 "(viii) enhance the use of health care
24 data to improve quality, transparency, and
25 outcomes; and

1 "(ix) address other areas as deter-
2 mined appropriate by the Secretary.
3 "(C) CONSIDERATIONS.—In identifying
4 priorities under subparagraph (A), the Sec-
5 retary shall take into consideration—
6 "(i) the recommendations submitted
7 by qualified consensus-based entities as re-
8 quired under section 399JJ; and
9 "(ii) the recommendations of the
10 Interagency Coordinating Working Group
11 on Health Care Quality established under
12 section 202 of the Affordable Health
13 Choices Act.
14 "(b) STRATEGIC PLAN.—
15 "(1) IN GENERAL.—The national strategy shall
16 include a comprehensive strategic plan to achieve the
17 priorities described in subsection (a).
18 "(2) REQUIREMENTS.—The strategic plan shall
19 include provisions for addressing, at a minimum, the
20 following:
21 "(A) Coordination among agencies within
22 the Department, which shall include steps to
23 minimize duplication of efforts and utilization
24 of common quality measures, where available.

1 Such common quality measures shall be meas-
2 ures endorsed under section 399JJ.
3 "(B) Agency-specific strategic plans to
4 achieve national priorities.
5 "(C) Establishment of annual benchmarks
6 for each relevant agency to achieve national pri-
7 orities.
8 "(D) A process for regular reporting by
9 the agencies to the Secretary on the implemen-
10 tation of the strategic plan.
11 "(E) Use of common incentives among
12 public and private payers with regard to quality
13 and patient safety efforts.
14 "(F) Incorporating quality improvement
15 and measurement in the strategic plan for
16 health information technology required by the
17 American Recovery and Reinvestment Act of
18 2009 (Public Law 111–5).
19 "(c) PERIODIC UPDATE OF NATIONAL STRATEGY.—
20 The Secretary shall update the national strategy not less
21 than triennially. Any such update shall include a review
22 of short- and long-term goals.
23 "(d) SUBMISSION AND AVAILABILITY OF NATIONAL
24 STRATEGY.—The Secretary shall transmit to the relevant

1 Committees of Congress the national strategy and updates
2 to such strategy.
3 "(e) PUBLIC REPORTING.—
4 "(1) ANNUAL NATIONAL HEALTH CARE QUAL-
5 ITY REPORT CARD.—Not later than January 31,
6 2011, and annually thereafter, the Secretary shall
7 publish a national health care quality report card,
8 which shall include—
9 "(A) the considerations for national prior-
10 ities described in subsection (a)(2);
11 "(B) an analysis of the progress of the
12 strategic plans under subsection (b)(2)(B) in
13 achieving the national priorities under sub-
14 section (a)(2), and any gaps in such strategic
15 plans;
16 "(C) the extent to which private sector
17 strategies have informed Federal quality im-
18 provement efforts; and
19 "(D) a summary of consumer and provider
20 feedback regarding quality improvement prac-
21 tices.
22 "(2) WEBSITE.—Not later than July 1, 2010,
23 the Director shall create an Internet website to
24 make public information regarding—

1 "(A) the national priorities for health care
2 quality improvement established under sub-
3 section (a)(2);
4 "(B) the agency-specific strategic plans for
5 health care quality described in subsection
6 (b)(2)(B);
7 "(C) the annual national health care qual-
8 ity report card described in paragraph (1); and
9 "(D) other information, as the Secretary
10 determines to be appropriate.".
11 (b) AGENCY QUALITY REVIEW.—
12 (1) IN GENERAL.—Each relevant agency within
13 the Department of Health and Human Services shall
14 review the statutory authority, regulations, policies,
15 and procedures of such agency, as in effect on the
16 date of enactment of this title, for purposes of deter-
17 mining whether there are any deficiencies or incon-
18 sistencies that prohibit full compliance with the in-
19 tent, purposes, and provisions of this title (and the
20 amendments made by this title).
21 (2) PROPOSALS.—Each agency described in
22 paragraph (1) shall, not later than July 1, 2010,
23 submit to the Secretary of Health and Human Serv-
24 ices a proposal of the measures as may be necessary
25 to bring the authority, regulations, policies, and pro-

1 cedures of such agency into conformity with the in-
2 tent, purposes, and provisions of the this title (and
3 the amendments made by this title).

4 **SEC. 202. INTERAGENCY WORKING GROUP ON HEALTH**
5 **CARE QUALITY.**

6 (a) IN GENERAL.—The President shall convene a
7 working group to be known as the Interagency Working
8 Group on Health Care Quality (referred to in this section
9 as the ''Working Group'').

10 (b) GOALS.—The goals of the Working Group shall
11 be to achieve the following:

12 (1) Collaboration, cooperation, and consultation
13 between Federal departments and agencies with re-
14 spect to developing and disseminating strategies,
15 goals, models, and timetables that are consistent
16 with the national priorities identified under section
17 399HH(a)(2) of the Public Health Service Act (as
18 added by section 201).

19 (2) Avoidance of inefficient duplication of qual-
20 ity improvement efforts and resources, where prac-
21 ticable, and a streamlined process for quality report-
22 ing and compliance requirements.

23 (c) COMPOSITION.—

24 (1) IN GENERAL.—The Working Group shall be
25 composed of senior level representatives of—

1 (A) the Department of Health and Human
2 Services;
3 (B) the Department of Labor;
4 (C) the United States Office of Personnel
5 Management;
6 (D) the Department of Defense;
7 (E) the Department of Education;
8 (F) the Department of Veterans Affairs;
9 and
10 (G) any other Federal agencies and depart-
11 ments with activities relating to improving
12 health care quality and safety, as determined by
13 the President.
14 (2) CHAIR AND VICE-CHAIR.—
15 (A) CHAIR.—The Working Group shall be
16 chaired by the Secretary of Health and Human
17 Services.
18 (B) VICE-CHAIR.—Members of the Work-
19 ing Group, other than the Secretary of Health
20 and Human Services, shall serve as Vice Chair
21 of the Group on a rotating basis, as determined
22 by the Group.
23 (d) REPORT TO CONGRESS.—Not later than Decem-
24 ber 31, 2010, and annually thereafter, the Working Group
25 shall submit to the relevant Committees of Congress, and

1 make public on an Internet website, a report describing
2 the progress and recommendations of the Working Group
3 in meeting the goals described in subsection (b).

4 **SEC. 203. QUALITY MEASURE DEVELOPMENT.**

5 Title IX of the Public Health Service Act (42 U.S.C.
6 299 et seq.) is amended—
7 (1) by redesignating part D as part E;
8 (2) by redesignating sections 931 through 938
9 as sections 941 through 948, respectively;
10 (3) in section 948(1), as so redesignated, by
11 striking ''931'' and inserting ''941''; and
12 (4) by inserting after section 926 the following:

13 **''PART D—HEALTH CARE QUALITY**
14 **IMPROVEMENT**

15 **''Subpart I—Quality Measure Development**

16 **''SEC. 931. QUALITY MEASURE DEVELOPMENT.**

17 ''(a) QUALITY MEASURE.—In this subpart, the term
18 'quality measure' means a standard for measuring the per-
19 formance and improvement of population health or of
20 health plans, providers of services, and other clinicians in
21 the delivery of health care services.
22 ''(b) IDENTIFICATION OF QUALITY MEASURES.—
23 ''(1) IDENTIFICATION.—The Director shall
24 identify, not less often than biennially, gaps where
25 no quality measures exist, or where existing quality

1 measures need improvement, updating, or expansion,
2 consistent with the national strategy under section
3 399HH, for use in programs authorized under this
4 Act. In identifying such gaps, the Director shall take
5 into consideration the gaps identified by a qualified
6 consensus-based entity under section 399JJ.
7 ''(2) PUBLICATION.—The Director shall make
8 available to the public on an Internet website a re-
9 port on any gaps identified under paragraph (1) and
10 the process used to make such identification.
11 ''(c) GRANTS OR CONTRACTS FOR QUALITY MEAS-
12 URE DEVELOPMENT.—
13 ''(1) IN GENERAL.—The Director shall award
14 grants, contracts, or intergovernmental agreements
15 to eligible entities for purposes of developing, im-
16 proving, updating, or expanding quality measures
17 identified under subsection (b).
18 ''(2) PRIORITIZATION IN THE DEVELOPMENT
19 OF QUALITY MEASURES.—In awarding grants, con-
20 tracts, or agreements under this subsection, the Di-
21 rector shall give priority to the development of qual-
22 ity measures that allow the assessment of—
23 ''(A) health outcomes and functional status
24 of patients;

1 "(B) the continuity, management, and co-
2 ordination of health care and care transitions,
3 including episodes of care, for patients across
4 the continuum of providers, health care set-
5 tings, and health plans;
6 "(C) patient, caregiver, and authorized
7 representative experience, quality and relevance
8 of information provided to patients, caregivers,
9 and authorized representatives, and use of in-
10 formation by patients, caregivers, and author-
11 ized representatives to inform decision making
12 about treatment options and, where appro-
13 priate, palliative care;
14 "(D) the safety, effectiveness, and timeli-
15 ness of care;
16 "(E) health disparities across health dis-
17 parity populations (as defined in section 485E)
18 and geographic areas;
19 "(F) the appropriate use of health care re-
20 sources and services; or
21 "(G) use of innovative strategies and meth-
22 odologies identified under section 933.
23 "(3) ELIGIBLE ENTITIES.—To be eligible for a
24 grant or contract under this subsection, an entity
25 shall—

1 "(A) have demonstrated expertise and ca-
2 pacity in the development and evaluation of
3 quality measures;
4 "(B) have adopted procedures to include in
5 the quality measure development process—
6 "(i) the views of those providers or
7 payers whose performance will be assessed
8 by the measure; and
9 "(ii) the views of other parties who
10 also will use the quality measures (such as
11 patients, consumers, and health care pur-
12 chasers);
13 "(C) collaborate with a qualified con-
14 sensus-based entity (as defined in section
15 399JJ), as practicable, and the Secretary so
16 that quality measures developed by the eligible
17 entity will meet the requirements to be consid-
18 ered for endorsement by such qualified con-
19 sensus-based entity;
20 "(D) have transparent policies regarding
21 conflicts of interest; and
22 "(E) submit an application to the Director
23 at such time and in such manner, as the Direc-
24 tor may require.

1 “(4) USE OF FUNDS.—An entity that receives
2 a grant, contract, or agreement under this sub-
3 section shall use such award to develop quality
4 measures that meet the following requirements:
5 “(A) Such measures build upon measures
6 developed under section 1139A of Social Secu-
7 rity Act, where applicable.
8 “(B) To the extent practicable, data on
9 such quality measures is able to be collected
10 using health information technologies.
11 “(C) Each quality measure is free of
12 charge to users of such measure.
13 “(D) Each quality measure is publicly
14 available on an Internet website.
15 “(d) OTHER ACTIVITIES BY THE DIRECTOR.—The
16 Director may use amounts available under this section to
17 update and test, where applicable, quality measures en-
18 dorsed by a qualified consensus-based entity (as defined
19 in section 399JJ) or adopted by the Secretary.
20 “(e) FUNDING.—There are authorized to be appro-
21 priated to carry out this section, $75,000,000 for each of
22 fiscal years 2010 through 2014.”.

1 **SEC. 204. QUALITY MEASURE ENDORSEMENT; PUBLIC RE-**
2 **PORTING; DATA COLLECTION.**

3 Title III of the Public Health Service Act (42 U.S.C.
4 241 et seq.), as amended by section 201, is further amend-
5 ed by adding at the end the following:

6 **"Subpart II—Health Care Quality Programs**

7 **"SEC. 399JJ. QUALITY MEASURE ENDORSEMENT.**

8 ''(a) DEFINITIONS.—In this subpart:
9 ''(1) QUALIFIED CONSENSUS-BASED ENTITY.—
10 The term 'qualified consensus-based entity' means
11 an entity with a contract with the Secretary under
12 section 1890 of the Social Security Act.
13 ''(2) QUALITY MEASURE.—The term 'quality
14 measure' means a standard for measuring the per-
15 formance and improvement of population health or
16 of health plans, providers of services, and other clini-
17 cians in the delivery of health care services.
18 ''(3) MULTI-STAKEHOLDER GROUP.—The term
19 'multi-stakeholder group' means, with respect to a
20 quality measure, a voluntary collaborative of organi-
21 zations representing a broad group of stakeholders
22 interested in or affected by the use of such quality
23 measure.
24 ''(b) GRANTS AND CONTRACTS.—A qualified con-
25 sensus-based entity may receive a grant or contract under
26 this subsection to—

1 “(1) make recommendations to the Secretary
2 for national priorities for performance improvement
3 in population health and in the delivery of health
4 care services;
5 “(2) identify gaps in endorsed quality measures,
6 which shall include measures that—
7 “(A) are within priority areas identified by
8 the Secretary under the national strategy estab-
9 lished under section 399HH;
10 “(B) assess common care episodes, patient
11 health outcomes, processes, efficiency, cost, and
12 appropriate use of health care and address
13 health disparities across health disparity popu-
14 lations (as defined in section 485E) and geo-
15 graphic areas; or
16 “(C) assess use of innovative methodolo-
17 gies and strategies for quality improvement
18 practices in the delivery of health care services
19 that represent best practices for such quality
20 improvement identified in section 933;
21 “(3) identify and endorse quality measures, in-
22 cluding measures that address gaps identified in
23 paragraph (2);
24 “(4) update endorsed quality measures at least
25 every 3 years;

1 ‘‘(5) make endorsed quality measures publicly
2 available and have a plan for broad-based dissemina-
3 tion of endorsed measures; and
4 ‘‘(6) transmit endorsed quality measures to the
5 Secretary.
6 ‘‘(c) ANNUAL REPORTS.—
7 ‘‘(1) IN GENERAL.—A qualified consensus-
8 based entity that receives a grant or contract under
9 this section shall provide a report to the Secretary
10 not less than annually—
11 ‘‘(A) of where gaps (as described in sub-
12 section (b)(2)) exist and where quality measures
13 are unavailable or inadequate to identify or ad-
14 dress such gaps; and
15 ‘‘(B) regarding areas in which evidence is
16 insufficient to support endorsement of quality
17 measures in priority areas identified by the Sec-
18 retary under the national strategy established
19 under section 399HH and where targeted re-
20 search may address such gaps.
21 ‘‘(2) IMPACT OF QUALITY MEASURES.—A quali-
22 fied consensus-based entity that receives a grant or
23 contract under this section shall provide a report to
24 the Secretary not less than annually regarding the

1 economic and quality impact of the use of endorsed
2 measures.
3 "(d) PRIORITIES FOR PERFORMANCE IMPROVE-
4 MENT.—
5 "(1) RECOMMENDATION FOR NATIONAL PRIOR-
6 ITIES.—A qualified consensus-based entity that re-
7 ceives a grant or contract under this section shall
8 evaluate evidence and convene multi-stakeholder
9 groups to make recommendations to the Secretary
10 for national priorities for performance improvement
11 in population health and in the delivery of health
12 care services for consideration under the national
13 strategy established under section 399HH. The
14 qualified consensus-based entity shall make such rec-
15 ommendations not less frequently than triennially.
16 "(2) REQUIREMENTS FOR TRANSPARENCY IN
17 PROCESS.—
18 "(A) IN GENERAL.—In convening multi-
19 stakeholder groups under paragraph (1) with
20 respect to recommendations for national prior-
21 ities, the qualified consensus-based entity shall
22 provide for an open and transparent process for
23 the activities conducted pursuant to such con-
24 vening.

1 "(B) SELECTION OF ORGANIZATIONS PAR-
2 TICIPATING IN MULTI-STAKEHOLDER
3 GROUPS.—The process under subparagraph (A)
4 shall ensure that the selection of representatives
5 comprising such groups provides for public
6 nominations for, and the opportunity for public
7 comment on, such selection.
8 "(3) CONSIDERATIONS IN RECOMMENDING PRI-
9 ORITIES.—In making recommendations under para-
10 graph (1), the qualified consensus-based entity shall
11 ensure that priority is given to areas in the delivery
12 of health care services for all populations including
13 children, and other vulnerable populations that—
14 "(A) address the health care provided to
15 patients with prevalent, high-cost chronic dis-
16 eases;
17 "(B) improve the design, development,
18 demonstration, and adoption of infrastructure
19 and innovative methodologies and strategies for
20 quality improvement practices in the delivery of
21 health care services, including those that im-
22 prove patient safety and reduce medical errors,
23 readmissions, and health care-associated infec-
24 tions;

1 "(C) have the greatest potential for im-
2 proving the health outcomes, efficiency, and pa-
3 tient-centeredness of health care;
4 "(D) reduce health disparities across popu-
5 lations (as defined in section 485E) and geo-
6 graphic areas;
7 "(E) address gaps in quality and health
8 outcomes measures, comparative effectiveness
9 information, and data aggregation techniques,
10 including the use of data registries;
11 "(F) identify areas in the delivery of
12 health care services that have the potential for
13 rapid improvement in the quality of patient
14 care; and
15 "(G) address the appropriate use of health
16 care technology, resources and services.
17 "(e) PROCESS FOR CONSULTATION OF STAKE-
18 HOLDER GROUPS.—
19 "(1) CONSULTATION OF SELECTION OF EN-
20 DORSED QUALITY MEASURES.—A qualified con-
21 sensus-based entity that receives a grant or contract
22 under this section shall convene multi-stakeholder
23 groups to provide guidance on the selection of indi-
24 vidual or composite quality measures, for use in re-

1 porting performance information to the public or for
2 use in Federal health programs, from among—
3 ‘‘(A) such measures that have been en-
4 dorsed by the qualified consensus-based entity
5 (under section 1890(b) of the Social Security
6 Act or otherwise); and
7 ‘‘(B) such measures that have not been
8 considered for endorsement by the qualified
9 consensus-based entity but are used or proposed
10 to be used by the Secretary under subsection
11 (f)(2) under laws under the jurisdiction of the
12 Secretary that require the collection or report-
13 ing of quality measures.
14 ‘‘(2) TRANSMISSION OF MULTI-STAKEHOLDER
15 GUIDANCE.—The qualified consensus-based entity
16 shall transmit to the Secretary the guidance of
17 multi-stakeholder groups provided under paragraph
18 (1).
19 ‘‘(3) REQUIREMENT FOR TRANSPARENCY IN
20 PROCESS.—
21 ‘‘(A) IN GENERAL.—In convening multi-
22 stakeholder groups under paragraph (1) with
23 respect to the selection of quality measures, the
24 qualified consensus-based entity shall provide

1 for an open and transparent process for the ac-
2 tivities conducted pursuant to such convening.
3 "(B) SELECTION OF ORGANIZATIONS PAR-
4 TICIPATING IN MULTI-STAKEHOLDER
5 GROUPS.—The process under subparagraph (A)
6 shall ensure that the selection of representatives
7 comprising such groups provides for public
8 nominations for, and the opportunity for public
9 comment on, such selection.
10 "(f) COORDINATION OF USE OF QUALITY MEAS-
11 URES.—
12 "(1) ENDORSED QUALITY MEASURES.—The
13 Secretary may make a determination under regula-
14 tion or otherwise to use a quality measure described
15 in subsection (e)(1)(A) only after taking into ac-
16 count the guidance of multi-stakeholder groups
17 under subsection (e)(2).
18 "(2) USE OF INTERIM MEASURES.—
19 "(A) IN GENERAL.—The Secretary may
20 make a determination, by regulation or other-
21 wise, to use a quality measure that has not
22 been endorsed as described in subsection
23 (e)(1)(A), provided that the Secretary—
24 "(i) in a timely manner, transmits the
25 measure to the qualified consensus-based

1 entity for consideration for endorsement
2 and for the multi-stakeholder consultation
3 process under subsection (e)(1);
4 ''(ii) publishes in the Federal Register
5 the rationale for the use of the measure;
6 and
7 ''(iii) phases out use of the measure
8 upon a decision of the qualified consensus-
9 based entity not to endorse the measure,
10 contingent on availability of an adequate
11 alternative endorsed measure (as deter-
12 mined by the Secretary), taking into ac-
13 count guidance from multi-stakeholder con-
14 sultation process under subsection (e)(1).
15 ''(B) NO ADEQUATE ALTERNATIVE.—If an
16 adequate alternative endorsed measure is not
17 available, the Secretary shall support the devel-
18 opment of such an alternative endorsed meas-
19 ure, as described in section 931.
20 ''(3) REQUIREMENT OF COORDINATION WITH
21 ENTITY.—
22 ''(A) REQUIREMENT FOR NOTIFICATION OF
23 ENTITY OF DEADLINE FOR RECOMMENDATIONS
24 FOR QUALITY MEASURES IN PROPOSED REGU-
25 LATIONS.—For each notice of proposed rule-

1 making to implement the collection or reporting
2 of data on quality measures as described in sec-
3 tion 399LL, the Secretary shall establish a
4 process for the regular provision of advance no-
5 tice to the qualified consensus-based entity of
6 the date certain by which recommendations of
7 the entity with respect to quality measures
8 must be submitted to the Secretary for consid-
9 eration in the development of such specified
10 regulation.

11 ''(B) TIMELY NOTICE.—Under the process
12 established under subparagraph (A), notice
13 shall be given to the qualified consensus-based
14 entity not less than 120 days before the date
15 certain referred to in subparagraph (A).

16 ''(C) PUBLICATION OF DESCRIPTION OF
17 ENTITY RECOMMENDATIONS AND RESPONSES.—
18 In publishing a specified regulation, the Sec-
19 retary shall include a description of each rec-
20 ommendation of the qualified consensus-based
21 entity with respect to quality measures and
22 shall include responses of the Secretary to each
23 such recommendation.

24 ''(D) DEFINITION.—In this paragraph, the
25 term 'specified regulation' means a notice of

1 proposed rulemaking to implement the collec-
2 tion or reporting of data on quality measures as
3 described in section 399LL.
4 ''(4) EFFECTIVE DATE.—This subsection shall
5 apply with respect to determinations or requirements
6 by the Secretary for the use of quality measures
7 made on or after the date of enactment of the Af-
8 fordable Health Choices Act.
9 ''(g) REVIEW OF QUALITY MEASURES USED BY THE
10 SECRETARY.—
11 ''(1) IN GENERAL.—Not less than once every 3
12 years, the Secretary shall review quality measures
13 used by the Secretary and, with respect to each such
14 measure, shall determine whether to—
15 ''(A) maintain the use of such measure; or
16 ''(B) phase out such measure.
17 ''(2) CONSIDERATIONS.—In conducting the re-
18 view under paragraph (1), the Secretary shall—
19 ''(A) seek to avoid duplication of measures
20 used; and
21 ''(B) take into consideration current inno-
22 vative methodologies and strategies for quality
23 improvement practices in the delivery of health
24 care services that represent best practices for
25 such quality improvement and measures en-

1 dorsed by a qualified consensus-based entity
2 since the previous review by the Secretary.
3 ''(h) PROCESS FOR DISSEMINATION OF MEASURES
4 USED BY THE SECRETARY.—The Secretary shall establish
5 a process for disseminating quality measures used by the
6 Secretary. Such process shall include the incorporation of
7 such measures, where applicable, in workforce programs,
8 training curricula, payment programs, and any other
9 means of dissemination determined by the Secretary. The
10 Secretary shall establish a process to disseminate such
11 quality measures to the Interagency Working Group estab-
12 lished in section 202 of the Affordable Health Choices Act.
13 ''(i) FUNDING.—To carry out this section there are
14 authorized to be appropriated $50,000,000 for each of fis-
15 cal years for 2010 through 2014.

16 **''SEC. 399KK. PUBLIC REPORTING OF PERFORMANCE IN-**
17 **FORMATION.**

18 ''(a) REPORTING OF QUALITY MEASURES.—
19 ''(1) IN GENERAL.—
20 ''(A) REPORTING SYSTEM.—Not later than
21 5 years after the date of enactment of the Af-
22 fordable Health Choices Act, and after notice
23 and opportunity for public comment, the Sec-
24 retary shall implement a system for the report-

1 ing on quality measures that protect patient
2 privacy and, where appropriate—
3 ''(i) assess health outcomes and func-
4 tional status of patients;
5 ''(ii) assess the continuity and coordi-
6 nation of care and care transitions, includ-
7 ing episodes of care, for patients across the
8 continuum of providers and health care
9 settings;
10 ''(iii) assess patient experience and
11 patient, caregiver, and family engagement;
12 ''(iv) assess the safety, effectiveness,
13 and timeliness of care; and
14 ''(v) assess health disparities (as de-
15 fined by section 485E) across populations
16 and geographic areas.
17 ''(2) FORM AND MANNER.—The data submitted
18 under the system implemented under paragraph (1)
19 shall be in a form and manner specified by the Sec-
20 retary.
21 ''(3) MEASURES DESCRIBED.—The quality
22 measures described in paragraph (1) shall—
23 ''(A) be risk adjusted, taking into account
24 differences in patient health status, patient

1 characteristics, and geographic location, as ap-
2 propriate;
3 "(B) be valid, reliable, evidence-based, fea-
4 sible to collect, and actionable by providers,
5 payers and consumers, as appropriate;
6 "(C) minimize the burden of collection and
7 reporting such measures; and
8 "(D) be consistent with the national strat-
9 egy established by the Secretary under section
10 399HH.
11 "(b) DEVELOPMENT OF PERFORMANCE
12 WEBSITES.—The Secretary shall make available to the
13 public performance information summarizing data on
14 quality measures collected in subsection (a) through a se-
15 ries of standardized Internet websites tailored to respond
16 to the differing needs of hospitals and other institutional
17 providers and services, physicians and other clinicians, pa-
18 tients, consumers, researchers, policymakers, States, and
19 such other stakeholders as the Secretary may specify.
20 "(c) DESIGN.—Each standardized Internet website
21 made available under subsection (b) shall be designed to
22 make the use and navigation of that website readily avail-
23 able to individuals accessing it. The Secretary shall de-
24 velop a flexible format to meet the differing needs of the

1 various stakeholders and shall modify the website to per-
2 mit a user to easily customize queries.

3 "(d) INFORMATION ON CONDITIONS.—Performance
4 information made publicly available on a standardized
5 Internet website under subsection (b) shall be presented
6 by, but not limited to, clinical condition to the extent such
7 information is available, and the information presented
8 shall, where appropriate, be provider-specific and suffi-
9 ciently disaggregated and specific to meet the needs of pa-
10 tients with different clinical conditions.

11 "(e) CONSULTATION.—The Secretary shall carry out
12 this section in collaboration with a qualified consensus-
13 based entity under section 399JJ to determine the type
14 of information that is useful to stakeholders and the for-
15 mat that best facilitates use of the reports and of perform-
16 ance reporting Internet websites. The qualified consensus-
17 based entity shall convene multi-stakeholder groups as
18 provided in section 399JJ to review the design and format
19 of each Internet website made available under subsection
20 (b) and shall transmit to the Secretary the views of such
21 multi-stakeholder groups with respect to each such design
22 and format.

1 **"SEC. 399LL. EVALUATION OF DATA COLLECTION PROCESS**
2 **FOR QUALITY MEASUREMENT.**

3 "(a) GAO EVALUATIONS.—The Comptroller General
4 of the United States shall conduct periodic evaluations of
5 the implementation of the data collection processes for
6 quality measures used by the Secretary.

7 "(b) CONSIDERATIONS.—In carrying out the evalua-
8 tion under subsection (a), the Comptroller General shall
9 determine—

10 "(1) whether the system for the collection of
11 data for quality measures provides for validation of
12 data as relevant, fair, and scientifically credible;

13 "(2) whether data collection efforts under the
14 system use the most efficient and cost-effective
15 means in a manner that minimizes administrative
16 burden on persons required to collect data and that
17 adequately protects the privacy of patients' personal
18 health information and provides data security;

19 "(3) whether standards under the system pro-
20 vide for an opportunity for physicians and other cli-
21 nicians and institutional providers of services to re-
22 view and correct findings; and

23 "(4) the extent to which quality measures—

24 "(A) assess health outcomes and functional
25 status of patients;

1 "(B) assess the continuity and coordina-
2 tion of care and care transitions, including epi-
3 sodes of care, for patients across the continuum
4 of providers, age, and health care settings;
5 "(C) assess patient experience and patient,
6 caregiver, and family engagement;
7 "(D) assess the safety, effectiveness, and
8 timeliness of care;
9 "(E) assess health disparities across health
10 disparity populations (as defined by section
11 485E) and geographic areas;
12 "(F) address the appropriate use of health
13 care resources and services;
14 "(G) are designed to be collected as part of
15 health information technologies supporting bet-
16 ter delivery of health care services;
17 "(H) result in direct or indirect costs to
18 users of such measures; and
19 "(I) provide utility to both the care of indi-
20 viduals and the management of population
21 health.
22 "(c) REPORT.—The Comptroller General shall sub-
23 mit reports to Congress and to the Secretary containing
24 a description of the findings and conclusions of the results
25 of each such evaluation.".

1 **SEC. 205. COLLECTION AND ANALYSIS OF QUALITY MEAS-**
2 **URE DATA.**
3 (a) IN GENERAL.—Part S of title III of the Public
4 Health Service Act, as amended by section 204, is further
5 amended by adding at the end the following:
6 **"SEC. 399MM. COLLECTION AND ANALYSIS OF QUALITY**
7 **MEASURE DATA.**
8 "(a) ESTABLISHMENT OF PROCESS.—The Secretary
9 shall establish a process to collect, and validate, aggregate
10 data on quality measures described in section 399JJ to
11 facilitate public reporting. Such process shall—
12 "(1) be focused, scientifically sound, and prac-
13 ticable to implement;
14 "(2) where practicable, be incorporated into
15 health information technology to allow collection of
16 measures at the point of care; and
17 "(3) integrate data from public sources (such
18 as data from Federal health programs) and private
19 sources (such as health insurance issuers).
20 "(b) DATA COLLECTION AND AGGREGATION.—
21 "(1) IN GENERAL.—
22 "(A) COLLECTION AND AGGREGATION BY
23 SECRETARY.—The Secretary shall collect, vali-
24 date, and aggregate data on quality measures
25 described in subsection (a) from providers re-
26 ceiving funds under this Act.

1 "(B) GRANTS AND CONTRACTS.—The Sec-
2 retary may award grants or contracts to eligible
3 entities to collect, validate, and aggregate data
4 on quality measures under subparagraph (A).
5 "(2) ELIGIBLE ENTITIES.—To be eligible for a
6 grant or contract under this subsection, an entity
7 shall—
8 "(A) be—
9 "(i) a public or private entity, such as
10 an entity of State or region; or
11 "(ii) an entity that administers a dis-
12 ease or population registry, including
13 through the collection and aggregation of
14 data;
15 "(B) provide timely information to health
16 care providers regarding the performance of
17 health care providers on quality measures rel-
18 ative to the performance of other health pro-
19 viders on such quality measures;
20 "(C) make de-identified data on quality
21 measures available to the public in accordance
22 with the process established by the Secretary
23 under subsection (c);
24 "(D) collaborate with State health infor-
25 mation technology entities and exchanges;

1 "(E) meet the standards for data
2 aggregators established by the Secretary under
3 paragraph (3); and
4 "(F) submit to the Secretary an applica-
5 tion at such time, in such manner, and con-
6 taining—
7 "(i) an assurance that the entity will
8 meet each such standard; and
9 "(ii) such other information as the
10 Secretary may require.
11 "(3) STANDARDS FOR DATA AGGREGATORS.—
12 The Secretary shall establish standards for data
13 aggregators that shall be met by each entity that re-
14 ceives a grant or contract under this subsection.
15 Such standards shall include standards on the pro-
16 tection of the security and privacy of patient data.
17 "(c) TERM OF AWARD.—A grant or contact under
18 this subsection shall be awarded for a term of 5 years.
19 "(d) AUTHORIZATION OF APPROPRIATIONS.—There
20 are authorized to be appropriated to carry out this section
21 $75,000,000 for each of fiscal years 2010 through 2014.".
22 (b) HIT POLICY COMMITTEE.—Section
23 3002(b)(2)(B) of the Public Health Service Act (42
24 U.S.C. 300jj–12(b)(2)(B)) is amended by adding at the
25 end the following:

1 "(ix) The use of certified electronic
2 health records to collect and report quality
3 measures accepted by the Secretary.".

4 Subtitle B—Health Care Quality
5 Improvements

6 SEC. 211. HEALTH CARE DELIVERY SYSTEM RESEARCH;
7 QUALITY IMPROVEMENT TECHNICAL ASSIST-
8 ANCE.

9 Part D of title IX of the Public Health Service Act,
10 as amended by section 201, is further amended by adding
11 at the end the following:

12 "Subpart II—Health Care Quality Improvement
13 Programs

14 "SEC. 933. HEALTH CARE DELIVERY SYSTEM RESEARCH.

15 "(a) PURPOSE.—The purposes of this section are
16 to—
17 "(1) enable the Director to identify, develop,
18 evaluate, disseminate, and provide training in inno-
19 vative methodologies and strategies for quality im-
20 provement practices in the delivery of health care
21 services that represent best practices (referred to as
22 'best practices') in health care quality, safety, and
23 value; and
24 "(2) ensure that the Director is accountable for
25 implementing a model to pursue such research in a

1 collaborative manner with other related Federal
2 agencies.
3 ‘‘(b) ESTABLISHMENT OF CENTER.—There is estab-
4 lished within the Agency the Patient Safety Research Cen-
5 ter (referred to in this section as the ‘Center’).
6 ‘‘(c) GENERAL FUNCTIONS OF CENTER.—The Center
7 shall—
8 ‘‘(1) carry out its functions using research from
9 a variety of disciplines, which may include epidemi-
10 ology, health services, sociology, psychology, human
11 factors engineering, biostatistics, health economics,
12 clinical research, and health informatics;
13 ‘‘(2) conduct or support activities for activities
14 identified in subsection (a), and for—
15 ‘‘(A) best practices for quality improve-
16 ment practices in the delivery of health care
17 services; and
18 ‘‘(B) that include changes in processes of
19 care and the redesign of systems used by pro-
20 viders that will reliably result in intended health
21 outcomes, improve patient safety, and reduce
22 medical errors (such as skill development for
23 health care practitioners in team-based health
24 care delivery and rapid cycle process improve-

1 ment) and facilitate adoption of improved
2 workflow;
3 ''(3) identify providers, including health care
4 systems, single institutions, and individual providers,
5 that—
6 ''(A) deliver consistently high-quality, effi-
7 cient health care services (as determined by the
8 Secretary); and
9 ''(B) employ best practices that are adapt-
10 able and scalable to diverse health care settings
11 or effective in improving care across diverse set-
12 tings;
13 ''(4) assess research, evidence, and knowledge
14 about what strategies and methodologies are most
15 effective in improving health care delivery;
16 ''(5) find ways to translate such information
17 rapidly and effectively into practice, and document
18 the sustainability of those improvements;
19 ''(6) create strategies for quality improvement
20 through the development of tools, methodologies,
21 and interventions that can successfully reduce vari-
22 ations in the delivery of health care;
23 ''(7) identify, measure, and improve organiza-
24 tional, human, or other causative factors, including
25 those related to the culture and system design of a

1 health care organization, that contribute to the suc-
2 cess and sustainability of specific quality improve-
3 ment and patient safety strategies;
4 ‘‘(8) provide for the development of best prac-
5 tices in the delivery of health care services that—
6 ‘‘(A) have a high likelihood of success,
7 based on structured review of empirical evi-
8 dence;
9 ‘‘(B) are specified with sufficient detail of
10 the individual processes, steps, training, skills,
11 and knowledge required for implementation and
12 incorporation into workflow of health care prac-
13 titioners in a variety of settings;
14 ‘‘(C) are designed to be readily adapted by
15 health care practitioners in a variety of set-
16 tings; and
17 ‘‘(D) where applicable, assist health care
18 practitioners in working with other health care
19 practitioners across the continuum of care and
20 in engaging patients and their families in im-
21 proving the care and patient health outcomes;
22 ‘‘(9) provide for the funding of the activities of
23 organizations with recognized expertise and excel-
24 lence in improving the delivery of health care serv-
25 ices, including children’s health care, by involving

1 multiple disciplines, managers of health care entities,
2 broad development and training, patients, caregivers
3 and families, and frontline health care workers, in-
4 cluding activities for the examination of strategies to
5 share best quality improvement practices and to pro-
6 mote excellence in the delivery of health care serv-
7 ices; and

8 "(10) build capacity at the State and commu-
9 nity level to lead quality and safety efforts through
10 education, training, and mentoring programs to
11 carry out the activities under paragraphs (1)
12 through (9).

13 "(d) RESEARCH FUNCTIONS OF CENTER.—

14 "(1) IN GENERAL.—The Center shall support,
15 such as through a contract or other mechanism, re-
16 search on health care delivery system improvement
17 and the development of tools to facilitate adoption of
18 best practices that improve the quality, safety, and
19 efficiency of health care delivery services. Such sup-
20 port may include establishing a Quality Improve-
21 ment Network Research Program for the purpose of
22 testing, scaling, and disseminating of interventions
23 to improve quality and efficiency in health care. Re-
24 cipients of funding under the Program may include

1 national, State, multi-State, or multi-site quality im-
2 provement networks.
3 ‘‘(2) RESEARCH REQUIREMENTS.—The re-
4 search conducted pursuant to paragraph (1) shall—
5 ‘‘(A) address the priorities identified by
6 the Secretary in the national strategic plan es-
7 tablished under section 399HH;
8 ‘‘(B) identify areas in which evidence is in-
9 sufficient to identify strategies and methodolo-
10 gies, taking into consideration areas of insuffi-
11 cient evidence identified by a qualified con-
12 sensus-based entity in the report required under
13 section 399JJ;
14 ‘‘(C) address concerns identified by health
15 care institutions and providers and commu-
16 nicated through the Center pursuant to sub-
17 section (e);
18 ‘‘(D) reduce preventable morbidity, mor-
19 tality, and associated costs of morbidity and
20 mortality by building capacity for patient safety
21 research;
22 ‘‘(E) support the discovery of processes for
23 the reliable, safe, efficient, and responsive deliv-
24 ery of health care, taking into account discov-

1 eries from clinical research and comparative ef-
2 fectiveness research;
3 ''(F) be designed to help improve health
4 care quality and is tested in practice-based set-
5 tings;
6 ''(G) allow communication of research find-
7 ings and translate evidence into practice rec-
8 ommendations that are adaptable to a variety
9 of settings, and which, as soon as practicable
10 after the establishment of the Center, shall in-
11 clude—
12 ''(i) the implementation of a national
13 application of Intensive Care Unit improve-
14 ment projects relating to the adult (includ-
15 ing geriatric), pediatric, and neonatal pa-
16 tient populations;
17 ''(ii) practical methods for addressing
18 health care associated infections, including
19 Methicillin–Resistant Staphylococcus
20 Aureus and Vancomycin–Resistant
21 Entercoccus infections and other emerging
22 infections; and
23 ''(iii) practical methods for reducing
24 preventable hospital admissions and re-
25 admissions;

1 “(H) expand demonstration projects for
2 improving the quality of children’s health care
3 and the use of health information technology,
4 such as through Pediatric Quality Improvement
5 Collaboratives and Learning Networks, con-
6 sistent with provisions of section 1139A of the
7 Social Security Act for assessing and improving
8 quality, where applicable;
9 “(I) identify and mitigate hazards by—
10 “(i) analyzing events reported to pa-
11 tient safety reporting systems and patient
12 safety organizations; and
13 “(ii) using the results of such analyses
14 to develop scientific methods of response to
15 such events;
16 “(J) include the conduct of systematic re-
17 views of existing practices that improve the
18 quality, safety, and efficiency of health care de-
19 livery, as well as new research on improving
20 such practices; and
21 “(K) include the examination of how to
22 measure and evaluate the progress of quality
23 and patient safety activities.
24 “(e) DISSEMINATION OF RESEARCH FINDINGS.—

1 "(1) PUBLIC AVAILABILITY.—The Director
2 shall make the research findings of the Center avail-
3 able to the public through multiple media and appro-
4 priate formats to reflect the varying needs of con-
5 sumers and diverse levels of health literacy.
6 "(2) LINKAGE TO HEALTH INFORMATION TECH-
7 NOLOGY.—The Secretary shall ensure that research
8 findings and results generated by the Center are
9 shared with the Office of the National Coordinator
10 of Health Information Technology and used to in-
11 form the activities of the health information tech-
12 nology extension program under section 3012, as
13 well as any relevant standards, certification criteria,
14 or implementation specifications.
15 "(f) PRIORITIZATION.—The Director shall identify
16 and regularly update a list of processes or systems on
17 which to focus research and dissemination activities of the
18 Center, taking into account—
19 "(1) cost to Federal health programs;
20 "(2) consumer assessment of health care experi-
21 ence;
22 "(3) provider assessment of such processes or
23 systems and opportunities to minimize distress and
24 injury to the health care workforce;

1 "(4) potential impact of such processes or sys-
2 tems on health status and function of patients, in-
3 cluding vulnerable populations including children;
4 "(5) areas of insufficient evidence identified
5 under subsection (d)(2)(B); and
6 "(6) the evolution of meaningful use of health
7 information technology, as defined in section 3000.
8 "(g) FUNDING.—There is authorized to be appro-
9 priated to carry out this section $20,000,000 for fiscal
10 years 2010 through 2014.
11 **"SEC. 934. QUALITY IMPROVEMENT TECHNICAL ASSIST-**
12 **ANCE AND IMPLEMENTATION.**
13 "(a) IN GENERAL.—The Director, through the Pa-
14 tient Safety Research Center established in section 933
15 (referred to in this section as the 'Center'), shall award—
16 "(1) technical assistance grants or contracts to
17 eligible entities to provide technical support to insti-
18 tutions that deliver health care and health care pro-
19 viders so that such institutions and providers under-
20 stand, adapt, and implement the models and prac-
21 tices identified in the research conducted by the
22 Center, including the Quality Improvement Net-
23 works Research Program; and

1 "(2) implementation grants or contracts to eli-
2 gible entities to implement the models and practices
3 described under paragraph (1).
4 "(b) ELIGIBLE ENTITIES.—
5 "(1) TECHNICAL ASSISTANCE AWARD.—To be
6 eligible to receive a technical assistance grant or
7 contract under subsection (a)(1), an entity—
8 "(A) may be a provider, provider associa-
9 tion, professional society, health care worker or-
10 ganization, quality improvement organization,
11 patient safety organization, local quality im-
12 provement collaborative, the Joint Commission,
13 academic health center, university, physician-
14 based research network, primary care extension
15 program established under section 399T, or any
16 other entity identified by the Secretary; and
17 "(B) shall have demonstrated expertise in
18 providing information and technical support
19 and assistance to health care providers regard-
20 ing quality improvement.
21 "(2) IMPLEMENTATION AWARD.—To be eligible
22 to receive an implementation grant or contract
23 under subsection (a)(2), an entity—

1 "(A) may be a hospital or other provider
2 or consortium or providers, as determined by
3 the Secretary; and
4 "(B) shall have demonstrated expertise in
5 providing information and technical support
6 and assistance to health care providers regard-
7 ing quality improvement.
8 "(c) APPLICATION.—
9 "(1) TECHNICAL ASSISTANCE AWARD.—To re-
10 ceive a technical assistance grant or contract under
11 subsection (a)(1), an eligible entity shall submit an
12 application to the Secretary at such time, in such
13 manner, and containing—
14 "(A) a plan for a sustainable business
15 model that may include a system of—
16 "(i) charging fees to institutions and
17 providers that receive technical support
18 from the entity; and
19 "(ii) reducing or eliminating such fees
20 for such institutions and providers that
21 serve low-income populations; and
22 "(B) such other information as the Direc-
23 tor may require.
24 "(2) IMPLEMENTATION AWARD.—To receive a
25 grant or contract under subsection (a)(2), an eligible

1 entity shall submit an application to the Secretary at
2 such time, in such manner, and containing—
3 ''(A) a plan for implementation of a model
4 or practice identified in the research conducted
5 by the Center including—
6 ''(i) financial cost, staffing require-
7 ments, and timeline for implementation;
8 and
9 ''(ii) pre- and projected post imple-
10 mentation quality measure performance
11 data in targeted improvement areas identi-
12 fied by the Secretary; and
13 ''(B) such other information as the Direc-
14 tor may require.
15 ''(d) MATCHING FUNDS.—The Director may not
16 award a grant or contract under this section to an entity
17 unless the entity agrees that it will make available (di-
18 rectly or through contributions from other public or pri-
19 vate entities) non-Federal contributions toward the activi-
20 ties to be carried out under the grant or contract in an
21 amount equal to $1 for each $5 of Federal funds provided
22 under the grant or contract. Such non-Federal matching
23 funds may be provided directly or through donations from
24 public or private entities and may be in cash or in–kind,
25 fairly evaluated, including plant, equipment, or services.

1 "(e) EVALUATION.—
2 "(1) IN GENERAL.—The Director shall evaluate
3 the performance of each entity that receives a grant
4 or contract under this section. The evaluation of an
5 entity shall include a study of—
6 "(A) the success of such entity in achiev-
7 ing the implementation, by the health care in-
8 stitutions and providers assisted by such entity,
9 of the models and practices identified in the re-
10 search conducted by the Center under section
11 933;
12 "(B) the perception of the health care in-
13 stitutions and providers assisted by such entity
14 regarding the value of the entity; and
15 "(C) where practicable, better patient
16 health outcomes and lower cost resulting from
17 the assistance provided by such entity.
18 "(2) EFFECT OF EVALUATION.—Based on the
19 outcome of the evaluation of the entity under para-
20 graph (1), the Director shall determine whether to
21 renew a grant or contract with such entity under
22 this section.
23 "(f) COORDINATION.—The entities that receive a
24 grant or contract under this section shall coordinate with
25 health information technology regional extension centers

1 under section 3012(c) and the primary care extension pro-
2 gram established under section 399T regarding the dis-
3 semination of quality improvement, system delivery re-
4 form, and best practices information.''.

5 **SEC. 212. GRANTS TO ESTABLISH COMMUNITY HEALTH**
6 **TEAMS TO SUPPORT A MEDICAL HOME**
7 **MODEL.**

8 (a) IN GENERAL.—The Secretary of Health and
9 Human Services (referred to in this section as the ''Sec-
10 retary'') shall establish a program to provide grants to eli-
11 gible entities to establish community-based multidisci-
12 plinary, interprofessional teams (referred to in this section
13 as ''health teams'') to support primary care practices with-
14 in the hospital service areas served by the eligible entities.
15 Grants shall be used to—

16 (1) establish health teams to provide support
17 services to primary care providers; and

18 (2) provide capitated payments to primary care
19 providers as determined by the Secretary.

20 (b) ELIGIBLE ENTITIES.—To be eligible to receive a
21 grant under subsection (a), an entity shall—

22 (1) be a State or State-designated entity;

23 (2) submit a plan for achieving long-term finan-
24 cial sustainability within 3 years;

1 (3) submit a plan for incorporating prevention
2 initiatives and patient education and care manage-
3 ment resources into the delivery of health care and
4 integrating with community-based prevention and
5 treatment resources, where available;
6 (4) ensure that the health team established by
7 the entity includes a multidisciplinary, interprofes-
8 sional team of providers, as determined by the Sec-
9 retary; such team may include specialists, nurses,
10 nutritionists, dieticians, social workers, behavioral
11 and mental health providers, licensed complementary
12 and alternative medicine practitioners; and
13 (5) submit to the Secretary an application at
14 such time, in such manner, and containing such in-
15 formation as the Secretary may require.
16 (c) REQUIREMENTS FOR HEALTH TEAMS.—A health
17 team established pursuant to a grant under subsection (a)
18 shall—
19 (1) establish contractual agreements with pri-
20 mary care providers to provide support services;
21 (2) support medical homes, defined as mode of
22 care that includes—
23 (A) personal physicians;
24 (B) whole person orientation;
25 (C) coordinated and integrated care;

1 (D) safe and high quality care though evi-
2 dence-based medicine, appropriate use of health
3 information technology, and continuous quality
4 improvements;
5 (E) expanded access to care; and
6 (F) payment that recognizes added value
7 to patient in a patient-centered care;
8 (3) collaborate with local primary care providers
9 and existing State and community based resources
10 to coordinate disease prevention, chronic disease
11 management, transitioning between health care pro-
12 viders and settings and case management for pa-
13 tients, including children, with priority given to
14 those with chronic diseases or conditions identified
15 by the Secretary;
16 (4) in collaboration with local providers, develop
17 and implement multidisciplinary, interprofessional
18 care plans that integrate clinical and community
19 preventive services for patients, including children,
20 with priority given to those with chronic diseases or
21 conditions identified by the Secretary;
22 (5) incorporate providers, patients, caregivers,
23 and authorized representatives in program design
24 and oversight;

1 (6) provide support necessary for local primary
2 care providers to—
3 (A) coordinate and provide access to high-
4 quality health care services;
5 (B) provide access to appropriate specialty
6 care and inpatient services;
7 (C) provide quality-driven, cost-effective,
8 culturally appropriate, and patient- and family-
9 centered health care;
10 (D) provide access to pharmacist-delivered
11 medication therapy management services, in-
12 cluding medication reconciliation;
13 (E) promote effective strategies for treat-
14 ment planning, monitoring health outcomes and
15 resource use, sharing information, treatment
16 decision support, and organizing care to avoid
17 duplication of service and other medical man-
18 agement approaches intended to improve qual-
19 ity and value of health care services;
20 (F) provide local access to the continuum
21 of health care services in the most appropriate
22 setting, including access to individuals that im-
23 plement the care plans of patients and coordi-
24 nate care, such as integrative health care prac-
25 titioners;

1 (G) collect and report data that permits
2 evaluation of the success of the collaborative ef-
3 fort, including collection of survey data on pa-
4 tient experience of care, and identification of
5 areas for improvement; and
6 (H) establish a coordinated system of early
7 identification and referral for children at risk
8 for developmental or behavioral problems such
9 as through the use of infolines, health informa-
10 tion technology, or other means as determined
11 by the Secretary;
12 (7) provide 24-hour care management and sup-
13 port during transitions in care settings including—
14 (A) a transitional care program that pro-
15 vides in site visits from the care coordinator,
16 assists with the development of discharge plans
17 and medication reconciliation upon admission to
18 and discharge from the hospitals, nursing home,
19 or other institution setting;
20 (B) discharge planning and counseling
21 support to providers, patients, caregivers, and
22 authorized representatives;
23 (C) assuring that post-discharge care plans
24 include medication therapy management, as ap-
25 propriate;

1 (D) referrals for mental and behavioral
2 health services, which may include the use of
3 infolines; and
4 (E) transitional health care needs form
5 adolescence to adulthood;
6 (8) serve as a liaison to community prevention
7 and treatment programs;
8 (9) demonstrate a capacity to implement and
9 maintain health information technology that meets
10 the requirements of certified EHR technology (as
11 defined in section 3000 of the Public Health Service
12 Act (42 U.S.C. 300jj)) to facilitate coordination
13 among members of the applicable care team and af-
14 filiated primary care practices; and
15 (10) where applicable, report to the Secretary
16 information on quality measures used under section
17 399JJ of the Public Health Service Act.
18 (d) REQUIREMENT FOR PRIMARY CARE PRO-
19 VIDERS.—A provider who contracts with a care team
20 shall—
21 (1) provide a care plan to the care team for
22 each patient participant;
23 (2) provide access to participant health records/
24 primary care practices; and

1 (3) meet regularly with the care team to ensure
2 integration of care.
3 (e) REPORTING TO SECRETARY.—An entity that re-
4 ceives a grant under subsection (a) shall submit to the
5 Secretary a report that describes and evaluates, as re-
6 quested by the Secretary, the activities carried out by the
7 entity under subsection (c).

8 **SEC. 213. GRANTS TO IMPLEMENT MEDICATION MANAGE-**
9 **MENT SERVICES IN TREATMENT OF CHRONIC**
10 **DISEASE.**

11 Title IX of the Public Health Service Act (42 U.S.C.
12 299 et seq.), as amended by section 211, is further amend-
13 ed by inserting after section 936 the following:

14 **"SEC. 935. GRANTS TO IMPLEMENT MEDICATION MANAGE-**
15 **MENT SERVICES IN TREATMENT OF CHRONIC**
16 **DISEASES.**

17 "(a) IN GENERAL.—The Secretary, acting through
18 the Patient Safety Research Center established in section
19 933 (referred to in this section as the 'Center') shall estab-
20 lish a program to provide grants to eligible entities to im-
21 plement medication management (referred to in this sec-
22 tion as 'MTM') services provided by licensed pharmacists,
23 as a collaborative, multidisciplinary, inter-professional ap-
24 proach to the treatment of chronic diseases for targeted
25 individuals, to improve the quality of care and reduce over-

1 all cost in the treatment of such diseases. The Secretary
2 shall commence the grant program not later than May 1,
3 2010.

4 ''(b) ELIGIBLE ENTITIES.—To be eligible to receive
5 a grant under subsection (a), an entity shall—

6 ''(1) provide a setting appropriate for MTM
7 services, as recommended by the experts described in
8 subsection (e);

9 ''(2) submit to the Secretary a plan for achiev-
10 ing long-term financial sustainability;

11 ''(3) where applicable, submit a plan for coordi-
12 nating MTM services through local community
13 health teams established in section 212 of the Af-
14 fordable Health Choices Act or in collaboration with
15 primary care extension programs established in sec-
16 tion 399T;

17 ''(4) submit a plan for meeting the require-
18 ments under subsection (c); and

19 ''(5) submit to the Secretary such other infor-
20 mation as the Secretary may require.

21 ''(c) MTM SERVICES TO TARGETED INDIVIDUALS.—
22 The MTM services provided with the assistance of a grant
23 awarded under subsection (a) shall, as allowed by State
24 law including applicable collaborative pharmacy practice
25 agreements, include—

1 “(1) performing or obtaining necessary assess-
2 ments of the health and functional status of each
3 patient receiving such MTM services;
4 “(2) formulating an MTM plan according to
5 therapeutic goals agreed upon by the prescriber and
6 the patient or caregiver or authorized representative
7 of the patient;
8 “(3) selecting, initiating, modifying, recom-
9 mending changes to, or administering MTM services;
10 “(4) monitoring, which may include access to,
11 ordering, or performing laboratory assessments, and
12 evaluating the response of the patient to therapy, in-
13 cluding safety and effectiveness;
14 “(5) performing an initial comprehensive medi-
15 cation review to identify, resolve, and prevent medi-
16 cation-related problems, including adverse drug
17 events, quarterly targeted medication reviews for on-
18 going monitoring, and additional followup interven-
19 tions on a schedule developed collaboratively with
20 the prescriber;
21 “(6) documenting the care delivered and com-
22 municating essential information about such care,
23 including a summary of the medication review, and
24 the recommendations of the pharmacist to other ap-

1 propriate health care providers of the patient in a
2 timely fashion;
3 ''(7) providing education and training designed
4 to enhance the understanding and appropriate use of
5 the medications by the patient, caregiver, and other
6 authorized representative;
7 ''(8) providing information, support services,
8 and resources and strategies designed to enhance
9 patient adherence with therapeutic regimens;
10 ''(9) coordinating and integrating MTM serv-
11 ices within the broader health care management
12 services provided to the patient; and
13 ''(10) such other patient care services in al-
14 lowed under with pharmacists scope of practice, in
15 accordance with Federal law.
16 ''(d) TARGETED INDIVIDUALS.—MTM services pro-
17 vided by licensed pharmacists under a grant awarded
18 under subsection (a) shall be offered to targeted individ-
19 uals who—
20 ''(1) take 4 or more prescribed medications (in-
21 cluding over-the-counter and dietary supplements);
22 ''(2) take any 'high risk' medications;
23 ''(3) have 2 or more chronic diseases, as identi-
24 fied by the Secretary; or

1 "(4) have undergone a transition of care, or
2 other factors, as determined by the Secretary, that
3 are likely to create a high risk of medication-related
4 problems.

5 "(e) CONSULTATION WITH EXPERTS.—In designing
6 and implementing MTM services provided under grants
7 awarded under subsection (a), the Secretary shall consult
8 with Federal, State, private, public-private, and academic
9 entities, pharmacy and pharmacist organizations, health
10 care organizations, consumer advocates, chronic disease
11 groups, and other stakeholders involved with the research,
12 dissemination, and implementation of pharmacist-deliv-
13 ered MTM services, as the Secretary determines appro-
14 priate. The Secretary, in collaboration with this group,
15 shall determine whether it is possible to incorporate rapid
16 cycle process improvement concepts in use in other Fed-
17 eral programs that have implemented MTM services.

18 "(f) REPORTING TO THE SECRETARY.—An entity
19 that receives a grant under subsection (a) shall submit to
20 the Secretary a report that describes and evaluates, as re-
21 quested by the Secretary, the activities carried out under
22 subsection (c), including quality measures endorsed under
23 399JJ, as determined by the Secretary.

1 "(g) EVALUATION AND REPORT.—The Secretary
2 shall submit to the relevant committees of Congress a re-
3 port which shall—
4 "(1) assess the clinical effectiveness of phar-
5 macist-provided services under the MTM services
6 program, as compared to usual care, including an
7 evaluation of whether enrollees maintained better
8 health with fewer hospitalizations and emergency
9 room visits than similar patients not enrolled in the
10 program;
11 "(2) assess changes in overall health care re-
12 source of targeted individuals;
13 "(3) assess patient and prescriber satisfaction
14 with MTM services;
15 "(4) assess the impact of patient-cost sharing
16 requirements on medication adherence and rec-
17 ommendations for modifications;
18 "(5) identify and evaluate other factors that
19 may impact clinical and economic outcomes, includ-
20 ing demographic characteristics, clinical characteris-
21 tics, and health services use of the patient, as well
22 as characteristics of the regimen, pharmacy benefit,
23 and MTM services provided; and
24 "(6) evaluate of the extent to which partici-
25 pating pharmacists who maintain a dispensing role

1 have a conflict of interest in the provision of MTM
2 services, and if such conflict is found, provide rec-
3 ommendations on how such a conflict might be ap-
4 propriately addressed.
5 "(h) GRANT TO FUND DEVELOPMENT OF PERFORM-
6 ANCE MEASURES.—Secretary may, through the quality
7 measure development program under section 931 of the
8 Public Health Service Act (as amended by this Act),
9 award grants or contracts to eligible entities for the pur-
10 pose of funding the development of performance measures
11 that assess the use and effectiveness of medication therapy
12 management services.".
13 **SEC. 214. DESIGN AND IMPLEMENTATION OF REGIONAL-**
14 **IZED SYSTEMS FOR EMERGENCY CARE.**
15 (a) IN GENERAL.—Title XII of the Public Health
16 Service Act (42 U.S.C. 300d et seq.) is amended—
17 (1) in section 1203—
18 (A) in the section heading, by inserting
19 "**FOR TRAUMA SYSTEMS**" after "**GRANTS**";
20 and
21 (B) in subsection (a), by striking "Admin-
22 istrator of the Health Resources and Services
23 Administration" and inserting "Assistant Sec-
24 retary for Preparedness and Response";

1 (2) by inserting after section 1203 the fol-
2 lowing:

3 **"SEC. 1204. COMPETITIVE GRANTS FOR REGIONALIZED SYS-**
4 **TEMS FOR EMERGENCY CARE RESPONSE.**

5 "(a) IN GENERAL.—The Secretary, acting through
6 the Assistant Secretary for Preparedness and Response,
7 shall award not fewer than 4 multiyear contracts or com-
8 petitive grants to eligible entities to support pilot projects
9 that design, implement, and evaluate innovative models of
10 regionalized, comprehensive, and accountable emergency
11 care and trauma systems.

12 "(b) ELIGIBLE ENTITY; REGION.—In this section:

13 "(1) ELIGIBLE ENTITY.—The term 'eligible en-
14 tity' means a State or a partnership of 1 or more
15 States and 1 or more local governments.

16 "(2) REGION.—The term 'region' means an
17 area within a State, an area that lies within multiple
18 States, or a similar area (such as a multicounty
19 area), as determined by the Secretary.

20 "(3) EMERGENCY SERVICES.—The term 'emer-
21 gency services' includes acute, prehospital, and trau-
22 ma care.

23 "(c) PILOT PROJECTS.—The Secretary shall award
24 a contract or grant under subsection (a) to an eligible enti-

1 ty that proposes a pilot project to design, implement, and
2 evaluate an emergency medical and trauma system that—
3 ‘‘(1) coordinates with public health and safety
4 services, emergency medical services, medical facili-
5 ties, trauma centers, and other entities in a region
6 to develop an approach to emergency medical and
7 trauma system access throughout the region, includ-
8 ing 9–1–1 Public Safety Answering Points and
9 emergency medical dispatch;
10 ‘‘(2) includes a mechanism, such as a regional
11 medical direction or transport communications sys-
12 tem, that operates throughout the region to ensure
13 that the patient is taken to the medically appro-
14 priate facility (whether an initial facility or a higher-
15 level facility) in a timely fashion;
16 ‘‘(3) allows for the tracking of prehospital and
17 hospital resources, including inpatient bed capacity,
18 emergency department capacity, trauma center ca-
19 pacity, on-call specialist coverage, ambulance diver-
20 sion status, and the coordination of such tracking
21 with regional communications and hospital destina-
22 tion decisions; and
23 ‘‘(4) includes a consistent region-wide
24 prehospital, hospital, and interfacility data manage-
25 ment system that—

1 "(A) submits data to the National EMS
2 Information System, the National Trauma Data
3 Bank, and others;
4 "(B) reports data to appropriate Federal
5 and State databanks and registries; and
6 "(C) contains information sufficient to
7 evaluate key elements of prehospital care, hos-
8 pital destination decisions, including initial hos-
9 pital and interfacility decisions, and relevant
10 health outcomes of hospital care.
11 "(d) APPLICATION.—
12 "(1) IN GENERAL.—An eligible entity that
13 seeks a contract or grant described in subsection (a)
14 shall submit to the Secretary an application at such
15 time and in such manner as the Secretary may re-
16 quire.
17 "(2) APPLICATION INFORMATION.—Each appli-
18 cation shall include—
19 "(A) an assurance from the eligible entity
20 that the proposed system—
21 "(i) has been coordinated with the ap-
22 plicable State Office of Emergency Medical
23 Services (or equivalent State office);
24 "(ii) includes consistent indirect and
25 direct medical oversight of prehospital,

1 hospital, and interfacility transport
2 throughout the region;
3 ‘‘(iii) coordinates prehospital treat-
4 ment and triage, hospital destination, and
5 interfacility transport throughout the re-
6 gion;
7 ‘‘(iv) includes a categorization or des-
8 ignation system for special medical facili-
9 ties throughout the region that is inte-
10 grated with transport and destination pro-
11 tocols;
12 ‘‘(v) includes a regional medical direc-
13 tion, patient tracking, and resource alloca-
14 tion system that supports day-to-day emer-
15 gency care and surge capacity and is inte-
16 grated with other components of the na-
17 tional and State emergency preparedness
18 system; and
19 ‘‘(vi) addresses pediatric concerns re-
20 lated to integration, planning, prepared-
21 ness, and coordination of emergency med-
22 ical services for infants, children and ado-
23 lescents; and
24 ‘‘(B) such other information as the Sec-
25 retary may require.

1 "(e) REQUIREMENT OF MATCHING FUNDS.—
2 "(1) IN GENERAL.—The Secretary may not
3 make a grant under this section unless the State (or
4 consortia of States) involved agrees, with respect to
5 the costs to be incurred by the State (or consortia)
6 in carrying out the purpose for which such grant
7 was made, to make available non-Federal contribu-
8 tions (in cash or in kind under paragraph (2)) to-
9 ward such costs in an amount equal to not less than
10 $1 for each $3 of Federal funds provided in the
11 grant. Such contributions may be made directly or
12 through donations from public or private entities.
13 "(2) NON-FEDERAL CONTRIBUTIONS.—Non-
14 Federal contributions required in paragraph (1) may
15 be in cash or in kind, fairly evaluated, including
16 equipment or services (and excluding indirect or
17 overhead costs). Amounts provided by the Federal
18 Government, or services assisted or subsidized to
19 any significant extent by the Federal Government,
20 may not be included in determining the amount of
21 such non-Federal contributions.
22 "(f) PRIORITY.—The Secretary shall give priority for
23 the award of the contracts or grants described in sub-
24 section (a) to any eligible entity that serves a population

1 in a medically underserved area (as defined in section
2 330(b)(3)).

3 ''(g) REPORT.—Not later than 90 days after the com-
4 pletion of a pilot project under subsection (a), the recipi-
5 ent of such contract or grant described in shall submit
6 to the Secretary a report containing the results of an eval-
7 uation of the program, including an identification of—

8 ''(1) the impact of the regional, accountable
9 emergency care and trauma system on patient health
10 outcomes for various critical care categories, such as
11 trauma, stroke, cardiac emergencies, neurological
12 emergencies, and pediatric emergencies;

13 ''(2) the system characteristics that contribute
14 to the effectiveness and efficiency of the program (or
15 lack thereof);

16 ''(3) methods of assuring the long-term finan-
17 cial sustainability of the emergency care and trauma
18 system;

19 ''(4) the State and local legislation necessary to
20 implement and to maintain the system;

21 ''(5) the barriers to developing regionalized, ac-
22 countable emergency care and trauma systems, as
23 well as the methods to overcome such barriers; and

24 ''(6) recommendations on the utilization of
25 available funding for future regionalization efforts.

1 "(h) DISSEMINATION OF FINDINGS.—The Secretary
2 shall, as appropriate, disseminate to the public and to the
3 appropriate Committees of the Congress, the information
4 contained in a report made under subsection (g)."; and
5 (3) in section 1232—
6 (A) in subsection (a), by striking "appro-
7 priated" and all that follows through the period
8 at the end and inserting "appropriated
9 $24,000,000 for each of fiscal years 2010
10 through 2014."; and
11 (B) by inserting after subsection (c) the
12 following:
13 "(d) AUTHORITY.—For the purpose of carrying out
14 parts A through C, beginning on the date of enactment
15 of the Affordable Health Choices Act, the Secretary shall
16 transfer authority in administering grants and related au-
17 thorities under such parts from the Administrator of the
18 Health Resources and Services Administration to the As-
19 sistant Secretary for Preparedness and Response.".
20 (b) SUPPORT FOR EMERGENCY MEDICINE RE-
21 SEARCH.—Part H of title IV of the Public Health Service
22 Act (42 U.S.C. 289 et seq.) is amended by inserting after
23 the section 498C the following:

1 **"SEC. 498D. SUPPORT FOR EMERGENCY MEDICINE RE-**
2 **SEARCH.**

3 "(a) EMERGENCY MEDICAL RESEARCH.—The Sec-
4 retary shall support Federal programs administered by the
5 National Institutes of Health, the Agency for Healthcare
6 Research and Quality, the Health Resources and Services
7 Administration, the Centers for Disease Control and Pre-
8 vention, and other agencies involved in improving the
9 emergency care system to expand and accelerate research
10 in emergency medical care systems and emergency medi-
11 cine, including—

12 "(1) the basic science of emergency medicine;

13 "(2) the model of service delivery and the com-
14 ponents of such models that contribute to enhanced
15 patient health outcomes;

16 "(3) the translation of basic scientific research
17 into improved practice; and

18 "(4) the development of timely and efficient de-
19 livery of health services.

20 "(b) PEDIATRIC EMERGENCY MEDICAL RE-
21 SEARCH.—The Secretary shall support Federal programs
22 administered by the National Institutes of Health, the
23 Agency for Healthcare Research and Quality, the Health
24 Resources and Services Administration, the Centers for
25 Disease Control and Prevention, and other agencies to co-
26 ordinate and expand research in pediatric emergency med-

1 ical care systems and pediatric emergency medicine, in-
2 cluding—
3 ‘‘(1) an examination of the gaps and opportuni-
4 ties in pediatric emergency care research and a
5 strategy for the optimal organization and funding of
6 such research;
7 ‘‘(2) the role of pediatric emergency services as
8 an integrated component of the overall health sys-
9 tem;
10 ‘‘(3) system-wide pediatric emergency care plan-
11 ning, preparedness, coordination, and funding;
12 ‘‘(4) pediatric training in professional edu-
13 cation; and
14 ‘‘(5) research in pediatric emergency care, spe-
15 cifically on the efficacy, safety, and health outcomes
16 of medications used for infants, children, and adoles-
17 cents in emergency care settings in order to improve
18 patient safety.
19 ‘‘(c) IMPACT RESEARCH.—The Secretary shall sup-
20 port research to determine the estimated economic impact
21 of, and savings that result from, the implementation of
22 coordinated emergency care systems.
23 ‘‘(d) AUTHORIZATION OF APPROPRIATIONS.—There
24 are authorized to be appropriated to carry out this section

1 such sums as may be necessary for each of fiscal years
2 2010 through 2014.''.

3 **SEC. 215. TRAUMA CARE CENTERS AND SERVICE AVAIL-**
4 **ABILITY.**

5 (a) TRAUMA CARE CENTERS.—
6 (1) GRANTS FOR TRAUMA CARE CENTERS.—
7 Section 1241 of the Public Health Service Act (42
8 U.S.C. 300d–41) is amended by striking subsections
9 (a) and (b) and inserting the following:
10 ''(a) IN GENERAL.—The Secretary shall establish 3
11 programs to award grants to qualified public, nonprofit,
12 Indian Health Service, Indian tribal, and urban Indian
13 trauma centers—
14 ''(1) to assist in defraying substantial uncom-
15 pensated care costs;
16 ''(2) to further the core missions of such trau-
17 ma centers, including by addressing costs associated
18 with patient stabilization and transfer, trauma edu-
19 cation and outreach, coordination with local and re-
20 gional trauma systems, and essential personnel and
21 other fixed costs; and
22 ''(3) to provide emergency relief to ensure the
23 continued and future availability of trauma services.
24 ''(b) MINIMUM QUALIFICATIONS OF TRAUMA CEN-
25 TERS.—

1 "(1) PARTICIPATION IN TRAUMA CARE SYSTEM
2 OPERATING UNDER CERTAIN PROFESSIONAL GUIDE-
3 LINES.—Except as provided in paragraph (2), the
4 Secretary may not award a grant to a trauma center
5 under subsection (a) unless the trauma center is a
6 participant in a trauma system that substantially
7 complies with section 1213.
8 "(2) EXEMPTION.—Paragraph (1) shall not
9 apply to trauma centers that are located in States
10 with no existing trauma care system.
11 "(3) QUALIFICATION FOR SUBSTANTIAL UN-
12 COMPENSATED CARE COSTS.—The Secretary shall
13 award substantial uncompensated care grants under
14 subsection (a)(1) only to trauma centers meeting at
15 least 1 of the criteria in 1 of the following 3 cat-
16 egories:
17 "(A) CATEGORY A.—The criteria for cat-
18 egory A are as follows:
19 "(i) At least 50 percent of the visits
20 in the emergency department of the hos-
21 pital in which the trauma center is located
22 were charity or self-pay patients.
23 "(ii) At least 70 percent of the visits
24 in such emergency department were Med-
25 icaid (under title XIX of the Social Secu-

1 rity Act (42 U.S.C. 1396 et seq.)) and
2 charity and self-pay patients combined.
3 "(B) CATEGORY B.—The criteria for cat-
4 egory B are as follows:
5 "(i) At least 35 percent of the visits
6 in the emergency department were charity
7 or self-pay patients.
8 "(ii) At least 50 percent of the visits
9 in the emergency department were Med-
10 icaid and charity and self-pay patients
11 combined.
12 "(C) CATEGORY C.—The criteria for cat-
13 egory C are as follows:
14 "(i) At least 20 percent of the visits
15 in the emergency department were charity
16 or self-pay patients.
17 "(ii) At least 30 percent of the visits
18 in the emergency department were Med-
19 icaid and charity and self-pay patients
20 combined.
21 "(4) TRAUMA CENTERS IN 1115 WAIVER
22 STATES.—Notwithstanding paragraph (3), the Sec-
23 retary may award a substantial uncompensated care
24 grant to a trauma center under subsection (a)(1) if
25 the trauma center qualifies for funds under a Low

1 Income Pool or Safety Net Care Pool established
2 through a waiver approved under section 1115 of the
3 Social Security Act (42 U.S.C. 1315).
4 ''(5) DESIGNATION.—The Secretary may not
5 award a grant to a trauma center unless such trau-
6 ma center is verified by the American College of
7 Surgeons or designated by an equivalent State or
8 local agency.
9 ''(c) ADDITIONAL REQUIREMENTS.—The Secretary
10 may not award a grant to a trauma center under sub-
11 section (a)(1) unless such trauma center—
12 ''(1) submits to the Secretary a plan satisfac-
13 tory to the Secretary that demonstrates a continued
14 commitment to serving trauma patients regardless of
15 their ability to pay; and
16 ''(2) has policies in place to assist patients who
17 cannot pay for part or all of the care they receive,
18 including a sliding fee scale, and to ensure fair bill-
19 ing and collection practices.''.
20 (2) CONSIDERATIONS IN MAKING GRANTS.—
21 Section 1242 of the Public Health Service Act (42
22 U.S.C. 300d–42) is amended by striking subsections
23 (a) and (b) and inserting the following:
24 ''(a) SUBSTANTIAL UNCOMPENSATED CARE
25 AWARDS.—

1 "(1) IN GENERAL.—The Secretary shall estab-
2 lish an award basis for each eligible trauma center
3 for grants under section 1241(a)(1) according to the
4 percentage described in paragraph (2), subject to the
5 requirements of section 1241(b)(3).
6 "(2) PERCENTAGES.—The applicable percent-
7 ages are as follows:
8 "(A) With respect to a category A trauma
9 center, 100 percent of the uncompensated care
10 costs.
11 "(B) With respect to a category B trauma
12 center, not more than 75 percent of the uncom-
13 pensated care costs.
14 "(C) With respect to a category C trauma
15 center, not more than 50 percent of the uncom-
16 pensated care costs.
17 "(b) CORE MISSION AWARDS.—
18 "(1) IN GENERAL.—In awarding grants under
19 section 1241(a)(2), the Secretary shall—
20 "(A) reserve 25 percent of the amount al-
21 located for core mission awards for Level III
22 and Level IV trauma centers; and
23 "(B) reserve 25 percent of the amount al-
24 located for core mission awards for large urban
25 Level I and II trauma centers—

1 "(i) that have at least 1 graduate
2 medical education fellowship in trauma or
3 trauma related specialties for which de-
4 mand is exceeding supply; and
5 "(ii) for which—
6 "(I) annual uncompensated care
7 costs exceed $10,000,000; or
8 "(II) at least 20 percent of emer-
9 gency department visits are charity or
10 self-pay or Medicaid patients; and
11 "(III) that are not eligible for
12 substantial uncompensated care
13 awards under section 1241(a)(1).
14 "(c) EMERGENCY AWARDS.—In awarding grants
15 under section 1241(a)(3), the Secretary shall—
16 "(1) give preference to any application sub-
17 mitted by a trauma center that provides trauma care
18 in a geographic area in which the availability of
19 trauma care has significantly decreased or will sig-
20 nificantly decrease if the center is forced to close or
21 downgrade service or growth in demand for trauma
22 services exceeds capacity; and
23 "(2) reallocate any emergency awards funds not
24 obligated due to insufficient, or a lack of qualified,

1 applications to the significant uncompensated care
2 award program.''.
3 (3) CERTAIN AGREEMENTS.—Section 1243 of
4 the Public Health Service Act (42 U.S.C. 300d–43)
5 is amended by striking subsections (a), (b), and (c)
6 and inserting the following:
7 ''(a) MAINTENANCE OF FINANCIAL SUPPORT.—The
8 Secretary may require a trauma center receiving a grant
9 under section 1241(a) to maintain access to trauma serv-
10 ices at comparable levels to the prior year during the grant
11 period .
12 ''(b) TRAUMA CARE REGISTRY.—The Secretary may
13 require the trauma center receiving a grant under section
14 1241(a) to provide data to a national and centralized reg-
15 istry of trauma cases, in accordance with guidelines devel-
16 oped by the American College of Surgeons, and as the Sec-
17 retary may otherwise require.''.
18 (4) GENERAL PROVISIONS.—Section 1244 of
19 the Public Health Service Act (42 U.S.C. 300d–44)
20 is amended by striking subsections (a), (b), and (c)
21 and inserting the following:
22 ''(a) APPLICATION.—The Secretary may not award
23 a grant to a trauma center under section 1241(a) unless
24 such center submits an application for the grant to the
25 Secretary and the application is in such form, is made in

1 such manner, and contains such agreements, assurances,
2 and information as the Secretary determines to be nec-
3 essary to carry out this part.
4 "(b) LIMITATION ON DURATION OF SUPPORT.—The
5 period during which a trauma center receives payments
6 under a grant under section 1241(a)(3) shall be for 3 fis-
7 cal years, except that the Secretary may waive such re-
8 quirement for a center and authorize such center to re-
9 ceive such payments for 1 additional fiscal year.
10 "(c) LIMITATION ON AMOUNT OF GRANT.—Notwith-
11 standing section 1242(a), a grant under section 1241 may
12 not be made in an amount exceeding $2,000,000 for each
13 fiscal year.
14 "(d) ELIGIBILITY.—Except as provided in section
15 1242(b)(1)(B)(iii), acquisition of, or eligibility for, a grant
16 under section 1241(a) shall not preclude a trauma center
17 from being eligible for other grants described in such sec-
18 tion.
19 "(e) FUNDING DISTRIBUTION.—Of the total amount
20 appropriated for a fiscal year under section 1245, 70 per-
21 cent shall be used for substantial uncompensated care
22 awards under section 1241(a)(1), 20 percent shall be used
23 for core mission awards under section 1241(a)(2), and 10
24 percent shall be used for emergency awards under section
25 1241(a)(3).

1 “(f) MINIMUM ALLOWANCE.—Notwithstanding sub-
2 section (e), if the amount appropriated for a fiscal year
3 under section 1245 is less than $25,000,000, all available
4 funding for such fiscal year shall be used for substantial
5 uncompensated care awards under section 1241(a)(1).
6 “(g) SUBSTANTIAL UNCOMPENSATED CARE AWARD
7 DISTRIBUTION AND PROPORTIONAL SHARE.—Notwith-
8 standing section 1242(a), of the amount appropriated for
9 substantial uncompensated care grants for a fiscal year,
10 the Secretary shall—
11 “(1) make available—
12 “(A) 50 percent of such funds for category
13 A trauma center grantees;
14 “(B) 35 percent of such funds for category
15 B trauma center grantees; and
16 “(C) 15 percent of such funds for category
17 C trauma center grantees; and
18 “(2) provide available funds within each cat-
19 egory in a manner proportional to the award basis
20 specified in section 1242(a)(2) to each eligible trau-
21 ma center.
22 “(h) REPORT.—Beginning 2 years after the date of
23 enactment of the Affordable Health Choices Act, and
24 every 2 years thereafter, the Secretary shall biennially re-
25 port to Congress regarding the status of the grants made

1 under section 1241 and on the overall financial stability
2 of trauma centers.''.
3 (5) AUTHORIZATION OF APPROPRIATIONS.—
4 Section 1245 of the Public Health Service Act (42
5 U.S.C. 300d–45) is amended to read as follows:

6 **''SEC. 1245. AUTHORIZATION OF APPROPRIATIONS.**

7 ''For the purpose of carrying out this part, there are
8 authorized to be appropriated $100,000,000 for fiscal year
9 2009, and such sums as may be necessary for each of fis-
10 cal years 2010 through 2015. Such authorization of ap-
11 propriations is in addition to any other authorization of
12 appropriations or amounts that are available for such pur-
13 pose.''.
14 (6) DEFINITION.—Part D of title XII of the
15 Public Health Service Act (42 U.S.C. 300d–41 et
16 seq.) is amended by adding at the end the following:

17 **''SEC. 1246. DEFINITION.**

18 ''In this part, the term 'uncompensated care costs'
19 means unreimbursed costs from serving self-pay, charity,
20 or Medicaid patients, without regard to payment under
21 section 1923 of the Social Security Act, all of which are
22 attributable to emergency care and trauma care, including
23 costs related to subsequent inpatient admissions to the
24 hospital.''.

1 (b) TRAUMA SERVICE AVAILABILITY.—Title XII of
2 the Public Health Service Act (42 U.S.C. 300d et seq.)
3 is amended by adding at the end the following:

4 **"PART H—TRAUMA SERVICE AVAILABILITY**

5 **"SEC. 1281. GRANTS TO STATES.**

6 "(a) ESTABLISHMENT.—To promote universal access
7 to trauma care services provided by trauma centers and
8 trauma-related physician specialties, the Secretary shall
9 provide funding to States to enable such States to award
10 grants to eligible entities for the purposes described in this
11 section.

12 "(b) AWARDING OF GRANTS BY STATES.—Each
13 State may award grants to eligible entities within the
14 State for the purposes described in subparagraph (d).

15 "(c) ELIGIBILITY.—

16 "(1) IN GENERAL.—To be eligible to receive a
17 grant under subsection (b) an entity shall—

18 "(A) be—

19 "(i) a public or nonprofit trauma cen-
20 ter or consortium thereof that meets that
21 requirements of paragraphs (1), (2), and
22 (5) of section 1241(b);

23 "(ii) a safety net public or nonprofit
24 trauma center that meets the requirements

1 of paragraphs (1) through (5) of section
2 1241(b); or
3 "(iii) a hospital in an underserved
4 area (as defined by the State) that seeks
5 to establish new trauma services; and
6 "(B) submit to the State an application at
7 such time, in such manner, and containing such
8 information as the State may require.
9 "(2) LIMITATION.—A State shall use at least
10 40 percent of the amount available to the State
11 under this part for a fiscal year to award grants to
12 safety net trauma centers described in paragraph
13 (1)(A)(ii).
14 "(d) USE OF FUNDS.—The recipient of a grant under
15 subsection (b) shall carry out 1 or more of the following
16 activities consistent with subsection (b):
17 "(1) Providing trauma centers with funding to
18 support physician compensation in trauma-related
19 physician specialties where shortages exist in the re-
20 gion involved, with priority provided to safety net
21 trauma centers described in subsection (c)(1)(A)(ii).
22 "(2) Providing for individual safety net trauma
23 center fiscal stability and costs related to having
24 service that is available 24 hours a day, 7 days a
25 week, with priority provided to safety net trauma

1 centers described in subsection (c)(1)(A)(ii) located
2 in urban, border, and rural areas.
3 "(3) Reducing trauma center overcrowding at
4 specific trauma centers related to throughput of
5 trauma patients.
6 "(4) Establishing new trauma services in un-
7 derserved areas as defined by the State.
8 "(5) Enhancing collaboration between trauma
9 centers and other hospitals and emergency medical
10 services personnel related to trauma service avail-
11 ability.
12 "(6) Making capital improvements to enhance
13 access and expedite trauma care, including providing
14 helipads and associated safety infrastructure.
15 "(7) Enhancing trauma surge capacity at spe-
16 cific trauma centers.
17 "(8) Ensuring expedient receipt of trauma pa-
18 tients transported by ground or air to the appro-
19 priate trauma center.
20 "(9) Enhancing interstate trauma center col-
21 laboration.
22 "(e) LIMITATION.—
23 "(1) IN GENERAL.—A State may use not more
24 than 20 percent of the amount available to the State
25 under this part for a fiscal year for administrative

1 costs associated with awarding grants and related
2 costs.
3 ''(2) MAINTENANCE OF EFFORT.—The Sec-
4 retary may not provide funding to a State under this
5 part unless the State agrees that such funds will be
6 used to supplement and not supplant State funding
7 otherwise available for the activities and costs de-
8 scribed in this part.
9 ''(f) DISTRIBUTION OF FUNDS.—The following shall
10 apply with respect to grants provided in this part:
11 ''(1) LESS THAN $10,000,000.—If the amount of
12 appropriations for this part in a fiscal year is less
13 than $10,000,000, the Secretary shall divide such
14 funding evenly among only those States that have 1
15 or more trauma centers eligible for funding under
16 section 1241(b)(3)(A).
17 ''(2) LESS THAN $20,000,000.—If the amount of
18 appropriations in a fiscal year is less than
19 $20,000,000, the Secretary shall divide such funding
20 evenly among only those States that have 1 or more
21 trauma centers eligible for funding under subpara-
22 graphs (A) and (B) of section 1241(b)(3).
23 ''(3) LESS THAN $30,000,000.—If the amount of
24 appropriations for this part in a fiscal year is less
25 than $30,000,000, the Secretary shall divide such

1 funding evenly among only those States that have 1
2 or more trauma centers eligible for funding under
3 section 1241(b)(3).
4 ''(4) $30,000,000 OR MORE.—If the amount of
5 appropriations for this part in a fiscal year is
6 $30,000,000 or more, the Secretary shall divide such
7 funding evenly among all States.

8 **''SEC. 1282. AUTHORIZATION OF APPROPRIATIONS.**

9 ''For the purpose of carrying out this part, there is
10 authorized to be appropriated $100,000,000 for each of
11 fiscal years 2010 through 2015.''.

12 **SEC. 216. REDUCING AND REPORTING HOSPITAL READMIS-**
13 **SIONS.**

14 (a) IN GENERAL.—Part S of title III of the Public
15 Health Service Act, as amended by section 205, is further
16 amended by adding at the end the following:

17 **''SEC. 399NN. READMISSIONS.**

18 ''(a) PURPOSE.—The purpose of this section is to im-
19 prove the quality and value of inpatient hospital services
20 in order to—
21 ''(1) improve the coordination of care; and
22 ''(2) appropriately reduce inefficiency and
23 waste, such as unnecessary hospital readmissions, in
24 the care furnished.

1 "(b) INFORMATION GATHERING AND ANALYSIS.—
2 Beginning 2010, the Secretary shall analyze and calculate
3 hospital-specific and national applicable readmissions
4 rates based on subsection (e).
5 "(c) DISCLOSURE.—
6 "(1) IN GENERAL.—Beginning in 2011, the
7 Secretary shall establish procedures to provide for
8 the confidential disclosure to hospitals receiving
9 funds under this Act of information on hospital-spe-
10 cific and national applicable readmission rates de-
11 scribed in subsection (b).
12 "(2) PUBLIC DISCLOSURE OF INFORMATION.—
13 Not later than 2 years after the date of enactment
14 of this section, the Secretary shall make the infor-
15 mation on the rates of applicable readmission rates
16 and other statistical information of hospital receiving
17 funds under this Act disclosed under paragraph (1)
18 publicly available in a form and manner determined
19 appropriate by the Secretary.
20 "(3) REPORT.—Not later than 180 days after
21 the date of enactment of this section, the Secretary
22 shall submit to Congress a report that contains—
23 "(A) a summary of the implementation of
24 the procedures under paragraph (1);

1 ''(B) a plan for the public disclosure of in-
2 formation under paragraph (2); and
3 ''(C) recommendations for such legislation
4 or administrative action as the Secretary deter-
5 mines appropriate.
6 ''(d) APPLICABLE READMISSION DEFINED.—
7 ''(1) IN GENERAL.—In this section, the term
8 'applicable readmission' means a readmission—
9 ''(A) selected by the Secretary under sub-
10 section (e));
11 ''(B) that occurs within a time interval (as
12 specified under subsection (f)) following a dis-
13 charge from a hospital; and
14 ''(C) which is for a condition or procedure
15 selected under subsection (g).
16 ''(2) DETERMINATION OF APPLICABILITY TO
17 READMISSIONS TO CERTAIN HOSPITALS.—The Sec-
18 retary shall determine whether the term 'applicable
19 readmission' includes readmissions to the same hos-
20 pital as the prior discharge or readmissions to any
21 hospital.
22 ''(e) SELECTION OF READMISSIONS.—Not later 6
23 months after the date of enactment of this section, the
24 Secretary, in consultation with appropriate representatives
25 of the Centers for Medicare & Medicaid Services and the

1 Agency for Healthcare Research and Quality, shall, for
2 each of the conditions or procedures selected under sub-
3 section (g), select readmissions that meet each of the fol-
4 lowing requirements:
5 ''(1) The readmission could reasonably have
6 been prevented by the provision of care consistent
7 with evidence-based guidelines during the prior ad-
8 mission or the post discharge follow-up period.
9 ''(2) The readmission is for a condition or pro-
10 cedure related to the care provided during the prior
11 admission or post discharge follow-up period, which
12 includes a readmission for the following:
13 ''(A) The same condition or procedure as
14 the prior discharge.
15 ''(B) An infection or other complication of
16 care.
17 ''(C) A condition or procedure indicative of
18 a failed surgical intervention.
19 ''(D) Other conditions or procedures as de-
20 termined appropriate by the Secretary.
21 ''(f) SPECIFICATION OF TIME INTERVAL.—The Sec-
22 retary shall specify a time interval, of not less than 7 days
23 and not more than 30 days, between the prior discharge
24 and applicable readmission for purposes of this section.

1 "(g) SELECTION OF CONDITIONS OR PROCE-
2 DURES.—
3 "(1) IN GENERAL.—Not later than 6 months
4 after the date of enactment of this section, the Sec-
5 retary shall select at least 2 conditions or procedures
6 which meet each of the following requirements:
7 "(A) Such conditions or procedures have a
8 high volume.
9 "(B) For the time interval specified under
10 subsection (f), such conditions or procedures
11 have a relatively high rate of occurrence of sub-
12 sequent readmissions described in subsection
13 (f), as compared to all other conditions or pro-
14 cedures.
15 "(2) EXPANSION OF CONDITIONS OR PROCE-
16 DURES SELECTED.—The Secretary shall expand the
17 list of readmission conditions analyzed under this
18 section to include at least 8 conditions with the
19 highest volume and highest rate of readmissions.
20 "(h) QUALITY IMPROVEMENT PROGRAM FOR HOS-
21 PITALS WITH A HIGH SEVERITY ADJUSTED READMISSION
22 RATE.—
23 "(1) ESTABLISHMENT.—
24 "(A) IN GENERAL.—Not later than 2 years
25 after the date of enactment of this section, the

1 Secretary shall establish a program for eligible
2 hospitals to improve their readmission rates
3 through the use of patient safety organizations
4 (as defined in section 921(4)).
5 ''(B) ELIGIBLE HOSPITAL DEFINED.—In
6 this subsection, the term 'eligible hospital'
7 means a hospital which the Secretary deter-
8 mines (based on the most recent available his-
9 torical data) has a severity adjusted readmis-
10 sion rate for the conditions described in sub-
11 section (g) among the highest 25 percent of all
12 hospitals nationally.
13 ''(C) RISK ADJUSTMENT.—The Secretary
14 shall utilize appropriate risk adjustment meas-
15 ures to determine eligible hospitals.
16 ''(2) REPORT TO THE SECRETARY.—Eligible
17 hospitals and patient safety organizations working
18 with those hospitals shall report to the Secretary on
19 the processes employed by the hospital to improve
20 readmission rates and the impact of such processes
21 on readmission rates.''.
22 (b) GAO STUDY AND REPORT.—
23 (1) STUDY.—The Comptroller General of the
24 United States shall conduct a study on the impact

1 of section 399NN of the Public Health Service Act,
2 as added by subsection (a), on—
3 (A) care furnished to consumers;
4 (B) expenditures under Federal health pro-
5 grams; and
6 (C) the cost and quality of care furnished
7 by hospitals.
8 (2) REPORT.—Not later than January 1, 2013,
9 the Comptroller General of the United States shall
10 submit to Congress a report on the study conducted
11 under paragraph (1), together with recommenda-
12 tions for such legislation and administrative action
13 as the Comptroller General determines appropriate.
14 **SEC. 217. PROGRAM TO FACILITATE SHARED DECISION-**
15 **MAKING.**
16 Part D of title IX of the Public Health Service Act,
17 as amended by section 213, is further amended by adding
18 at the end the following:
19 **"SEC. 936. PROGRAM TO FACILITATE SHARED DECISION-**
20 **MAKING.**
21 "(a) PURPOSE.—The purpose of this section is to fa-
22 cilitate collaborative processes between patients, caregivers
23 or authorized representatives, and clinicians that engages
24 the patient, caregiver or authorized representative in deci-
25 sion making, provides patients, caregivers or authorized

1 representatives with information about trade-offs among
2 treatment options, and facilitates the incorporation of pa-
3 tient preferences and values into the medical plan.
4 ''(b) DEFINITIONS.—In this section:
5 ''(1) PATIENT DECISION AID.—The term 'pa-
6 tient decision aid' means an educational tool that
7 helps patients, caregivers or authorized representa-
8 tives understand and communicate their beliefs and
9 preferences related to their treatment options, and
10 to decide with their health care provider what treat-
11 ments are best for them based on their treatment
12 options, scientific evidence, circumstances, beliefs,
13 and preferences.
14 ''(2) PREFERENCE SENSITIVE CARE.—The term
15 'preference sensitive care' means medical care for
16 which the clinical evidence does not clearly support
17 one treatment option such that the appropriate
18 course of treatment depends on the values of the pa-
19 tient or the preferences of the patient, caregivers or
20 authorized representatives regarding the benefits,
21 harms and scientific evidence for each treatment op-
22 tion, the use of such care should depend on the in-
23 formed patient choice among clinically appropriate
24 treatment options.

1 "(c) ESTABLISHMENT OF INDEPENDENT STANDARDS
2 FOR PATIENT DECISION AIDS FOR PREFERENCE SEN-
3 SITIVE CARE.—
4 "(1) CONTRACT WITH ENTITY TO ESTABLISH
5 STANDARDS AND CERTIFY PATIENT DECISION
6 AIDS.—
7 "(A) IN GENERAL.—For purposes of sup-
8 porting consensus-based standards for patient
9 decision aids for preference sensitive care and a
10 certification process for patient decision aids for
11 use in the Federal health programs and by
12 other interested parties, the Secretary shall
13 have in effect a contract with the qualified con-
14 sensus-based entity identified in section 399JJ.
15 Such contract shall provide that the entity per-
16 form the duties described in paragraph (2).
17 "(B) TIMING FOR FIRST CONTRACT.—As
18 soon as practicable after the date of the enact-
19 ment of this section, the Secretary shall enter
20 into the first contract under subparagraph (A).
21 "(C) PERIOD OF CONTRACT.—A contract
22 under subparagraph (A) shall be for a period of
23 18 months (except such contract may be re-
24 newed after a subsequent bidding process).

1 "(2) DUTIES.—The following duties are de-
2 scribed in this paragraph:
3 "(A) DEVELOP AND IDENTIFY STANDARDS
4 FOR PATIENT DECISION AIDS.—The entity shall
5 synthesize evidence and convene a broad range
6 of experts and key stakeholders to develop and
7 identify consensus-based standards to evaluate
8 patient decision aids for preference sensitive
9 care.
10 "(B) ENDORSE PATIENT DECISION AIDS.—
11 The entity shall review patient decision aids
12 and develop a certification process whether pa-
13 tient decision aids meet the standards developed
14 and identified under subparagraph (A). The en-
15 tity shall give priority to the review and certifi-
16 cation of patient decision aids for preference
17 sensitive care.
18 "(d) PROGRAM TO DEVELOP, UPDATE AND PATIENT
19 DECISION AIDS TO ASSIST HEALTH CARE PROVIDERS
20 AND PATIENTS.—
21 "(1) IN GENERAL.—The Secretary, acting
22 through the Director, and in coordination with heads
23 of other relevant agencies, such as the Director of
24 the Centers for Disease Control and Prevention and
25 the Director of the National Institutes of Health,

1 shall establish a program to award grants or con-
2 tracts—
3 ''(A) to develop, update, and produce pa-
4 tient decision aids for preference sensitive care
5 to assist health care providers in educating pa-
6 tients, caregivers, and authorized representa-
7 tives concerning the relative safety, relative ef-
8 fectiveness (including possible health outcomes
9 and impact on functional status), and relative
10 cost of treatment or, where appropriate, pallia-
11 tive care options;
12 ''(B) to test such materials to ensure such
13 materials are balanced and evidence based in
14 aiding health care providers and patients, care-
15 givers, and authorized representatives to make
16 informed decisions about patient care and can
17 be easily incorporated into a broad array of
18 practice settings; and
19 ''(C) to educate providers on the use of
20 such materials, including through academic cur-
21 ricula.
22 ''(2) REQUIREMENTS FOR PATIENT DECISION
23 AIDS.—Patient decision aids developed and produced
24 pursuant to a grant or contract under paragraph
25 (1)—

1 "(A) shall be designed to engage patients,
2 caregivers, and authorized representatives in in-
3 formed decision-making with health care pro-
4 viders;
5 "(B) shall present up-to-date clinical evi-
6 dence about the risks and benefits of treatment
7 options in a form and manner that is age-ap-
8 propriate and can be adapted for patients, care-
9 givers, and authorized representatives from a
10 variety of cultural and educational backgrounds
11 to reflect the varying needs of consumers and
12 diverse levels of health literacy;
13 "(C) shall, where appropriate, explain why
14 there is a lack of evidence to support one treat-
15 ment option over another; and
16 "(D) shall address health care decisions
17 across the age span, including those affecting
18 vulnerable populations including children.
19 "(3) DISSEMINATION OF MATERIALS; PUBLIC
20 AVAILABILITY.—The Director shall—
21 "(A) provide for the dissemination to
22 health care providers of the materials developed
23 and produced pursuant to a grant or contract
24 under paragraph (1); and

1 "(B) make such materials available to the
2 public, including through the Internet.
3 "(4) NONDUPLICATION OF EFFORTS.—The Di-
4 rector shall ensure that the activities under this sec-
5 tion of the Agency and other agencies, including the
6 Centers for Disease Control and Prevention and the
7 National Institutes of Health, are free of unneces-
8 sary duplication of effort.
9 "(e) GRANTS TO SUPPORT SHARED DECISION MAK-
10 ING IMPLEMENTATION.—
11 "(1) IN GENERAL.—The Secretary shall estab-
12 lish a program to provide for the phased-in develop-
13 ment, implementation, and evaluation of shared deci-
14 sion making using patient decision aids to meet the
15 objective of improving the understanding of patients
16 of their medical treatment options.
17 "(2) SHARED DECISION MAKING RESOURCE
18 CENTERS.—
19 "(A) IN GENERAL.—The Secretary shall
20 provide grants for the establishment and sup-
21 port of Shared Decision Making Resource Cen-
22 ters (referred to in this subsection as 'Centers')
23 to provide technical assistance to providers and
24 to develop and disseminate best practices and
25 other information to support and accelerate

1 adoption, implementation, and effective use of
2 patient decision aids and shared decision mak-
3 ing by providers.
4 ‘‘(B) OBJECTIVES.—The objective of a
5 Center is to enhance and promote the adoption
6 of patient decision aids and shared decision
7 making through—
8 ‘‘(i) providing assistance to eligible
9 providers with the implementation and ef-
10 fective use of, and training on, patient de-
11 cision aids; and
12 ‘‘(ii) the dissemination of best prac-
13 tices and research on the implementation
14 and effective use of patient decision aids.
15 ‘‘(3) SHARED DECISION MAKING PARTICIPATION
16 GRANTS.—
17 ‘‘(A) IN GENERAL.—The Secretary shall
18 provide grants to health care providers for the
19 development and implementation of shared deci-
20 sion making techniques.
21 ‘‘(B) PREFERENCE.—In order to facilitate
22 the use of best practices, the Secretary shall
23 provide a preference in making grants under
24 this subsection to health care providers who

1 participate in training by Shared Decision Mak-
2 ing Resource Centers or comparable training.
3 “(C) LIMITATION.—Funds under this
4 paragraph shall not be used to purchase or im-
5 plement use of patient decision aids other than
6 those certified under the process identified in
7 subsection (c).
8 “(4) GUIDANCE.—The Secretary may, issue
9 guidance to eligible grantees under this subsection
10 on the use of patient decision aids.
11 “(5) QUALITY MEASURES.—
12 “(A) IN GENERAL.—The Secretary shall
13 measure the quality of shared decision making.
14 For purposes of making such measurements,
15 the Secretary shall select quality measures as
16 described in section 399JJ.
17 “(B) REPORTING DATA ON MEASURES.—A
18 provider receiving a grant under this subsection
19 shall report to the Secretary data on quality
20 measures selected under subparagraph (A) in
21 accordance with procedures established by the
22 Secretary.
23 “(C) FEEDBACK ON MEASURES.—The Sec-
24 retary shall provide confidential reports to eligi-
25 ble providers receiving a grant under this sec-

1 tion on the performance of the eligible provider
2 on quality measures selected by the Secretary
3 under subparagraph (A), the aggregate per-
4 formance of all eligible providers participating
5 in the pilot program, and any improvements in
6 such performance. Such reports shall be made
7 publicly available not less than 3 years after the
8 date of enactment of this section.

9 ''(D) GRANT TO FUND DEVELOPMENT OF
10 PERFORMANCE MEASURES.—The Director may,
11 through the quality measure development pro-
12 gram under section 931, award grants or con-
13 tracts to eligible entities to fund development of
14 performance measures which assess the use by
15 health care providers of shared decision-making
16 processes or patient decision aids.

17 ''(E) CONTENTS OF REPORT.—Each report
18 submitted under this paragraph shall—

19 ''(i) include an assessment of—

20 ''(I) quality measures selected
21 under subparagraph (A);

22 ''(II) patient and health care pro-
23 vider satisfaction with regard to ac-
24 tivities carried out under this para-
25 graph;

1 "(III) utilization of medical serv-
2 ices for patients of providers receiving
3 a grant under this paragraph and
4 other patients as determined appro-
5 priate by the Secretary;
6 "(IV) appropriate utilization of
7 shared decision making by providers
8 receiving a grant under this para-
9 graph; and
10 "(V) the costs to providers par-
11 ticipating of selecting, purchasing,
12 and incorporating approved patient
13 decision aids and meeting reporting
14 requirements under this paragraph;
15 and
16 "(ii) identify the characteristics of in-
17 dividual eligible providers that are most ef-
18 fective in implementing shared decision
19 making under the applicable phase of the
20 pilot program.
21 "(f) FUNDING.—For purposes of carrying out this
22 section there are authorized to be appropriated such sums
23 as may be necessary for fiscal year 2010 and each subse-
24 quent fiscal year.".

1 **SEC. 218. PRESENTATION OF DRUG INFORMATION.**

2 (a) IN GENERAL.—The Secretary of Health and
3 Human Services (referred to in this section as the "Sec-
4 retary"), in collaboration with relevant agencies and act-
5 ing through the Commissioner of Food and Drugs, shall
6 determine whether the addition of standardized, quan-
7 titative summaries of the benefits and risks of drugs in
8 a tabular or drug facts box format, or any alternative for-
9 mat, to the labeling and print advertising of such drugs
10 would improve health care decision making by clinicians
11 and patients and consumers.

12 (b) REVIEW AND CONSULTATION.—In making the
13 determination under subsection (a), the Secretary shall re-
14 view all available scientific evidence and consult with drug
15 manufacturers, clinicians, patients and consumers, experts
16 in health literacy, experts in geriatric and long-term care,
17 and representatives of racial and ethnic minorities.

18 (c) REPORT.—Not later than 1 year after the date
19 of enactment of this Act, the Secretary shall submit to
20 the Congress a report that provides—

21 (1) the determination by the Secretary under
22 subsection (a); and

23 (2) the reasoning and analysis underlying that
24 determination.

25 (d) AUTHORITY.—

1 (1) IN GENERAL.—If the Secretary determines
2 under subsection (a) that the addition of standard-
3 ized, quantitative summaries of the benefits and
4 risks of drugs in a tabular or drug facts box format,
5 or any alternative format, to the labeling and print
6 advertising of such drugs would improve health care
7 decision making by clinicians and patients and con-
8 sumers, then the Secretary, not later than 1 year
9 after the date of submission of the report under sub-
10 section (c), shall promulgate regulations as nec-
11 essary to implement such format.
12 (2) OBJECTIVE AND UP-TO-DATE INFORMA-
13 TION.—In carrying out paragraph (1), the Secretary
14 shall ensure that the information presented in a
15 summary described under such paragraph is objec-
16 tive and up-to-date, and is the result of a review
17 process that considers the totality of published and
18 unpublished data.
19 (3) POSTING OF INFORMATION.—In carrying
20 out paragraph (1), the Secretary shall post the in-
21 formation presented in a summary described under
22 such paragraph on the Internet Web site of the
23 Food and Drug Administration.

1 **SEC. 219. CENTER FOR HEALTH OUTCOMES RESEARCH AND**
2 **EVALUATION.**
3 Part D of title IX of the Public Health Service Act,
4 as amended by section 217, is further amended by adding
5 at the end the following:
6 **“SEC. 937. CENTER FOR HEALTH OUTCOMES RESEARCH**
7 **AND EVALUATION.**
8 ‘‘(a) ESTABLISHMENT.—The Secretary shall estab-
9 lish within the Agency the Center for Health Outcomes
10 Research and Evaluation (referred to in this section as
11 the ‘Center’) to collect, conduct, support, and synthesize
12 research with respect to comparing health outcomes, effec-
13 tiveness, and appropriateness of health care services and
14 procedures in order to identify the manner in which dis-
15 eases, disorders, and other health conditions can most ef-
16 fectively and appropriately be prevented, diagnosed, treat-
17 ed, and managed clinically.
18 ‘‘(b) DUTIES.—The Center shall—
19 ‘‘(1) coordinate, conduct, support, and syn-
20 thesize research relevant to the comparative health
21 outcomes and effectiveness of the full spectrum of
22 health care treatments, including pharmaceuticals,
23 medical devices, medical and surgical procedures,
24 screening and diagnostics, behavioral health care,
25 and other health interventions;

1 "(2) coordinate, conduct, and support system-
2 atic reviews of clinical research, including original
3 research conducted subsequent to the date of the en-
4 actment of this section;
5 "(3) coordinate, conduct, support, and syn-
6 thesize research that identifies scientific advances in
7 personalized medicine and reduces treatment dispari-
8 ties, among ethnic and racial minorities, children,
9 and vulnerable populations;
10 "(4) use a broad range of methodologies, in-
11 cluding randomized controlled clinical trials, observa-
12 tional studies and other approaches;
13 "(5) create informational tools that organize,
14 synthesize, and disseminate research findings to pro-
15 viders, patients, and public and private payers;
16 "(6) develop a publicly available resource data-
17 base that collects and contains high-quality, inde-
18 pendent evidence to inform healthcare decision-mak-
19 ing, which shall include reliable evidence from gov-
20 ernment and non-government sources;
21 "(7) submit to the Secretary, and Congress ap-
22 propriate relevant reports described in subsection
23 (f);
24 "(8) encourage, as appropriate, the development
25 and use of clinical registries and the development of

1 health outcomes research data networks from elec-
2 tronic health records, post marketing drug and med-
3 ical device surveillance efforts, and other forms of
4 electronic health data; and
5 "(9) not later than one year after the date of
6 the enactment of this section, develop minimum
7 methodological standards to be used when con-
8 ducting studies of comparative health outcomes and
9 value (and procedures for use of such standards) in
10 order to help ensure accurate and effective compari-
11 sons and assessments of treatment options, and up-
12 date such standards at least biennially.
13 "(c) POWERS.—
14 "(1) OBTAINING OFFICIAL DATA.—The Center
15 may secure directly from any department or agency
16 of the United States information necessary to enable
17 the Center to carry out this section. Upon request
18 of the Center, the head of that department or agen-
19 cy shall furnish that information to the Center on an
20 agreed upon schedule.
21 "(2) DATA COLLECTION.—In order to carry out
22 its functions, the Center shall—
23 "(A) utilize existing information, both pub-
24 lished and unpublished, where possible, collected
25 and assessed either by the staff of the Center

1 or under other arrangements made in accord-
2 ance with this section;
3 "(B) carry out, or award grants or con-
4 tracts for, original research and experimen-
5 tation, where existing information is inad-
6 equate;
7 "(C) adopt procedures allowing any inter-
8 ested party to submit information for use by
9 the Center or the Advisory Counsel under sub-
10 section (d) in making reports and recommenda-
11 tions; and
12 "(D) comply with any existing data privacy
13 standards applicable to the Center.
14 "(3) PERIODIC AUDIT.—The Center shall be
15 subject to periodic audit by the Comptroller General.
16 "(d) ADVISORY COUNCIL.—
17 "(1) IN GENERAL.—To ensure transparency,
18 the Secretary shall establish through the Agency's
19 National Advisory Council, an advisory council (re-
20 ferred to in this section as the 'Council') that in-
21 cludes representatives from the scientific research,
22 patient, provider, and health industry communities.
23 "(2) COMPOSITION OF COUNCIL.—
24 "(A) IN GENERAL.—The members of the
25 Council shall consist of—

1 "(i) 2 ex officio members who shall
2 be—
3 "(I) the Director; and
4 "(II) the Chief Medical Officer of
5 the Centers for Medicare & Medicaid
6 Services; and
7 "(ii) 19 additional members who shall
8 represent broad constituencies of stake-
9 holders.
10 "(B) QUALIFICATIONS.—
11 "(i) DIVERSE REPRESENTATION OF
12 PERSPECTIVES.—The members of the
13 Council shall represent a broad range of
14 perspectives and shall collectively have ex-
15 perience in the following areas:
16 "(I) Epidemiology.
17 "(II) Health services research.
18 "(III) Bioethics.
19 "(IV) Communication and deci-
20 sion sciences.
21 "(V) Health economics.
22 "(VI) Safe use of medical prod-
23 ucts.
24 "(ii) DIVERSE REPRESENTATION OF
25 HEALTH CARE COMMUNITY.—At least one

1 member shall represent each of the fol-
2 lowing health care communities:
3 ''(I) Consumers.
4 ''(II) Practicing physicians, in-
5 cluding surgeons.
6 ''(III) Nurses, State licensed
7 practitioners, and other health care
8 professionals
9 ''(IV) Employers.
10 ''(V) Public payers.
11 ''(VI) Insurance plans.
12 ''(VII) Clinical researchers who
13 conduct research on behalf of pharma-
14 ceutical or device manufacturers.
15 ''(VIII) Clinical researchers who
16 conduct research related to personal-
17 ized medicine.
18 ''(IX) Clinical researchers who
19 conduct research related to reducing
20 health disparities.
21 ''(3) APPOINTMENT.—The Secretary or the
22 Secretary's designee shall appoint the members of
23 the Council.
24 ''(4) TERMS.—

1 "(A) IN GENERAL.—Except as provided
2 in subparagraph (B), each member of the
3 Council shall be appointed for a term of 4
4 years.
5 "(B) TERMS OF INITIAL APPOINTEES.—
6 Of the members first appointed—
7 "(i) 10 shall be appointed for a term
8 of 4 years; and
9 "(ii) 9 shall be appointed for a term
10 of 2 years.
11 "(5) CONFLICTS OF INTEREST.—In appointing
12 the members of the Council, the Secretary shall take
13 into consideration any financial conflicts of interest.
14 "(e) RESEARCH REQUIREMENTS.—Any research con-
15 ducted, supported, or synthesized under this section shall
16 meet the following requirements:
17 "(1) ENSURING TRANSPARENCY, CREDIBILITY,
18 AND ACCESS.—The establishment of the agenda and
19 conduct of the research shall be insulated from undo
20 political or stakeholder influence, in accordance with
21 the following:
22 "(A) Methods of conducting such research
23 shall be scientifically based and take into ac-
24 count scientific advances in personalized medi-

1 cine and reduces treatment disparities that in-
2 clude ethnic and racial minorities and children.
3 ''(B) All aspects of the prioritization of re-
4 search, conduct of the research, and develop-
5 ment of conclusions based on the research shall
6 be transparent to all stakeholders.
7 ''(C) The process and methods for con-
8 ducting such research shall be publicly docu-
9 mented and available to all stakeholders.
10 ''(D) The Center shall establish a process
11 for stakeholders involved to review and provide
12 comment on the methods and findings of such
13 research.
14 ''(2) STAKEHOLDER INPUT.—The priorities of
15 the research, the research, and the dissemination of
16 the research shall involve the consultation of pa-
17 tients, health care providers, experts in wellness and
18 health promotion, and health care consumer rep-
19 resentatives through transparent mechanisms rec-
20 ommended by the Council.
21 ''(f) PUBLIC ACCESS TO HEALTH OUTCOMES INFOR-
22 MATION.—
23 ''(1) IN GENERAL.—To the extent practicable,
24 not later than 180 days after receipt by the Center
25 of a relevant report described in paragraph (2), ap-

1 propriate information contained in such report shall
2 be posted on the official public Internet site of the
3 Center, as applicable.
4 ''(2) RELEVANT REPORTS DESCRIBED.—For
5 purposes of this section, a relevant report is each of
6 the following submitted by a grantee or contractor
7 of the Center:
8 ''(A) An interim progress report.
9 ''(B) A draft final report that is available
10 to stakeholders for review.
11 ''(C) Stakeholder comments and response
12 to same.
13 ''(D) A final progress report on new re-
14 search submitted for publication by a peer re-
15 view journal.
16 ''(E) A final report.
17 ''(g) ACCESS BY CONGRESS AND THE COUNSEL TO
18 CENTER INFORMATION.—The Secretary shall establish a
19 process for the Center to share with Congress reports and
20 non-proprietary data of the Center.
21 ''(h) DISSEMINATION, INCORPORATION, AND FEED-
22 BACK OF INFORMATION.—
23 ''(1) DISSEMINATION.—The Center shall pro-
24 vide for the dissemination of findings produced by
25 research supported, conducted, or synthesized under

1 this section to health care providers, patients, ven-
2 dors of health information technology focused on
3 clinical decision support, appropriate professional as-
4 sociations, and Federal and private health plans.
5 Center reports and recommendations shall not be
6 construed as mandates for payment, coverage, or
7 treatment.

8 ''(2) INCORPORATION.—The Center shall assist
9 users of health information technology focused on
10 clinical decision support to promote the timely incor-
11 poration of the findings described in paragraph (1)
12 into clinical practices and to promote the ease of use
13 of such incorporation.

14 ''(3) FEEDBACK.—The Center shall establish a
15 process to receive feedback from providers, patients,
16 vendors of health information technology focused on
17 clinical decision support, appropriate professional as-
18 sociations, and Federal and private health plans
19 about the value of the information disseminated
20 under this section.

21 ''(i) REPORTS TO CONGRESS.—

22 ''(1) ANNUAL REPORTS.—Beginning not later
23 than one year after the date of the enactment of this
24 section, the Director shall submit to Congress an an-
25 nual report on the activities of the Center and the

1 Council, and the research conducted, under this sec-
2 tion.

3 ‘‘(2) ANALYSIS AND REVIEW.—Not later than
4 December 31, 2011, the Secretary, shall submit to
5 Congress a report on all activities conducted or sup-
6 ported under this section as of such date. Such re-
7 port shall—

8 ‘‘(A) include an evaluation of the impact
9 from such activities, the overall costs of such
10 activities, and an analysis of the backlog of any
11 research proposals approved but not funded;
12 and

13 ‘‘(B) address whether Congress should ex-
14 pand the responsibilities of the Center to in-
15 clude studies of the effectiveness of various as-
16 pects of the health care delivery system, includ-
17 ing health plans and delivery models, such as
18 health plan features, benefit designs and per-
19 formance, and the ways in which health services
20 are organized, managed, and delivered.’’.

1 **SEC. 220. DEMONSTRATION PROGRAM TO INTEGRATE**
2 **QUALITY IMPROVEMENT AND PATIENT SAFE-**
3 **TY TRAINING INTO CLINICAL EDUCATION OF**
4 **HEALTH PROFESSIONALS.**

5 (a) IN GENERAL.—The Secretary may award grants
6 to eligible entities or consortia under this section to carry
7 out demonstration projects to develop and implement aca-
8 demic curricula that integrates quality improvement and
9 patient safety in the clinical education of health profes-
10 sionals. Such awards shall be made on a competitive basis
11 and pursuant to peer review.

12 (b) ELIGIBILITY.—To be eligible to receive a grant
13 under subsection (a), an entity or consortium shall—

14 (1) submit to the Secretary an application at
15 such time, in such manner, and containing such in-
16 formation as the Secretary may require;

17 (2) be or include—

18 (A) a health professions school;

19 (B) a school of public health;

20 (C) a school of social work;

21 (D) a school of nursing;

22 (E) a school of pharmacy;

23 (F) an institution with a graduate medical
24 education program; or

25 (G) a school of health care administration;

1 (3) collaborate in the development of curricula
2 described in subsection (a) with an organization that
3 accredits such school or institution;
4 (4) provide for the collection of data regarding
5 the effectiveness of the demonstration project; and
6 (5) provide matching funds in accordance with
7 subsection (c).
8 (c) MATCHING FUNDS.—
9 (1) IN GENERAL.—The Secretary may award a
10 grant to an entity or consortium under this section
11 only if the entity or consortium agrees to make
12 available non-Federal contributions toward the costs
13 of the program to be funded under the grant in an
14 amount that is not less than $1 for each $5 of Fed-
15 eral funds provided under the grant.
16 (2) DETERMINATION OF AMOUNT CONTRIB-
17 UTED.—Non-Federal contributions under paragraph
18 (1) may be in cash or in kind, fairly evaluated, in-
19 cluding equipment or services. Amounts provided by
20 the Federal Government, or services assisted or sub-
21 sidized to any significant extent by the Federal Gov-
22 ernment, may not be included in determining the
23 amount of such contributions.
24 (d) EVALUATION.—The Secretary shall take such ac-
25 tion as may be necessary to evaluate the projects funded

1 under this section and publish, make publicly available,
2 and disseminate the results of such evaluations on as wide
3 a basis as is practicable.

4 (e) REPORTS.—Not later than 2 years after the date
5 of enactment of this section, and annually thereafter, the
6 Secretary shall submit to the Committee on Health, Edu-
7 cation, Labor, and Pensions and the Committee on Fi-
8 nance of the Senate and the Committee on Energy and
9 Commerce and the Committee on Ways and Means of the
10 House of Representatives a report that—

11 (1) describes the specific projects supported
12 under this section; and

13 (2) contains recommendations for Congress
14 based on the evaluation conducted under subsection
15 (d).

16 **SEC. 221. OFFICE OF WOMEN'S HEALTH.**

17 (a) HEALTH AND HUMAN SERVICES OFFICE ON
18 WOMEN'S HEALTH.—

19 (1) ESTABLISHMENT.—Part A of title II of the
20 Public Health Service Act (42 U.S.C. 202 et seq.)
21 is amended by adding at the end the following:

22 **"SEC. 229. HEALTH AND HUMAN SERVICES OFFICE ON**
23 **WOMEN'S HEALTH.**

24 "(a) ESTABLISHMENT OF OFFICE.—There is estab-
25 lished within the Office of the Secretary, an Office on

1 Women's Health (referred to in this section as the 'Of-
2 fice'). The Office shall be headed by a Deputy Assistant
3 Secretary for Women's Health who may report to the Sec-
4 retary.

5 ''(b) DUTIES.—The Secretary, acting through the Of-
6 fice, with respect to the health concerns of women, shall—

7 ''(1) establish short-range and long-range goals
8 and objectives within the Department of Health and
9 Human Services and, as relevant and appropriate,
10 coordinate with other appropriate offices on activi-
11 ties within the Department that relate to disease
12 prevention, health promotion, service delivery, re-
13 search, and public and health care professional edu-
14 cation, for issues of particular concern to women
15 throughout their lifespan;

16 ''(2) provide expert advice and consultation to
17 the Secretary concerning scientific, legal, ethical,
18 and policy issues relating to women's health;

19 ''(3) monitor the Department of Health and
20 Human Services' offices, agencies, and regional ac-
21 tivities regarding women's health and identify needs
22 regarding the coordination of activities, including in-
23 tramural and extramural multidisciplinary activities;

24 ''(4) establish a Department of Health and
25 Human Services Coordinating Committee on Wom-

1 en's Health, which shall be chaired by the Deputy
2 Assistant Secretary for Women's Health and com-
3 posed of senior level representatives from each of the
4 agencies and offices of the Department of Health
5 and Human Services;
6 ''(5) establish a National Women's Health In-
7 formation Center to—
8 ''(A) facilitate the exchange of information
9 regarding matters relating to health informa-
10 tion, health promotion, preventive health serv-
11 ices, research advances, and education in the
12 appropriate use of health care;
13 ''(B) facilitate access to such information;
14 ''(C) assist in the analysis of issues and
15 problems relating to the matters described in
16 this paragraph; and
17 ''(D) provide technical assistance with re-
18 spect to the exchange of information (including
19 facilitating the development of materials for
20 such technical assistance);
21 ''(6) coordinate efforts to promote women's
22 health programs and policies with the private sector;
23 and
24 ''(7) through publications and any other means
25 appropriate, provide for the exchange of information

1 between the Office and recipients of grants, con-
2 tracts, and agreements under subsection (c), and be-
3 tween the Office and health professionals and the
4 general public.
5 ''(c) GRANTS AND CONTRACTS REGARDING DU-
6 TIES.—
7 ''(1) AUTHORITY.—In carrying out subsection
8 (b), the Secretary may make grants to, and enter
9 into cooperative agreements, contracts, and inter-
10 agency agreements with, public and private entities,
11 agencies, and organizations.
12 ''(2) EVALUATION AND DISSEMINATION.—The
13 Secretary shall directly or through contracts with
14 public and private entities, agencies, and organiza-
15 tions, provide for evaluations of projects carried out
16 with financial assistance provided under paragraph
17 (1) and for the dissemination of information devel-
18 oped as a result of such projects.
19 ''(d) REPORTS.—Not later than 1 year after the date
20 of enactment of this section, and every second year there-
21 after, the Secretary shall prepare and submit to the appro-
22 priate committees of Congress a report describing the ac-
23 tivities carried out under this section during the period
24 for which the report is being prepared.

1 "(e) AUTHORIZATION OF APPROPRIATIONS.—For the
2 purpose of carrying out this section, there are authorized
3 to be appropriated such sums as may be necessary for
4 each of the fiscal years 2010 through 2014.".

5 (2) TRANSFER OF FUNCTIONS.—There are
6 transferred to the Office on Women's Health (estab-
7 lished under section 229 of the Public Health Serv-
8 ice Act, as added by this section), all functions exer-
9 cised by the Office on Women's Health of the Public
10 Health Service prior to the date of enactment of this
11 section, including all personnel and compensation
12 authority, all delegation and assignment authority,
13 and all remaining appropriations. All orders, deter-
14 minations, rules, regulations, permits, agreements,
15 grants, contracts, certificates, licenses, registrations,
16 privileges, and other administrative actions that—

17 (A) have been issued, made, granted, or al-
18 lowed to become effective by the President, any
19 Federal agency or official thereof, or by a court
20 of competent jurisdiction, in the performance of
21 functions transferred under this paragraph; and

22 (B) are in effect at the time this section
23 takes effect, or were final before the date of en-
24 actment of this section and are to become effec-
25 tive on or after such date;

1 shall continue in effect according to their terms until
2 modified, terminated, superseded, set aside, or re-
3 voked in accordance with law by the President, the
4 Secretary, or other authorized official, a court of
5 competent jurisdiction, or by operation of law.

6 (b) CENTERS FOR DISEASE CONTROL AND PREVEN-
7 TION OFFICE OF WOMEN'S HEALTH.—Part A of title III
8 of the Public Health Service Act (42 U.S.C. 241 et seq.)
9 is amended by adding at the end the following:

10 **"SEC. 310A. CENTERS FOR DISEASE CONTROL AND PREVEN-**
11 **TION OFFICE OF WOMEN'S HEALTH.**

12 "(a) ESTABLISHMENT.—There is established within
13 the Office of the Director of the Centers for Disease Con-
14 trol and Prevention, an office to be known as the Office
15 of Women's Health (referred to in this section as the 'Of-
16 fice'). The Office shall be headed by a director who shall
17 be appointed by the Director of such Centers.

18 "(b) PURPOSE.—The Director of the Office shall—
19 "(1) report to the Director of the Centers for
20 Disease Control and Prevention on the current level
21 of the Centers' activity regarding women's health
22 conditions across, where appropriate, age, biological,
23 and sociocultural contexts, in all aspects of the Cen-
24 ters' work, including prevention programs, public
25 and professional education, services, and treatment;

1 "(2) establish short-range and long-range goals
2 and objectives within the Centers for women's health
3 and, as relevant and appropriate, coordinate with
4 other appropriate offices on activities within the
5 Centers that relate to prevention, research, edu-
6 cation and training, service delivery, and policy de-
7 velopment, for issues of particular concern to
8 women;
9 "(3) identify projects in women's health that
10 should be conducted or supported by the Centers;
11 "(4) consult with health professionals, non-
12 governmental organizations, consumer organizations,
13 women's health professionals, and other individuals
14 and groups, as appropriate, on the policy of the Cen-
15 ters with regard to women; and
16 "(5) serve as a member of the Department of
17 Health and Human Services Coordinating Com-
18 mittee on Women's Health (established under sec-
19 tion 229(b)(4)).
20 "(c) DEFINITION.—As used in this section, the term
21 'women's health conditions', with respect to women of all
22 age, ethnic, and racial groups, means diseases, disorders,
23 and conditions—
24 "(1) unique to, significantly more serious for,
25 or significantly more prevalent in women; and

1 "(2) for which the factors of medical risk or
2 type of medical intervention are different for women,
3 or for which there is reasonable evidence that indi-
4 cates that such factors or types may be different for
5 women.

6 "(d) AUTHORIZATION OF APPROPRIATIONS.—For the
7 purpose of carrying out this section, there are authorized
8 to be appropriated such sums as may be necessary for
9 each of the fiscal years 2010 through 2014.".

10 (c) OFFICE OF WOMEN'S HEALTH RESEARCH.—Sec-
11 tion 486(a) of the Public Health Service Act (42 U.S.C.
12 287d(a)) is amended by inserting "and who shall report
13 directly to the Director" before the period at the end
14 thereof .

15 (d) SUBSTANCE ABUSE AND MENTAL HEALTH
16 SERVICES ADMINISTRATION.—Section 501(f) of the Pub-
17 lic Health Service Act (42 U.S.C. 290aa(f)) is amended—

18 (1) in paragraph (1), by inserting "who shall
19 report directly to the Administrator" before the pe-
20 riod;

21 (2) by redesignating paragraph (4) as para-
22 graph (5); and

23 (3) by inserting after paragraph (3), the fol-
24 lowing:

1 "(4) OFFICE.—Nothing in this subsection shall
2 be construed to preclude the Secretary from estab-
3 lishing within the Substance Abuse and Mental
4 Health Administration an Office of Women's
5 Health.".
6 (e) AGENCY FOR HEALTHCARE RESEARCH AND
7 QUALITY ACTIVITIES REGARDING WOMEN'S HEALTH..—
8 Part C of title IX of the Public Health Service Act (42
9 U.S.C. 299c et seq.) is amended—
10 (1) by redesignating sections 927 and 928 as
11 sections 928 and 929, respectively;
12 (2) by inserting after section 926 the following:
13 **"SEC. 927. ACTIVITIES REGARDING WOMEN'S HEALTH.**
14 "(a) ESTABLISHMENT.—There is established within
15 the Office of the Director, an Office of Women's Health
16 and Gender-Based Research (referred to in this section
17 as the 'Office'). The Office shall be headed by a director
18 who shall be appointed by the Director of Healthcare and
19 Research Quality.
20 "(b) PURPOSE.—The official designated under sub-
21 section (a) shall—
22 "(1) report to the Director on the current
23 Agency level of activity regarding women's health,
24 across, where appropriate, age, biological, and
25 sociocultural contexts, in all aspects of Agency work,

1 including the development of evidence reports and
2 clinical practice protocols and the conduct of re-
3 search into patient outcomes, delivery of health care
4 services, quality of care, and access to health care;
5 ''(2) establish short-range and long-range goals
6 and objectives within the Agency for research impor-
7 tant to women's health and, as relevant and appro-
8 priate, coordinate with other appropriate offices on
9 activities within the Agency that relate to health
10 services and medical effectiveness research, for
11 issues of particular concern to women;
12 ''(3) identify projects in women's health that
13 should be conducted or supported by the Agency;
14 ''(4) consult with health professionals, non-
15 governmental organizations, consumer organizations,
16 women's health professionals, and other individuals
17 and groups, as appropriate, on Agency policy with
18 regard to women; and
19 ''(5) serve as a member of the Department of
20 Health and Human Services Coordinating Com-
21 mittee on Women's Health (established under sec-
22 tion 229(b)(4)).''; and
23 (3) by adding at the end of section 928 (as re-
24 designated by paragraph (1)) the following:

1 "(e) WOMEN'S HEALTH.—For the purpose of car-
2 rying out section 927 regarding women's health, there are
3 authorized to be appropriated such sums as may be nec-
4 essary for each of the fiscal years 2010 through 2014.".
5 (f) HEALTH RESOURCES AND SERVICES ADMINIS-
6 TRATION OFFICE OF WOMEN'S HEALTH.—Title VII of
7 the Social Security Act (42 U.S.C. 901 et seq.) is amended
8 by adding at the end the following:

9 **"SEC. 713. OFFICE OF WOMEN'S HEALTH.**

10 "(a) ESTABLISHMENT.—The Secretary shall estab-
11 lish within the Office of the Administrator of the Health
12 Resources and Services Administration, an office to be
13 known as the Office of Women's Health. The Office shall
14 be headed by a director who shall be appointed by the Ad-
15 ministrator.
16 "(b) PURPOSE.—The Director of the Office shall—
17 "(1) report to the Administrator on the current
18 Administration level of activity regarding women's
19 health across, where appropriate, age, biological, and
20 sociocultural contexts;
21 "(2) establish short-range and long-range goals
22 and objectives within the Health Resources and
23 Services Administration for women's health and, as
24 relevant and appropriate, coordinate with other ap-
25 propriate offices on activities within the Administra-

1 tion that relate to health care provider training,
2 health service delivery, research, and demonstration
3 projects, for issues of particular concern to women;
4 ''(3) identify projects in women's health that
5 should be conducted or supported by the bureaus of
6 the Administration;
7 ''(4) consult with health professionals, non-
8 governmental organizations, consumer organizations,
9 women's health professionals, and other individuals
10 and groups, as appropriate, on Administration policy
11 with regard to women; and
12 ''(5) serve as a member of the Department of
13 Health and Human Services Coordinating Com-
14 mittee on Women's Health (established under sec-
15 tion 229(b)(4) of the Public Health Service Act).
16 ''(c) CONTINUED ADMINISTRATION OF EXISTING
17 PROGRAMS.—.—The Director of the Office shall assume
18 the authority for the development, implementation, admin-
19 istration, and evaluation any projects carried out through
20 the Health Resources and Services Administration relat-
21 ing to women's health on the date of enactment of this
22 section.
23 ''(d) DEFINITIONS.—For purposes of this section:

1 "(1) ADMINISTRATION.—The term 'Administra-
2 tion' means the Health Resources and Services Ad-
3 ministration.
4 "(2) ADMINISTRATOR.—The term 'Adminis-
5 trator' means the Administrator of the Health Re-
6 sources and Services Administration.
7 "(3) OFFICE.—The term 'Office' means the Of-
8 fice of Women's Health established under this sec-
9 tion in the Administration.
10 "(e) AUTHORIZATION OF APPROPRIATIONS.—For the
11 purpose of carrying out this section, there are authorized
12 to be appropriated such sums as may be necessary for
13 each of the fiscal years 2010 through 2014.".
14 (g) FOOD AND DRUG ADMINISTRATION OFFICE OF
15 WOMEN'S HEALTH.—Chapter IX of the Federal Food,
16 Drug, and Cosmetic Act (21 U.S.C. 391 et seq.) is amend-
17 ed by adding at the end the following:
18 **"SEC. 911. OFFICE OF WOMEN'S HEALTH.**
19 "(a) ESTABLISHMENT.—There is established within
20 the Office of the Commissioner, an office to be known as
21 the Office of Women's Health (referred to in this section
22 as the 'Office'). The Office shall be headed by a director
23 who shall be appointed by the Commissioner of Food and
24 Drugs.
25 "(b) PURPOSE.—The Director of the Office shall—

1 "(1) report to the Commissioner of Food and
2 Drugs on current Food and Drug Administration
3 (referred to in this section as the 'Administration')
4 levels of activity regarding women's participation in
5 clinical trials and the analysis of data by sex in the
6 testing of drugs, medical devices, and biological
7 products across, where appropriate, age, biological,
8 and sociocultural contexts;
9 "(2) establish short-range and long-range goals
10 and objectives within the Administration for issues
11 of particular concern to women's health within the
12 jurisdiction of the Administration, including, where
13 relevant and appropriate, adequate inclusion of
14 women and analysis of data by sex in Administration
15 protocols and policies;
16 "(3) provide information to women and health
17 care providers on those areas in which differences
18 between men and women exist;
19 "(4) consult with pharmaceutical, biologics, and
20 device manufacturers, health professionals with ex-
21 pertise in women's issues, consumer organizations,
22 and women's health professionals on Administration
23 policy with regard to women;

1 "(5) make annual estimates of funds needed to
2 monitor clinical trials and analysis of data by sex in
3 accordance with needs that are identified; and
4 "(6) serve as a member of the Department of
5 Health and Human Services Coordinating Com-
6 mittee on Women's Health (established under sec-
7 tion 229(b)(4) of the Public Health Service Act).
8 "(c) AUTHORIZATION OF APPROPRIATIONS.—For the
9 purpose of carrying out this section, there are authorized
10 to be appropriated such sums as may be necessary for
11 each of the fiscal years 2010 through 2014.".
12 (h) NO NEW REGULATORY AUTHORITY.—Nothing in
13 this section and the amendments made by this section may
14 be construed as establishing regulatory authority or modi-
15 fying any existing regulatory authority.
16 (i) LIMITATION ON TERMINATION.—Notwithstanding
17 any other provision of law, a Federal office of women's
18 health (including the Office of Research on Women's
19 Health of the National Institutes of Health) or Federal
20 appointive position with primary responsibility over wom-
21 en's health issues (including the Associate Administrator
22 for Women's Services under the Substance Abuse and
23 Mental Health Services Administration) that is in exist-
24 ence on the date of enactment of this section shall not
25 be terminated, reorganized, or have any of it's powers or

1 duties transferred unless such termination, reorganization,
2 or transfer is approved by Congress through the adoption
3 of a concurrent resolution of approval.
4 (j) RULE OF CONSTRUCTION.—Nothing in this sec-
5 tion (or the amendments made by this section) shall be
6 construed to limit the authority of the Secretary of Health
7 and Human Services with respect to women's health, or
8 with respect to activities carried out through the Depart-
9 ment of Health and Human Services on the date of enact-
10 ment of this section.

11 **SEC. 222. ADMINISTRATIVE SIMPLIFICATION.**

12 (a) STANDARDS FOR FINANCIAL AND ADMINISTRA-
13 TIVE TRANSACTIONS.—
14 (1) IN GENERAL.—The Secretary shall adopt
15 and regularly update standards, implementation
16 specifications, and operating rules for the electronic
17 exchange and use of health information for purposes
18 of financial and administrative transactions (as pro-
19 vided for in paragraph (1)).
20 (2) ADDITIONAL REQUIREMENTS FOR FINAN-
21 CIAL AND ADMINISTRATIVE TRANSACTIONS.—The
22 standards, implementation specifications, and oper-
23 ating rules provided for in paragraph (1) shall—
24 (A) be unique with no conflicting or redun-
25 dant standards;

1 (B) be authoritative, requiring no addi-
2 tional standards or companion guides;
3 (C) be comprehensive and robust, requiring
4 minimal augmentation by paper transactions or
5 clarification by phone calls;
6 (D) enable the real time determination of
7 a patients financial responsibility at the point of
8 service and, to the extent possible, prior to serv-
9 ice, including whether a patient is eligible for a
10 specific service with a specific physician at a
11 specific facility, which may include a machine-
12 readable health plan identification card;
13 (E) provide for timely acknowledgment;
14 and
15 (F) require that all data elements within a
16 standard, specification, or criteria (such as rea-
17 son and remark codes) be described in unam-
18 biguous terms (with no optional fields permitted
19 and a requirement that data elements be either
20 required or conditioned upon set values in other
21 fields) with additional conditions being prohib-
22 ited.
23 (3) TIME FOR ADOPTION.—Not later than 2
24 years after the date of enactment of this section, the
25 Secretary shall adopt standards, implementation

1 specifications, and operating rules under this sec-
2 tion.
3 (4) REQUIREMENTS FOR INITIAL STAND-
4 ARDS.—The initial set of standards, implementation
5 specifications, and operating rules under paragraph
6 (1) shall include—
7 (A) requirements to clarify, refine, and ex-
8 pand, as needed, standards required under sec-
9 tion 1173 of the Social Security Act;
10 (B) requirements for acknowledgments,
11 such as those for receipt of a claim;
12 (C) requirements to permit electronic
13 funds transfers (to allow automated reconcili-
14 ation with the related health care payment and
15 remittance advice);
16 (D) the requirements of timely and trans-
17 parent claim and denial management precesses,
18 including tracking, adjudication, and appeal
19 processing (for all participants, including health
20 insurance issuers, providers and patients); and
21 (E) other requirements relating to admin-
22 istrative simplification as identified by the Sec-
23 retary, in consultation with stakeholders.
24 (5) BUILDING ON EXISTING STANDARDS.—In
25 developing the standards, implementation specifica-

1 tions, and operating rules under paragraph (1), the
2 Secretary shall build upon existing and planned
3 standards, implementation specifications, and oper-
4 ating rules

5 (6) IMPLEMENTATION AND ENFORCEMENT.—
6 Not later than 2 years after the date of enactment
7 of this section, the Secretary shall submit to the ap-
8 propriate committees of Congress a plan for the im-
9 plementation and enforcement, by not later than 5
10 years after such date of enactment, of the standards,
11 implementation specifications, certification criteria,
12 and operating rules provided for under paragraph
13 (1).

14 (b) HEALTH PLAN IDENTIFIER.—Not later than 1
15 year after the date of enactment of this section, the Sec-
16 retary shall promulgate a final rule to establish a National
17 Health Plan Identifier system.

TITLE III—IMPROVING THE HEALTH OF THE AMERICAN PEOPLE

Subtitle A—Modernizing Disease Prevention of Public Health Systems

SEC. 301. NATIONAL PREVENTION, HEALTH PROMOTION AND PUBLIC HEALTH COUNCIL.

(a) ESTABLISHMENT.—The President shall establish a council to be known as the ''National Prevention, Health Promotion and Public Health Council'' (referred to in this section as the ''Council'').

(b) CHAIRPERSON.—The President shall appoint an individual to serve as the chairperson of the Council.

(c) COMPOSITION.—The Council shall be composed of—

(1) the Secretary of Health and Human Services;

(2) the Secretary of Agriculture;

(3) the Secretary of Education;

(4) the Chairman of the Federal Trade Commission;

(5) the Chairman of the Federal Communications Commission;

(6) the Secretary of Transportation;

1 (7) the Secretary of Defense;
2 (8) the Secretary of Veterans Affairs;
3 (9) the Secretary of the Interior;
4 (10) the Secretary of Labor;
5 (11) the Secretary of Homeland Security;
6 (12) the Secretary of Housing and Urban De-
7 velopment;
8 (13) the Director of the United States Patent
9 and Trademark Office;
10 (14) the Administrator of the Environmental
11 Protection Agency;
12 (15) the Director of the Domestic Policy Coun-
13 cil;
14 (16) the Director of the Office of Personnel
15 Management;
16 (17) the Chairman of the Corporation for Na-
17 tional and Community Service; and
18 (18) the head of any other Federal agency that
19 the chairperson determines is appropriate.
20 (d) DUTIES.—The Council shall—
21 (1) provide coordination and leadership at the
22 Federal level, and among all Federal departments
23 and agencies, with respect to prevention, wellness
24 and health promotion practices, the public health

1 system, and integrative health care in the United
2 States;
3 (2) after obtaining input from relevant stake-
4 holders, develop a national prevention, health pro-
5 motion, public health, and integrative health care
6 strategy that incorporates the most effective and
7 achievable means of improving the health status of
8 Americans and reducing the incidence of preventable
9 illness and disability in the United States;
10 (3) provide recommendations to the President
11 and Congress concerning the most pressing health
12 issues confronting the United States and changes in
13 Federal policy to achieve national wellness, health
14 promotion, and public health goals, including the re-
15 duction of tobacco use, sedentary behavior, and poor
16 nutrition;
17 (4) consider and propose evidence-based models
18 and innovative approaches for producing health and
19 wellness on individual and community levels across
20 the United States;
21 (5) establish processes for continual public
22 input, including input from State, regional, and local
23 leadership communities and other relevant stake-
24 holders.

1 (6) submit the reports required under sub-
2 section (g); and
3 (7) carry out other activities determined appro-
4 priate by the President.
5 (e) MEETINGS.—The Council shall meet at the call
6 of the Chairperson.
7 (f) NATIONAL PREVENTION AND HEALTH PRO-
8 MOTION STRATEGY.—Not later than 1 year after the date
9 of enactment of this Act, the Chairperson, in consultation
10 with the Council, shall develop and make public a national
11 prevention, health promotion and public health strategy,
12 and shall review and revise such strategy periodically.
13 Such strategy shall—
14 (1) set specific goals and objectives for improv-
15 ing the health of the United States through feder-
16 ally-supported prevention, health promotion, and
17 public health programs, consistent with ongoing goal
18 setting efforts conducted by specific agencies;
19 (2) define the health promotion roles and re-
20 sponsibilities of Federal, State and local govern-
21 ments, the private sector, communities, schools,
22 worksites, families, and individuals;
23 (3) establish specific and measurable actions
24 and timelines to carry out the strategy, and deter-
25 mine accountability for meeting those timelines,

1 within and across Federal departments and agencies;
2 and
3 (4) make recommendations to improve Federal
4 efforts relating to prevention, health promotion, pub-
5 lic health, and integrative health care practices to
6 ensure Federal efforts are consistent with available
7 standards and evidence.
8 (g) REPORT.—Not later than July 1, 2010, and an-
9 nually thereafter through January 1, 2015, the Council
10 shall submit to the President and the relevant committees
11 of Congress, a report that—
12 (1) describes the activities and efforts on pre-
13 vention, health promotion, and public health and ac-
14 tivities to develop a national strategy conducted by
15 the Council during the period for which the report
16 is prepared; and
17 (2) describes the national progress in meeting
18 specific prevention, health promotion, and public
19 health goals defined in the strategy and further de-
20 scribes corrective actions recommended by the Coun-
21 cil and taken by relevant agencies and organization
22 to meet these goals.
23 (h) ANNUAL REQUEST TO GIVE TESTIMONY.—The
24 Chairperson shall annually request an opportunity to tes-
25 tify before Congress concerning—

1 (1) the progress made by the United States in
2 meeting the prevention, health promotion, and public
3 health goals defined in the strategy and the effec-
4 tiveness of Federal programs related to these goal;
5 and
6 (2) the amount and sources of Federal funds
7 that are targeted to prevention, health promotion,
8 and public health initiatives and results of program
9 evaluations.
10 **SEC. 302. PREVENTION AND PUBLIC HEALTH INVESTMENT**
11 **FUND.**
12 (a) PURPOSE.—It is the purpose of this section to
13 establish a Prevention and Public Health Investment
14 Fund to provide for expanded and sustained national in-
15 vestment in prevention and public health programs to im-
16 prove health and help restrain the rate of growth in pri-
17 vate and public sector health care costs.
18 (b) ESTABLISHMENT OF FUND.—
19 (1) IN GENERAL.—There is established in the
20 Treasury of the United States an investment fund to
21 be known as the ''Prevention and Public Health In-
22 vestment Fund'' (referred to in this section as the
23 ''Investment Fund''), that shall consist of such
24 amounts as may be appropriated or credited to the

1 Investment Fund as provided for in this section.
2 Such amounts shall remain available until expended.
3 (2) FUNDING.—There are hereby appropriated
4 to the Investment Fund, out of any moneys in the
5 Treasury not otherwise appropriated for each fiscal
6 year—
7 (A) for each of fiscal years 2010 through
8 2019, $10,000,000,000; and
9 (B) for fiscal year 2020, and each fiscal
10 year thereafter, an amount that is not less than
11 the amount appropriated for fiscal year 2019.
12 (3) APPROPRIATIONS FROM THE INVESTMENT
13 FUND.—
14 (A) IN GENERAL.—Amounts in the Invest-
15 ment Fund may be appropriated to increase
16 funding, over the fiscal year 2008 level, for pro-
17 grams authorized by the Public Health Service
18 Act (42 U.S.C. 201 et seq.), for prevention,
19 wellness and public health activities, including
20 prevention research and health screenings.
21 (B) BUDGETARY IMPLICATIONS.—Amounts
22 appropriated under subparagraph (A), and out-
23 lays flowing from such appropriations, shall not
24 be taken into account for purposes of any budg-
25 et enforcement procedures including allocations

1 under section 302(a) and (b) of the Balanced
2 Budget and Emergency Deficit Control Act and
3 budget resolutions for fiscal years during which
4 appropriations are made from the Investment
5 Fund.
6 (4) TRANSFER AUTHORITY.—The Sub-
7 committee on Labor, Health and Human Services,
8 and Education and Related Agencies of the Com-
9 mittee on Appropriation of the House of Representa-
10 tives and the Senate may provide for the transfer of
11 funds appropriated from the Investment Fund
12 among eligible activities under paragraph (3)(A).
13 **SEC. 303. CLINICAL AND COMMUNITY PREVENTIVE SERV-**
14 **ICES.**
15 (a) PREVENTIVE SERVICES TASK FORCE.—Section
16 915 of the Public Health Service Act (42 U.S.C. 299b-
17 4) is amended by strike subsection (a) and inserting the
18 following:
19 ''(a) PREVENTIVE SERVICES TASK FORCE.—
20 ''(1) ESTABLISHMENT AND PURPOSE.—The Di-
21 rector shall convene an independent Preventive Serv-
22 ices Task Force (referred to in this subsection as the
23 'Task Force') to be composed of individuals with ap-
24 propriate expertise. Such Task Force shall review
25 the scientific evidence related to the effectiveness,

1 appropriateness, and cost-effectiveness of clinical
2 preventive services for the purpose of developing rec-
3 ommendations for the health care community, and
4 updating previous clinical preventive recommenda-
5 tions, to be published in the Guide to Clinical Pre-
6 ventive Services (referred to in this section as the
7 'Guide'), for individuals and organizations delivering
8 clinical services, including primary care profes-
9 sionals, health care systems, professional societies,
10 employers, community organizations, non-profit or-
11 ganizations, Congress and other policy-makers, gov-
12 ernmental public health agencies, health care quality
13 organizations, and organizations developing national
14 health objectives.
15 ''(2) DUTIES.—The duties of the Task Force
16 shall include—
17 ''(A) the development of additional topic
18 areas for new recommendations and interven-
19 tions related to those topic areas, including
20 those related to specific sub-populations and
21 age groups;
22 ''(B) at least once during every 5-year pe-
23 riod, review interventions and update rec-
24 ommendations related to existing topic areas,

1 including new or improved techniques to assess
2 the health effects of interventions;
3 ''(C) improved integration with Federal
4 Government health objectives and related target
5 setting for health improvement;
6 ''(D) the enhanced dissemination of rec-
7 ommendations;
8 ''(E) the provision of technical assistance
9 to those health care professionals, agencies and
10 organizations that request help in implementing
11 the Guide recommendations; and
12 ''(F) the submission of yearly reports to
13 Congress and related agencies identifying gaps
14 in research and recommending priority areas
15 that deserve further examination, including
16 areas related to populations and age groups not
17 adequately addressed by current recommenda-
18 tions.
19 ''(3) ROLE OF AGENCY.—The Agency shall pro-
20 vide ongoing administrative, research, and technical
21 support for the operations of the Task Force, includ-
22 ing coordinating and supporting the dissemination of
23 the recommendations of the Task Force, ensuring
24 adequate staff resources, and assistance to those or-

1 ganizations requesting it for implementation of the
2 Guide's recommendations.
3 ''(4) COORDINATION WITH COMMUNITY PRE-
4 VENTIVE SERVICES TASK FORCE.—The Task Force
5 shall take appropriate steps to coordinate its work
6 with the Community Preventive Services Task Force
7 and the Advisory Committee on Immunization Prac-
8 tices, including the examination of how each task
9 force's recommendations interact at the nexus of
10 clinic and community.
11 ''(5) OPERATION.—Operation. In carrying out
12 the duties under paragraph (2), the Task Force is
13 not subject to the provisions of Appendix 2 of title
14 5, United States Code.
15 ''(6) AUTHORIZATION OF APPROPRIATIONS.—
16 There are authorized to be appropriated such sums
17 as may be necessary for each fiscal year to carry out
18 the activities of the Task Force.''.
19 (b) COMMUNITY PREVENTIVE SERVICES TASK
20 FORCE.—Part P of title III of the Public Health Service
21 Act is amended by adding at the end the following:
22 **''SEC. 399S. COMMUNITY PREVENTIVE SERVICES TASK**
23 **FORCE.**
24 ''(a) ESTABLISHMENT AND PURPOSE.—The Director
25 of the Centers for Disease Control and Prevention shall

1 convene an independent Community Preventive Services
2 Task Force (referred to in this subsection as the 'task
3 force') to be composed of individuals with appropriate ex-
4 pertise. Such Task Force shall review the scientific evi-
5 dence related to the effectiveness, appropriateness, and
6 cost-effectiveness of community preventive interventions
7 for the purpose of developing recommendations, to be pub-
8 lished in the Guide to Community Preventive Services (re-
9 ferred to in this section as the 'Guide'), for individuals
10 and organizations delivering population-based services, in-
11 cluding primary care professionals, health care systems,
12 professional societies, employers, community organiza-
13 tions, non-profit organizations, schools, governmental pub-
14 lic health agencies, medical groups, Congress and other
15 policy-makers. Community preventive services include any
16 policies, programs, processes or activities designed to af-
17 fect or otherwise affecting health at the population level.
18 ''(b) DUTIES.—The duties of the task force shall in-
19 clude—
20 ''(1) the development of additional topic areas
21 for new recommendations and interventions related
22 to those topic areas, including those related to spe-
23 cific populations and age groups, as well as the so-
24 cial, economic and physical environments that can
25 have broad effect on the health and disease of popu-

1 lations and health disparities among sub-populations
2 and age groups;
3 ''(2) at least once during every 5-year period,
4 review interventions and update recommendations
5 related to existing topic areas, including new or im-
6 proved techniques to assess the health effects of
7 interventions, including health impact assessment
8 and population health modeling;
9 ''(3) improved integration with Federal Govern-
10 ment health objectives and related target setting for
11 health improvement;
12 ''(4) the enhanced dissemination of rec-
13 ommendations;
14 ''(5) the provision of technical assistance to
15 those health care professionals, agencies, and organi-
16 zations that request help in implementing the Guide
17 recommendations; and
18 ''(6) providing yearly reports to Congress and
19 related agencies identifying gaps in research and
20 recommending priority areas that deserve further ex-
21 amination, including areas related to populations
22 and age groups not adequately addressed by current
23 recommendations.
24 ''(c) ROLE OF AGENCY.—The Director shall provide
25 ongoing administrative, research, and technical support

1 for the operations of the Task Force, including coordi-
2 nating and supporting the dissemination of the rec-
3 ommendations of the Task Force, ensuring adequate staff
4 resources, and assistance to those organizations request-
5 ing it for implementation of Guide recommendations.
6 ''(d) COORDINATION WITH PREVENTIVE SERVICES
7 TASK FORCE.—The Task Force shall take appropriate
8 steps to coordinate its work with the U.S. Preventive Serv-
9 ices Task Force and the Advisory Committee on Immuni-
10 zation Practices, including the examination of how each
11 task force's recommendations interact at the nexus of clin-
12 ic and community.
13 ''(e) OPERATION.—In carrying out the duties under
14 subsection (b), the Task Force shall not be subject to the
15 provisions of Appendix 2 of title 5, United States Code.
16 ''(f) AUTHORIZATION OF APPROPRIATIONS.—There
17 are authorized to be appropriated such sums as may be
18 necessary for each fiscal year to carry out the activities
19 of the Task Force.''.
20 **SEC. 304. EDUCATION AND OUTREACH CAMPAIGN REGARD-**
21 **ING PREVENTIVE BENEFITS.**
22 (a) IN GENERAL.—The Secretary of Health and
23 Human Services (referred to in this section as the ''Sec-
24 retary'') shall provide for the planning and implementa-
25 tion of a national public–private partnership for a preven-

1 tion and health promotion outreach and education cam-
2 paign to raise public awareness of health improvement
3 across the life span. Such campaign shall include the dis-
4 semination of information that—
5 (1) describes the importance of utilizing preven-
6 tive services to promote wellness, reduce health dis-
7 parities, and mitigate chronic disease;
8 (2) promotes the use of preventive services rec-
9 ommended by the United States Preventive Services
10 Task Force and the Community Preventive Services
11 Task Force;
12 (3) encourages healthy behaviors linked to the
13 prevention of chronic diseases;
14 (4) explains the preventive services covered
15 under health plans offered through a Gateway;
16 (5) describes additional preventive care sup-
17 ported by the Centers for Disease Control and Pre-
18 vention, the Health Resources and Services Adminis-
19 tration, the Advisory Committee on Immunization
20 Practices, and other appropriate agencies; and
21 (6) includes general health promotion informa-
22 tion.
23 (b) CONSULTATION.—In coordinating the campaign
24 under subsection (a), the Secretary shall consult with the
25 Institute of Medicine to provide ongoing advice on evi-

1 dence-based scientific information for policy, program de-
2 velopment, and evaluation.
3 (c) AUTHORIZATION OF APPROPRIATIONS.—There
4 are authorized to be appropriated such sums as may be
5 necessary to carry out this section.

6 Subtitle B—Increasing Access to
7 Clinical Preventive Services

8 **SEC. 311. RIGHT CHOICES PROGRAM.**

9 (a) IN GENERAL.—Beginning on the date of enact-
10 ment of this Act, the Secretary shall award an annual
11 grant to each State for the establishment of ''Right
12 Choices Programs''.
13 (b) ADMINISTRATION.—A State shall use amounts re-
14 ceived under a grant under subsection (a) to establish and
15 implement a Right Choices Program. A State may admin-
16 ister the program through the State Medicaid program or
17 through a comparable program. Under such program the
18 State shall—
19 (1) conduct outreach activities through State
20 health and human services programs, through safety
21 net facilities, or through other mechanisms deter-
22 mined appropriate by the State and the Secretary,
23 to identify uninsured individuals; and
24 (2) provide individuals identified under para-
25 graph (1), who are eligible individuals, with a Right

1 Choices Card to be used to access the services de-
2 scribed in subsection (d).
3 (c) ELIGIBLE INDIVIDUALS.—To be eligible to par-
4 ticipate in a Right Choices program under this section,
5 an individual shall—
6 (1) be a citizen or national of the United States
7 or an alien lawfully admitted to the United States
8 for permanent residence or otherwise residing in the
9 United States under color of law;
10 (2) not be covered under any health insurance
11 coverage during the 6-month period immediately
12 preceding the date of the determination of eligibility;
13 (3) have a family income that does not exceed
14 350 percent of the Federal poverty level for a family
15 of the size involved; and
16 (4) not be eligible for health care benefits pro-
17 vided through Medicare, Medicaid, the State Chil-
18 dren's Health Insurance Program, the armed serv-
19 ices, or the Department of Veterans Affairs.
20 (d) SERVICES.—Services described in this subsection
21 include the following:
22 (1) RISK-STRATIFIED CARE PLAN.—
23 (A) IN GENERAL.—An eligible individual
24 participating in the Right Choices Program
25 shall receive—

1 (i) a one-time health risk appraisal;
2 and
3 (ii) a risk-stratified care plan provided
4 by a primary care professional who is af-
5 filiated with the Medicare or Medicaid pro-
6 grams under title XVIII or XIX of the So-
7 cial Security Act, or with a Federal or
8 State safety net provider (such as a com-
9 munity care team, community health cen-
10 ter, or rural health clinic, as identified by
11 the State).
12 (B) REFERRALS.—A care plan under sub-
13 paragraph (A)—
14 (i) shall include recommendations for
15 behavioral changes, referrals to commu-
16 nity-based resources, and referrals for age
17 and gender appropriate immunizations and
18 screenings to prevent chronic diseases (as
19 identified by the Secretary, in consultation
20 with the Director of the Centers for Dis-
21 ease Control and Prevention, the Adminis-
22 trator of the Agency for Healthcare Re-
23 search and Quality, the Administrator of
24 the Health Resources and Services Admin-
25 istration, the Administrator of the Sub-

1 stance Abuse and Mental Health Services
2 Administration, and other appropriate
3 sources); and
4 (ii) to the extent feasible, shall include
5 referrals by the State of individuals to
6 State and Federal programs for which they
7 may be eligible.
8 (2) TREATMENT.—An eligible individual partici-
9 pating in the Right Choices Program who has been
10 diagnosed with an illnesses shall be referred for
11 treatment to existing Federal or State safety net
12 providers or facilities, as appropriate (such as public
13 hospitals, community health centers, and rural
14 health clinics).
15 (e) PAYMENT OF PROVIDERS.—
16 (1) IN GENERAL.—The State shall be required
17 to reimburse health care providers that provide serv-
18 ices to individuals under the Right Choices Program.
19 Such reimbursement shall be approved by the Sec-
20 retary and determined based on the amount paid by
21 the State for similar services under the Medicaid
22 program in the State. Such reimbursement shall not
23 exceed the reimbursement provided for similar serv-
24 ices under the Medicare program.

1 (2) COST SHARING.—A State shall require that
2 an eligible individual with a family income that ex-
3 ceeds 200 percent of the Federal poverty level for a
4 family of the size involved that is participating in
5 the State's Right Choices Program, contribute a
6 portion of the cost of care under such Program on
7 a sliding scale as determined by the Secretary.

8 (f) AMOUNT OF GRANT.—The amount of a grant to
9 a State under this section for a year shall be determined
10 by the Secretary based on the percentage of uninsured
11 adults and children in the State (as compared to all
12 States) and the prevalence of the most common costly
13 chronic diseases in the State (as compared to all States).
14 The Secretary shall determine what amount of the grant
15 can be used for State administration of the program. The
16 Secretary may also set aside not more than 20 percent
17 of the funds appropriated to carry out this section to allo-
18 cate to programs that fund the treatment of individuals
19 participating in a Right Choices Program.

20 (g) PAYMENTS.—The Secretary shall determine the
21 manner in which payments shall be made to States under
22 this section on a prospective basis to enable the State to
23 provide individuals with access to items and services until
24 the Federal or State Gateways are available.

1 (h) LIMITATION ON FUNDS.—The Secretary shall not
2 obligate in excess of $5,000,000,000 for any fiscal year
3 under this section.
4 (i) DEFINITION.—In this section, the term ''State''
5 means each of the several States, the District of Columbia,
6 and each of the territories of the United States, and shall
7 include Indian tribes and tribal organizations (as such
8 terms are defined in section 4(b) and section 4(c) of the
9 Indian Self-Determination and Education Assistance Act).
10 (j) EVALUATION.—The Secretary shall conduct an
11 annual evaluation of the effectiveness of the pilot program
12 under this section.
13 (k) SUNSET.—The program under this section shall
14 terminate with respect to a State, on the date on which
15 the Federal or State Gateways are available, or on a date
16 determined by the Secretary.
17 **SEC. 312. SCHOOL-BASED HEALTH CLINICS.**
18 Part Q of title III of the Public Health Service Act
19 (42 U.S.C. 280h et seq.) is amended by adding at the end
20 the following:
21 **''SEC. 399Z–1. SCHOOL-BASED HEALTH CLINICS.**
22 ''(a) DEFINITIONS; ESTABLISHMENT OF CRITERIA.—
23 In this section:

1 "(1) COMMUNITY.—The term 'community' in-
2 cludes parents, consumers, local leaders, and organi-
3 zations.
4 "(2) COMPREHENSIVE PRIMARY HEALTH SERV-
5 ICES.—The term 'comprehensive primary health
6 services' means the core services offered by school-
7 based health clinics, which shall include the fol-
8 lowing:
9 "(A) PHYSICAL.—Comprehensive health
10 assessments, diagnosis, and treatment of minor,
11 acute, and chronic medical conditions and refer-
12 rals to, and follow-up for, specialty care.
13 "(B) MENTAL HEALTH.—Mental health
14 assessments, crisis intervention, counseling,
15 treatment, and referral to a continuum of serv-
16 ices including emergency psychiatric care, com-
17 munity support programs, inpatient care, and
18 outpatient programs.
19 "(C) OPTIONAL SERVICES.—Additional
20 services, which may include oral health, social,
21 and health education services, such as nutrition
22 counseling, physical education and prevention of
23 chronic disease counseling.
24 "(3) MEDICALLY UNDERSERVED CHILDREN
25 AND ADOLESCENTS.—

1 "(A) IN GENERAL.—The term 'medically
2 underserved children and adolescents' means a
3 population of children and adolescents who are
4 residents of an area designated by the Sec-
5 retary as an area with a shortage of personal
6 health services and health infrastructure for
7 such children and adolescents.
8 "(B) CRITERIA.—The Secretary shall pre-
9 scribe criteria for determining the specific
10 shortages of personal health services for medi-
11 cally underserved children and adolescents
12 under subparagraph (A) that shall—
13 "(i) take into account any comments
14 received by the Secretary from the chief
15 executive officer of a State and local offi-
16 cials in a State; and
17 "(ii) include factors indicative of the
18 health status of such children and adoles-
19 cents of an area, including the ability of
20 the residents of such area to pay for health
21 services, the accessibility of such services,
22 the availability of health professionals to
23 such children and adolescents, and other
24 factors as determined appropriate by the
25 Secretary.

1 "(4) SCHOOL-BASED HEALTH CLINIC.—The
2 term 'school-based health clinic' means a health clin-
3 ic that—
4 "(A) is located in or near a school facility
5 of a school district or board;
6 "(B) is organized through school, commu-
7 nity, and health provider relationships;
8 "(C) is administered by a sponsoring facil-
9 ity; and
10 "(D) provides, at a minimum, comprehen-
11 sive primary health services during school hours
12 to children and adolescents by health profes-
13 sionals in accordance with State and local laws
14 and regulations, established standards, and
15 community practice.
16 "(5) SPONSORING FACILITY.—The term 'spon-
17 soring facility' is a community-based organization,
18 which may include—
19 "(A) a hospital;
20 "(B) a public health department;
21 "(C) a community health center;
22 "(D) a nonprofit health care agency; or
23 "(E) a school or school system.
24 "(b) AUTHORITY TO AWARD GRANTS.—The Sec-
25 retary shall award grants for the costs of the operation

1 of school-based health clinics (referred to in this section
2 as 'SBHCs') that meet the requirements of this section.
3 ''(c) APPLICATIONS.—To be eligible to receive a grant
4 under this section, an entity shall—
5 ''(1) be an SBHC (as defined in subsection
6 (a)(4)); and
7 ''(2) submit to the Secretary an application at
8 such time, in such manner, and containing—
9 ''(A) evidence that the applicant meets all
10 criteria necessary to be designated an SBHC;
11 ''(B) evidence of local need for the services
12 to be provided by the SBHC;
13 ''(C) an assurance that—
14 ''(i) SBHC services will be provided to
15 those children and adolescents for whom
16 parental or guardian consent has been ob-
17 tained in cooperation with Federal, State,
18 and local laws governing health care serv-
19 ice provision to children and adolescents;
20 ''(ii) the SBHC has made and will
21 continue to make every reasonable effort to
22 establish and maintain collaborative rela-
23 tionships with other health care providers
24 in the catchment area of the SBHC;

1 "(iii) the SBHC will provide on-site
2 access during the academic day when
3 school is in session and 24-hour coverage
4 through an on-call system and through its
5 backup health providers to ensure access to
6 services on a year-round basis when the
7 school or the SBHC is closed;
8 "(iv) the SBHC will be integrated into
9 the school environment and will coordinate
10 health services with school personnel, such
11 as administrators, teachers, nurses, coun-
12 selors, and support personnel, as well as
13 with other community providers co-located
14 at the school;
15 "(v) the SBHC sponsoring facility as-
16 sumes all responsibility for the SBHC ad-
17 ministration, operations, and oversight;
18 and
19 "(vi) the SBHC will comply with Fed-
20 eral, State, and local laws concerning pa-
21 tient privacy and student records, includ-
22 ing regulations promulgated under the
23 Health Insurance Portability and Account-
24 ability Act of 1996 and section 444 of the
25 General Education Provisions Act; and

1 ‘‘(D) such other information as the Sec-
2 retary may require.
3 ‘‘(d) PREFERENCES.—In reviewing applications, the
4 Secretary may give preference to applicants who dem-
5 onstrate an ability to serve the following:
6 ‘‘(1) Communities that have evidenced barriers
7 to primary health care and mental health services
8 for children and adolescents.
9 ‘‘(2) Communities with high percentages of chil-
10 dren and adolescents who are uninsured, under-
11 insured, or enrolled in public health insurance pro-
12 grams.
13 ‘‘(3) Populations of children and adolescents
14 that have historically demonstrated difficulty in ac-
15 cessing health and mental health services.
16 ‘‘(e) WAIVER OF REQUIREMENTS.—The Secretary
17 may—
18 ‘‘(1) under appropriate circumstances, waive
19 the application of all or part of the requirements of
20 this subsection with respect to an SBHC for not to
21 exceed 2 years; and
22 ‘‘(2) upon a showing of good cause, waive the
23 requirement that the SBHC provide all required
24 comprehensive primary health services for a des-

1 ignated period of time to be determined by the Sec-
2 retary.
3 ‘‘(f) USE OF FUNDS.—
4 ‘‘(1) FUNDS.—Funds awarded under a grant
5 under this section may be used for
6 ‘‘(A) acquiring and leasing equipment (in-
7 cluding the costs of amortizing the principle of,
8 and paying interest on, loans for such equip-
9 ment);
10 ‘‘(B) providing training related to the pro-
11 vision of required comprehensive primary health
12 services and additional health services;
13 ‘‘(C) the management and operation of
14 health center programs; and
15 ‘‘(D) the payment of salaries for physi-
16 cians, nurses, and other personnel of the
17 SBHC.
18 ‘‘(2) CONSTRUCTION.—The Secretary may
19 award grants which may be used to pay the costs as-
20 sociated with expanding and modernizing existing
21 buildings for use as an SBHC, including the pur-
22 chase of trailers or manufactured building to install
23 on the school property.

1 "(3) AMOUNT.—The amount of any grant made
2 in any fiscal year to an SBHC shall be determined
3 by the Secretary, taking into account—
4 "(A) the financial need of the SBHC;
5 "(B) State, local, or other operation fund-
6 ing provided to the SBHC; and
7 "(C) other factors as determined appro-
8 priate by the Secretary.
9 "(g) MATCHING REQUIREMENT.—
10 "(1) IN GENERAL.—Each eligible entity that re-
11 ceives a grant under this section shall provide, from
12 non-Federal sources, an amount equal to 20 percent
13 of the amount of the grant (which may be provided
14 in cash or in-kind) to carry out the activities sup-
15 ported by the grant.
16 "(2) WAIVER.—The Secretary may waive all or
17 part of the matching requirement described in para-
18 graph (1) for any fiscal year for the SBHC if the
19 Secretary determines that applying the matching re-
20 quirement to the SBHC would result in serious
21 hardship or an inability to carry out the purposes of
22 this section.
23 "(h) SUPPLEMENT, NOT SUPPLANT.—Grant funds
24 provided under this section shall be used to supplement,
25 not supplant, other Federal or State funds.

1 “(i) TECHNICAL ASSISTANCE.—The Secretary shall
2 establish a program through which the Secretary shall
3 provide (either through the Department of Health and
4 Human Services or by grant or contract) technical and
5 other assistance to SBHCs to assist such SBHCs to meet
6 the requirements of subsection (c)(2)(C). Services pro-
7 vided through the program may include necessary tech-
8 nical and nonfinancial assistance, including fiscal and pro-
9 gram management assistance, training in fiscal and pro-
10 gram management, operational and administrative sup-
11 port, and the provision of information to the entities of
12 the variety of resources available under this title and how
13 those resources can be best used to meet the health needs
14 of the communities served by the entities.

15 “(j) EVALUATION.—The Secretary shall develop and
16 implement a plan for evaluating SBHCs and monitoring
17 quality performances under the awards made under this
18 section.

19 “(k) AUTHORIZATION OF APPROPRIATIONS.—For
20 purposes of carrying out this section, there are authorized
21 to be appropriated such sums as may be necessary for
22 each of the fiscal years 2010 through 2014.”.

1 **SEC. 313. ORAL HEALTHCARE PREVENTION ACTIVITIES.**

2 (a) IN GENERAL.—Title III of the Public Health
3 Service Act (42 U.S.C. 241 et seq.) is amended by adding
4 at the end the following:

5 **"PART S—ORAL HEALTHCARE PREVENTION**
6 **ACTIVITIES**

7 **"SEC. 399GG. ORAL HEALTHCARE PREVENTION EDUCATION**
8 **CAMPAIGN.**

9 "(a) ESTABLISHMENT.—The Secretary, acting
10 through the Director of the Centers for Disease Control
11 and Prevention, shall establish a 5-year national, public
12 education campaign (referred to in this section as the
13 'campaign') that is focused on oral healthcare prevention
14 and education, including prevention of oral disease such
15 as early childhood and other carries, periodontal disease,
16 and oral cancer.

17 "(b) REQUIREMENTS.—In establishing the campaign,
18 the Secretary shall—

19 "(1) ensure that activities are targeted towards
20 specific populations such as children, pregnant
21 women, parents, the elderly, individuals with disabil-
22 ities, and ethnic and racial minority populations, in
23 a culturally and linguistically appropriate manner;
24 and

25 "(2) utilize science-based strategies to convey
26 oral health prevention messages that include, but are

1 not limited to, community water fluoridation and
2 dental sealants.
3 "(c) PLANNING AND IMPLEMENTATION.—Not later
4 than 2 years after the date of enactment of this part, the
5 Secretary shall begin implementing the 5-year campaign.
6 During the 2-year period referred to in the previous sen-
7 tence, the Secretary shall conduct planning activities with
8 respect to the campaign.

9 **"SEC. 399GG-1. RESEARCH-BASED DENTAL CARIES DISEASE**
10 **MANAGEMENT.**

11 "(a) IN GENERAL.—The Secretary, acting through
12 the Director of the Centers for Disease Control and Pre-
13 vention, shall award demonstration grants to eligible enti-
14 ties to demonstrate the effectiveness of research-based
15 dental caries disease management activities.
16 "(b) ELIGIBILITY.—To be eligible for a grant under
17 this section, an entity shall—
18 "(1) be a community-based provider of dental
19 services (as defined by the Secretary), including a
20 Federally-qualified health center, a clinic of a hos-
21 pital owned or operated by a State (or by an instru-
22 mentality or a unit of government within a State),
23 a State or local department of health, a private pro-
24 vider of dental services, medical, dental, public
25 health, nursing, nutrition educational institutions, or

1 national organizations involved in improving chil-
2 dren's oral health; and
3 "(2) submit to the Secretary an application at
4 such time, in such manner, and containing such in-
5 formation as the Secretary may require.
6 "(c) USE OF FUNDS.—A grantee shall use amount
7 received under a grant under this section to demonstrate
8 the effectiveness of research-based dental caries disease
9 management activities.
10 "(d) USE OF INFORMATION.—The Secretary shall
11 utilize information generated from grantees under this
12 section in planning and implementing the public education
13 campaign under section 399GG.
14 **"SEC. 399GG-2. AUTHORIZATION OF APPROPRIATIONS.**
15 "There is authorized to be appropriated to carry out
16 this part, such sums as may be necessary.".
17 **SEC. 314. ORAL HEALTH IMPROVEMENT.**
18 (a) SCHOOL-BASED SEALANT PROGRAMS.—Section
19 317M(c)(1) of the Public Health Service Act (42 U.S.C.
20 247b-14(c)(1)) is amended by striking "may award grants
21 to States and Indian tribes" and inserting "shall award
22 a grant to each of the 50 States and territories and to
23 Indians, Indian tribes, tribal organizations and urban In-
24 dian organizations (as such terms are defined in section
25 4 of the Indian Health Care Improvement Act)".

1 (b) ORAL HEALTH INFRASTRUCTURE.—Section
2 317M of the Public Health Service Act (42 U.S.C. 247b-
3 14) is amended—
4 (1) by redesignating subsections (d) and (e) as
5 subsections (e) and (f), respectively; and
6 (2) by inserting after subsection (c), the fol-
7 lowing:
8 "(d) ORAL HEALTH INFRASTRUCTURE.—
9 "(1) COOPERATIVE AGREEMENTS.—The Sec-
10 retary, acting through the Director of the Centers
11 for Disease Control and Prevention, shall enter into
12 cooperative agreements with State, territorial, and
13 tribal units of government to establish oral health
14 leadership and program guidance, oral health data
15 collection and interpretation, (including deter-
16 minants of poor oral health among vulnerable popu-
17 lations), a multi-dimensional delivery system for oral
18 health, and to implement science-based programs
19 (including dental sealants and community water
20 fluoridation) to improve oral health.
21 "(2) AUTHORIZATION OF APPROPRIATIONS.—
22 There is authorized to be appropriated such sums as
23 necessary to carry out this subsection for fiscal years
24 2010 through 2014.".

1 (c) UPDATING NATIONAL ORAL HEALTHCARE SUR-
2 VEILLANCE ACTIVITIES.—
3 (1) PRAMS.—
4 (A) IN GENERAL.—The Secretary of
5 Health and Human Services (referred to in this
6 subsection as the "Secretary") shall carry out
7 activities to update and improve the Pregnancy
8 Risk Assessment Monitoring System (referred
9 to in this section as "PRAMS") as it relates to
10 oral healthcare.
11 (B) STATE REPORTS AND MANDATORY
12 MEASUREMENTS.—
13 (i) IN GENERAL.—Not later than 5
14 years after the date of enactment of this
15 Act, and every 5 years thereafter, a State
16 shall submit to the Secretary a report con-
17 cerning activities conducted within the
18 State under PRAMS.
19 (ii) MEASUREMENTS.—The oral
20 healthcare measurements developed by the
21 Secretary for use under PRAMS shall be
22 mandatory with respect to States for pur-
23 poses of the State reports under clause (i).

1 (C) FUNDING.—There is authorized to be
2 appropriated to carry out this paragraph, such
3 as may be necessary.
4 (2) NATIONAL HEALTH AND NUTRITION EXAM-
5 INATION SURVEY.—The Secretary shall develop oral
6 healthcare components that shall include tooth-level
7 surveillance for inclusion in the National Health and
8 Nutrition Examination Survey. Such components
9 shall be updated by the Secretary at least every 6
10 years.
11 (3) MEDICAL EXPENDITURES PANEL SURVEY.—
12 The Secretary shall ensure that the Medical Expend-
13 itures Panel Survey by the Agency for Healthcare
14 Research and Quality include the verification of den-
15 tal utilization, expenditure, and coverage findings
16 through conduct of a look-back analysis.
17 (4) NATIONAL ORAL HEALTH SURVEILLANCE
18 SYSTEM.—
19 (A) APPROPRIATIONS.—There is author-
20 ized to be appropriated, such sums as may be
21 necessary for each of fiscal years 2010 through
22 2014 to increase the participation of States in
23 the National Oral Health Surveillance System
24 from 16 States to all 50 States, territories, and
25 District of Columbia.

1 (B) REQUIREMENTS.—The Secretary shall
2 ensure that the National Oral Health Surveil-
3 lance System include the measurement of early
4 childhood carries.

5 Subtitle C—Creating Healthier 6 Communities

7 SEC. 321. COMMUNITY TRANSFORMATION GRANTS.

8 (a) IN GENERAL.—The Secretary of Health and
9 Human Services (referred to in this section as the ''Sec-
10 retary''), acting through the Director of the Centers for
11 Disease Control and Prevention (referred to in this section
12 as the ''Director''), shall award competitive grants to
13 State and local governmental agencies and community-
14 based organizations for the implementation, evaluation,
15 and dissemination of proven evidence-based community
16 preventive health activities in order to reduce chronic dis-
17 ease rates, address health disparities, and develop a
18 stronger evidence-base of effective prevention program-
19 ming.
20 (b) ELIGIBILITY.—To be eligible to receive a grant
21 under subsection (a), an entity shall—
22 (1) be a—
23 (A) State governmental agency;
24 (B) local governmental agency; or

1 (C) national network of community-based
2 organizations; and
3 (2) submit to the Director an application at
4 such time, in such a manner, and containing such
5 information as the Director may require, including a
6 description of the program to be carried out under
7 the grant; and
8 (3) demonstrate a history or capacity, if fund-
9 ed, to develop relationships necessary to engage key
10 stakeholders from multiple sectors across a commu-
11 nity.
12 (c) USE OF FUNDS.—
13 (1) IN GENERAL.—An eligible entity shall use
14 amounts received under a grant under this section to
15 carry out programs described in this subsection.
16 (2) COMMUNITY TRANSFORMATION PLAN.—
17 (A) IN GENERAL.—An eligible entity that
18 receives a grant under this section shall submit
19 to the Director (for approval) a detailed plan
20 that includes the policy, environmental, pro-
21 grammatic, and infrastructure changes needed
22 to promote healthy living and reduce dispari-
23 ties.
24 (B) ACTIVITIES.—Activities within the
25 plan shall focus on (but not be limited to)—

1 (i) creating healthier school environ-
2 ments, including increasing healthy food
3 options, physical activity opportunities,
4 promotion of healthy lifestyle and preven-
5 tion curricula, and activities to prevent
6 chronic diseases;
7 (ii) creating the infrastructure to sup-
8 port active living and access to nutritious
9 foods in a safe environment;
10 (iii) developing and promoting pro-
11 grams targeting a variety of age levels to
12 increase access to nutrition, physical activ-
13 ity and smoking cessation, enhance safety
14 in a community, or address any other
15 chronic disease priority area identified by
16 the grantee;
17 (iv) assessing and implementing work-
18 site wellness programming and incentives;
19 (v) working to highlight healthy op-
20 tions at restaurants and other food venues;
21 (vi) prioritizing strategies to reduce
22 racial and ethnic disparities, including so-
23 cial determinants of health; and

1 (vii) addressing the needs of special
2 populations, including all ages groups and
3 individuals with disabilities.
4 (3) COMMUNITY-BASED PREVENTION HEALTH
5 ACTIVITIES.—
6 (A) IN GENERAL.—An eligible entity shall
7 use amounts received under a grant under this
8 section to implement a variety of programs,
9 policies, and infrastructure improvements to
10 promote healthier lifestyles.
11 (B) ACTIVITIES.—An eligible entity shall
12 implement activities detailed in the community
13 transformation plan under paragraph (2).
14 (C) IN-KIND SUPPORT.—An eligible entity
15 shall provide in-kind resources such as staff,
16 equipment, or office space in carrying out ac-
17 tivities under this section.
18 (4) EVALUATION.—
19 (A) IN GENERAL.—An eligible entity shall
20 use amount provided under a grant under this
21 section to conduct activities to measure changes
22 in the prevalence of chronic disease risk factors
23 among community members participating in
24 preventive health activities

1 (B) TYPES OF MEASURES.—In carrying
2 out subparagraph (A), the eligible entity shall,
3 with respect to residents in the community,
4 measure—
5 (i) decreases in weight;
6 (ii) increases in proper nutrition;
7 (iii) increases in physical activity;
8 (iv) decreases in tobacco use preva-
9 lence;
10 (v) other factors using community-
11 specific data from the Behavioral Risk
12 Factor Surveillance Survey; and
13 (vi) other factors as determined by the
14 Secretary.
15 (C) REPORTING.—An eligible entity shall
16 annually submit to the Director a report con-
17 taining an evaluation of activities carried out
18 under the grant.
19 (5) DISSEMINATION.—A grantee under this sec-
20 tion shall—
21 (A) meet at least annually in regional or
22 national meetings to discuss challenges, best
23 practices, and lessons learned with respect to
24 activities carried out under the grant; and

1 (B) develop models for the replication of
2 successful programs and activities and the men-
3 toring of other eligible entities.
4 (d) TRAINING.—
5 (1) IN GENERAL.—The Director shall develop a
6 program to provide training for eligible entities on
7 effective strategies for the prevention and control of
8 chronic disease
9 (2) COMMUNITY TRANSFORMATION PLAN.—The
10 Director shall provide appropriate feedback and
11 technical assistance to grantees to establish commu-
12 nity makeover plans
13 (3) EVALUATION.—The Director shall provide a
14 literature review and framework for the evaluation
15 of programs conducted as part of the grant program
16 under this section, in addition to working with aca-
17 demic institution or other entities with expertise in
18 outcome evaluation.
19 (e) AUTHORIZATION OF APPROPRIATIONS.—There
20 are authorized to be appropriated to carry out this section,
21 such sums as may be necessary for each fiscal years 2010
22 through 2014.
23 **SEC. 322. HEALTHY AGING, LIVING WELL.**
24 (a) IN GENERAL.—The Secretary of Health and
25 Human Services (referred to in this section as the ''Sec-

1 retary''), acting through the Director of the Centers for
2 Disease Control and Prevention, shall award grants to
3 State or local health departments to carry out 5-year pilot
4 programs to provide public health community interven-
5 tions, screenings, and where necessary, clinical referrals
6 for individuals who are between 55 and 64 years of age.
7 (b) ELIGIBILITY.—To be eligible to receive a grant
8 under subsection (a), an entity shall—
9 (1) be a—
10 (A) State health department; or
11 (B) local health department;
12 (2) submit to the Secretary an application at
13 such time, in such manner, and containing such in-
14 formation as the Secretary may require including a
15 description of the program to be carried out under
16 the grant;
17 (3) design a strategy for improving the health
18 of the 55-to-64 year-old population through commu-
19 nity-based public health interventions; and
20 (4) demonstrate the capacity, if funded, to de-
21 velop the relationships necessary with relevant health
22 agencies, health care providers, and insurers to carry
23 out the activities described in subsection (c), such
24 relationships to include the identification of a com-

1 munity-based clinical partner, such as a community
2 health center or rural health clinic.
3 (c) USE OF FUNDS.—
4 (1) IN GENERAL.—A State or local health de-
5 partment shall use amounts received under a grant
6 under this section to carry out a program to provide
7 the services described in this subsection to individ-
8 uals who are between 55 and 64 years of age.
9 (2) PUBLIC HEALTH INTERVENTIONS.—
10 (A) IN GENERAL.—In developing and im-
11 plementing such activities, a grantee shall col-
12 laborate with the Centers for Disease Control
13 and Prevention and the Administration on
14 Aging, and relevant local agencies and organi-
15 zations.
16 (B) TYPES OF INTERVENTION ACTIVI-
17 TIES.—Intervention activities conducted under
18 this paragraph may include efforts to improve
19 nutrition, increase physical activity, reduce to-
20 bacco use and substance abuse, improve mental
21 health, and promote healthy lifestyles among
22 the target population.
23 (3) COMMUNITY PREVENTIVE SCREENINGS.—
24 (A) IN GENERAL.—In addition to commu-
25 nity-wide public health interventions, a State or

1 local health department shall use amounts re-
2 ceived under a grant under this section to con-
3 duct ongoing health screening to identify risk
4 factors for cardiovascular disease, stroke, and
5 diabetes among individuals who are between 55
6 and 64 years of age.
7 (B) TYPES OF SCREENING ACTIVITIES.—
8 Screening activities conducted under this para-
9 graph may include—
10 (i) mental health/behavioral health;
11 (ii) physical activity, smoking, and nu-
12 trition; and
13 (iii) any other measures deemed ap-
14 propriate by the Secretary.
15 (C) MONITORING.—Grantees under this
16 section shall maintain records of screening re-
17 sults under this paragraph to establish the
18 baseline data for monitoring the targeted popu-
19 lation
20 (4) CLINICAL REFERRAL/TREATMENT FOR
21 CHRONIC DISEASES.—
22 (A) IN GENERAL.—A State or local health
23 department shall use amounts received under a
24 grant under this section to ensure that individ-
25 uals between 55 and 64 years of age who are

1 found to have chronic disease risk factors
2 through the screening activities described in
3 paragraph (3)(B), receive clinical referral/treat-
4 ment for follow-up services to reduce such risk.
5 (B) MECHANISM.—
6 (i) IDENTIFICATION AND DETERMINA-
7 TION OF STATUS.—With respect to each
8 individual with risk factors for or having
9 heart disease, stroke, diabetes, or any
10 other condition for which such individual
11 was screened under paragraph (3), a
12 grantee under this section shall determine
13 whether or not such individual is covered
14 under any public or private health insur-
15 ance program.
16 (ii) INSURED INDIVIDUALS.—An indi-
17 vidual determined to be covered under a
18 health insurance program under clause (i)
19 shall be referred by the grantee to the ex-
20 isting providers under such program or, if
21 such individual does not have a current
22 provider, to a provider who is in-network
23 with respect to the program involved.
24 (iii) UNINSURED INDIVIDUALS.—With
25 respect to an individual determined to be

1 uninsured under clause (i), the grantee's
2 community-based clinical partner described
3 in subsection (b)(4) shall assist the indi-
4 vidual in determining eligibility for avail-
5 able public coverage options and identify
6 other appropriate community health care
7 resources and assistance programs.
8 (C) PUBLIC HEALTH INTERVENTION PRO-
9 GRAM.—A State or local health department
10 shall use amounts received under a grant under
11 this section to enter into contracts with commu-
12 nity health centers or rural health clinics to as-
13 sist in the referral/treatment of at risk patients
14 to community resources for clinical follow-up
15 and help determine eligibility for other public
16 programs.
17 (5) GRANTEE EVALUATION.—An eligible entity
18 shall use amounts provided under a grant under this
19 section to conduct activities to measure changes in
20 the prevalence of chronic disease risk factors among
21 participants.
22 (d) PILOT PROGRAM EVALUATION.—The Secretary
23 shall conduct an annual evaluation of the effectiveness of
24 the pilot program under this section. In determining such
25 effectiveness, the Secretary shall consider changes in the

1 prevalence of uncontrolled chronic disease risk factors
2 among new Medicare enrollees (or individuals nearing en-
3 rollment, including those who are 63 and 64 years of age)
4 who reside in States or localities receiving grants under
5 this section as compared with national and historical data
6 for those States and localities for the same population.

7 (e) AUTHORIZATION OF APPROPRIATIONS.—There
8 are authorized to be appropriated to carry out this section,
9 such sums as may be necessary for each of fiscal years
10 2010 through 2014.

11 **SEC. 323. WELLNESS FOR INDIVIDUALS WITH DISABILITIES.**

12 Title V of the Rehabilitation Act of 1973 (29 U.S.C.
13 791 et seq.) is amended by adding at the end of the fol-
14 lowing:

15 **''SEC. 510. ESTABLISHMENT OF STANDARDS FOR ACCES-**
16 **SIBLE MEDICAL DIAGNOSTIC EQUIPMENT.**

17 ''(a) STANDARDS.—Not later than 9 months after the
18 date of enactment of the Affordable Health Choices Act,
19 the Architectural and Transportation Barriers Compliance
20 Board shall issue (including publishing) standards setting
21 forth the minimum technical criteria for medical diag-
22 nostic equipment used in (or in conjunction with) physi-
23 cian's offices, clinics, emergency rooms, hospitals, and
24 other medical settings. The standards shall ensure that
25 such equipment is accessible to, and usable by, individuals

1 with disabilities, and shall allow independent entry to, use
2 of, and exit from the equipment by such individuals to the
3 maximum extent possible.

4 "(b) MEDICAL DIAGNOSTIC EQUIPMENT COV-
5 ERED.—The standards issued under subsection (a) for
6 medical diagnostic equipment shall apply to equipment
7 that includes examination tables, examination chairs (in-
8 cluding chairs used for eye examinations or procedures,
9 and dental examinations or procedures), weight scales,
10 mammography equipment, x-ray machines, and other radi-
11 ological equipment commonly used for diagnostic purposes
12 by health professionals.

13 "(c) REVIEW AND AMENDMENT.—The Architectural
14 and Transportation Barriers Compliance Board shall peri-
15 odically review and, as appropriate, amend the stand-
16 ards.".

17 **SEC. 324. IMMUNIZATIONS.**

18 (a) STATE AUTHORITY TO PURCHASE REC-
19 OMMENDED VACCINES FOR ADULTS.—Section 317 of the
20 Public Health Service Act (42 U.S.C. 247b) is amended
21 by adding at the end the following:

22 "(l) AUTHORITY TO PURCHASE RECOMMENDED VAC-
23 CINES FOR ADULTS.—

24 "(1) IN GENERAL.—The Secretary may nego-
25 tiate and enter into contracts with manufacturers of

1 vaccines for the purchase and delivery of vaccines
2 for adults otherwise provided vaccines under grants
3 under this section.
4 "(2) STATE PURCHASE.—A State may obtain
5 adult vaccines (subject to amounts specified to the
6 Secretary by the State in advance of negotiations)
7 through the purchase of vaccines from manufactur-
8 ers at the applicable price negotiated by the Sec-
9 retary under this subsection.".
10 (b) DEMONSTRATION PROGRAM TO IMPROVE IMMU-
11 NIZATION COVERAGE.—Section 317 of the Public Health
12 Service Act (42 U.S.C. 247b), as amended by subsection
13 (a), is further amended by adding at the end the following:
14 "(m) DEMONSTRATION PROGRAM TO IMPROVE IM-
15 MUNIZATION COVERAGE.—
16 "(1) IN GENERAL.—The Secretary, acting
17 through the Director of the Centers for Disease
18 Control and Prevention, shall establish a demonstra-
19 tion program to award grants to States to improve
20 the provision of recommended immunizations for
21 children, adolescents, and adults through the use of
22 evidence-based, population-based interventions for
23 high-risk populations.
24 "(2) STATE PLAN.—To be eligible for a grant
25 under paragraph (1), a State shall submit to the

1 Secretary an application at such time, in such man-
2 ner, and containing such information as the Sec-
3 retary may require, including a State plan that de-
4 scribes the interventions to be implemented under
5 the grant and how such interventions match with
6 local needs and capabilities, as determined through
7 consultation with local authorities.

8 ''(3) USE OF FUNDS.—Funds received under a
9 grant under this subsection shall be used to imple-
10 ment interventions that are recommended by the
11 Task Force on Community Preventive Services (as
12 established by the Secretary, acting through the Di-
13 rector of the Centers for Disease Control and Pre-
14 vention) or other evidence-based interventions, in-
15 cluding—

16 ''(A) providing immunization reminders or
17 recalls for target populations of clients, pa-
18 tients, and consumers;

19 ''(B) educating targeted populations and
20 health care providers concerning immunizations
21 in combination with one or more other interven-
22 tions;

23 ''(C) reducing out-of-pocket costs for fami-
24 lies for vaccines and their administration;

1 "(D) carrying out immunization-promoting
2 strategies for participants or clients of public
3 programs, including assessments of immuniza-
4 tion status, referrals to health care providers,
5 education, provision of on-site immunizations,
6 or incentives for immunization;
7 "(E) providing for home visits that pro-
8 mote immunization through education, assess-
9 ments of need, referrals, provision of immuniza-
10 tions, or other services;
11 "(F) providing reminders or recalls for im-
12 munization providers;
13 "(G) conducting assessments of, and pro-
14 viding feedback to, immunization providers; or
15 "(H) any combination of one or more
16 interventions described in this paragraph.
17 "(4) CONSIDERATION.—In awarding grants
18 under this subsection, the Secretary shall consider
19 any reviews or recommendations of the Task Force
20 on Community Preventive Services.
21 "(5) EVALUATION.—Not later than 3 years
22 after the date on which a State receives a grant
23 under this subsection, the State shall submit to the
24 Secretary an evaluation of progress made toward im-

1 proving immunization coverage rates among high-
2 risk populations within the State.
3 ‘‘(6) REPORT TO CONGRESS.—Not later than 4
4 years after the date of enactment of the American
5 Health Choices Act, the Secretary shall submit to
6 Congress a report concerning the effectiveness of the
7 demonstration program established under this sub-
8 section together with recommendations on whether
9 to continue and expand such program.
10 ‘‘(7) AUTHORIZATION OF APPROPRIATIONS.—
11 There is authorized to be appropriated to carry out
12 this subsection, such sums as may be necessary for
13 each of fiscal years 2010 through 2014.’’.
14 (c) REAUTHORIZATION OF IMMUNIZATION PRO-
15 GRAM.—Section 317(j) of the Public Health Service Act
16 (42 U.S.C. 247b(j)) is amended—
17 (1) in paragraph (1), by striking ‘‘for each of
18 the fiscal years 1998 through 2005’’; and
19 (2) in paragraph (2), by striking ‘‘after October
20 1, 1997,’’.

1 **SEC. 325. NUTRITION LABELING OF STANDARD MENU**
2 **ITEMS AT CHAIN RESTAURANTS AND OF AR-**
3 **TICLES OF FOOD SOLD FROM VENDING MA-**
4 **CHINES.**

5 (a) TECHNICAL AMENDMENTS.—Section
6 403(q)(5)(A) of the Federal Food, Drug, and Cosmetic
7 Act (21 U.S.C. 343(q)(5)(A)) is amended—
8 (1) in subitem (i), by inserting at the beginning
9 ''except as provided in clause (H)(ii)(III),''; and
10 (2) in subitem (ii), by inserting at the begin-
11 ning ''except as provided in clause (H)(ii)(III),''.
12 (b) LABELING REQUIREMENTS.—Section 403(q)(5)
13 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C.
14 343(q)(5)) is amended by adding at the end the following:
15 ''(H) RESTAURANTS, RETAIL FOOD ESTABLISH-
16 MENTS, AND VENDING MACHINES.—
17 ''(i) GENERAL REQUIREMENTS FOR RES-
18 TAURANTS AND SIMILAR RETAIL FOOD ESTABLISH-
19 MENTS.—Except for food described in subclause
20 (vii), in the case of food that is a standard menu
21 item that is offered for sale in a restaurant or simi-
22 lar retail food establishment that is part of a chain
23 with 20 or more locations doing business under the
24 same name (regardless of the type of ownership of
25 the locations) and offering for sale substantially the
26 same menu items, the restaurant or similar retail

1 food establishment shall disclose the information de-
2 scribed in subclauses (ii) and (iii).
3 "(ii) INFORMATION REQUIRED TO BE DIS-
4 CLOSED BY RESTAURANTS AND RETAIL FOOD ES-
5 TABLISHMENTS.—Except as provided in subclause
6 (vii), the restaurant or similar retail food establish-
7 ment shall disclose in a clear and conspicuous man-
8 ner—
9 "(I)(aa) in a nutrient content disclosure
10 statement adjacent to the name of the standard
11 menu item, so as to be clearly associated with
12 the standard menu item, on the menu listing
13 the item for sale, the number of calories con-
14 tained in the standard menu item, as usually
15 prepared and offered for sale; and
16 "(bb) a succinct statement concerning sug-
17 gested daily caloric intake, as specified by the
18 Secretary by regulation and posted prominently
19 on the menu and designed to enable the public
20 to understand, in the context of a total daily
21 diet, the significance of the caloric information
22 that is provided on the menu;
23 "(II)(aa) in a nutrient content disclosure
24 statement adjacent to the name of the standard
25 menu item, so as to be clearly associated with

1 the standard menu item, on the menu board,
2 including a drive-through menu board, the
3 number of calories contained in the standard
4 menu item, as usually prepared and offered for
5 sale; and
6 "(bb) a succinct statement concerning sug-
7 gested daily caloric intake, as specified by the
8 Secretary by regulation and posted prominently
9 on the menu board, designed to enable the pub-
10 lic to understand, in the context of a total daily
11 diet, the significance of the nutrition informa-
12 tion that is provided on the menu board;
13 "(III) in a written form, available on the prem-
14 ises of the restaurant or similar retail establishment
15 and to the consumer upon request, the nutrition in-
16 formation required under clauses (C) and (D) of
17 subparagraph (1); and
18 "(IV) on the menu or menu board, a promi-
19 nent, clear, and conspicuous statement regarding the
20 availability of the information described in item
21 (III).
22 "(iii) SELF-SERVICE FOOD AND FOOD ON DIS-
23 PLAY.—Except as provided in subclause (vii), in the
24 case of food sold at a salad bar, buffet line, cafeteria
25 line, or similar self-service facility, and for self-serv-

1 ice beverages or food that is on display and that is
2 visible to customers, a restaurant or similar retail
3 food establishment shall place adjacent to each food
4 offered a sign that lists calories per displayed food
5 item or per serving.

6 "(iv) REASONABLE BASIS.—For the purposes of
7 this clause, a restaurant or similar retail food estab-
8 lishment shall have a reasonable basis for its nutri-
9 ent content disclosures, including nutrient databases,
10 cookbooks, laboratory analyses, and other reasonable
11 means, as described in section 101.10 of title 21,
12 Code of Federal Regulations (or any successor regu-
13 lation) or in a related guidance of the Food and
14 Drug Administration.

15 "(v) MENU VARIABILITY AND COMBINATION
16 MEALS.—The Secretary shall establish by regulation
17 standards for determining and disclosing the nutri-
18 ent content for standard menu items that come in
19 different flavors, varieties, or combinations, but
20 which are listed as a single menu item, such as soft
21 drinks, ice cream, pizza, doughnuts, or children's
22 combination meals, through means determined by
23 the Secretary, including ranges, averages, or other
24 methods.

1 "(vi) ADDITIONAL INFORMATION.—If the Sec-
2 retary determines that a nutrient, other than a nu-
3 trient required under subclause (ii)(III), should be
4 disclosed for the purpose of providing information to
5 assist consumers in maintaining healthy dietary
6 practices, the Secretary may require, by regulation,
7 disclosure of such nutrient in the written form re-
8 quired under subclause (ii)(III).
9 "(vii) NONAPPLICABILITY TO CERTAIN FOOD.—
10 "(I) IN GENERAL.—Subclauses (i) through
11 (vi) do not apply to—
12 "(aa) items that are not listed on a
13 menu or menu board (such as condiments
14 and other items placed on the table or
15 counter for general use);
16 "(bb) daily specials, temporary menu
17 items appearing on the menu for less than
18 60 days per calendar year, or custom or-
19 ders; or
20 "(cc) such other food that is part of
21 a customary market test appearing on the
22 menu for less than 90 days, under terms
23 and conditions established by the Sec-
24 retary.

1 "(II) WRITTEN FORMS.—Subparagraph
2 (5)(C) shall apply to any regulations promul-
3 gated under subclauses (ii)(III) and (vi).
4 "(viii) VENDING MACHINES.—
5 "(I) IN GENERAL.—In the case of an arti-
6 cle of food sold from a vending machine that—
7 "(aa) does not permit a prospective
8 purchaser to examine the Nutrition Facts
9 Panel before purchasing the article or does
10 not otherwise provide visible nutrition in-
11 formation at the point of purchase; and
12 "(bb) is operated by a person who is
13 engaged in the business of owning or oper-
14 ating 20 or more vending machines,
15 the vending machine operator shall provide a
16 sign in close proximity to each article of food or
17 the selection button that includes a clear and
18 conspicuous statement disclosing the number of
19 calories contained in the article.
20 "(ix) VOLUNTARY PROVISION OF NUTRITION IN-
21 FORMATION.—
22 "(I) IN GENERAL.—An authorized official
23 of any restaurant or similar retail food estab-
24 lishment or vending machine operator not sub-
25 ject to the requirements of this clause may elect

1 to be subject to the requirements of such
2 clause, by registering biannually the name and
3 address of such restaurant or similar retail food
4 establishment or vending machine operator with
5 the Secretary, as specified by the Secretary by
6 regulation.
7 "(II) REGISTRATION.—Within 120 days of
8 enactment of this clause, the Secretary shall
9 publish a notice in the Federal Register speci-
10 fying the terms and conditions for implementa-
11 tion of item (I), pending promulgation of regu-
12 lations.
13 "(III) RULE OF CONSTRUCTION.—Nothing
14 in this subclause shall be construed to authorize
15 the Secretary to require an application, review,
16 or licensing process for any entity to register
17 with the Secretary, as described in such item.
18 "(x) REGULATIONS.—
19 "(I) PROPOSED REGULATION.—Not later
20 than 1 year after the date of enactment of this
21 clause, the Secretary shall promulgate proposed
22 regulations to carry out this clause.
23 "(II) CONTENTS.—In promulgating regula-
24 tions, the Secretary shall—

1 "(aa) consider standardization of rec-
2 ipes and methods of preparation, reason-
3 able variation in serving size and formula-
4 tion of menu items, space on menus and
5 menu boards, inadvertent human error,
6 training of food service workers, variations
7 in ingredients, and other factors, as the
8 Secretary determines; and
9 "(bb) specify the format and manner
10 of the nutrient disclosure requirements
11 under this subclause.
12 "(III) REPORTING.—The Secretary shall
13 submit to the Committee on Health, Education,
14 Labor, and Pensions of the Senate and the
15 Committee on Energy and Commerce of the
16 House of Representatives a quarterly report
17 that describes the Secretary's progress toward
18 promulgating final regulations under this sub-
19 paragraph.
20 "(xi) DEFINITION.—In this clause, the term
21 'menu' or 'menu board' means the primary writing
22 of the restaurant or other similar retail food estab-
23 lishment from which a consumer makes an order se-
24 lection."

1 (c) NATIONAL UNIFORMITY.—Section 403A(a)(4) of
2 the Federal Food, Drug, and Cosmetic Act (21 U.S.C.
3 343-1(a)(4)) is amended by striking "except a require-
4 ment for nutrition labeling of food which is exempt under
5 subclause (i) or (ii) of section 403(q)(5)(A)" and inserting
6 "except that this paragraph does not apply to food that
7 is offered for sale in a restaurant or similar retail food
8 establishment that is not part of a chain with 20 or more
9 locations doing business under the same name (regardless
10 of the type of ownership of the locations) and offering for
11 sale substantially the same menu items".

12 (d) RULE OF CONSTRUCTION.—Nothing in the
13 amendments made by this section shall be construed—

14 (1) to preempt any provision of State or local
15 law, unless such provision establishes or continues
16 into effect nutrient content disclosures of the type
17 required under section 403(q)(5)(H) of the Federal
18 Food, Drug, and Cosmetic Act (as added by sub-
19 section (b)) and is expressly preempted under sub-
20 section (a)(4) of such section;

21 (2) to apply to any State or local requirement
22 respecting a statement in the labeling of food that
23 provides for a warning concerning the safety of the
24 food or component of the food; or

1 (3) except as provided in section
2 403(q)(5)(H)(ix) of the Federal Food, Drug, and
3 Cosmetic Act (as added by subsection (b)), to apply
4 to any restaurant or similar retail food establish-
5 ment other than a restaurant or similar retail food
6 establishment described in section 403(q)(5)(H)(i) of
7 such Act.

8 Subtitle D—Support for Prevention
9 and Public Health Information

10 SEC. 331. RESEARCH ON OPTIMIZING THE DELIVERY OF
11 PUBLIC HEALTH SERVICES.

12 (a) IN GENERAL.—The Secretary of Health and
13 Human Services (referred to in this section as the "Sec-
14 retary"), acting through the Director of the Centers for
15 Disease Control and Prevention, shall provide funding for
16 research in the area of public health services and systems.
17 (b) REQUIREMENTS OF RESEARCH.—Research sup-
18 ported under this section shall include—
19 (1) examining evidence-based practices relating
20 to prevention, with a particular focus on high pri-
21 ority areas as identified by the Secretary in the Na-
22 tional Prevention Strategy or Healthy People 2020,
23 and including comparing community-based public
24 health interventions in terms of effectiveness and
25 cost;

1 (2) analyzing the translation of interventions
2 from academic settings to real world settings;
3 (3) identifying effective strategies for orga-
4 nizing, financing, or delivering public health services
5 in real world community settings, including com-
6 paring State and local health department structures
7 and systems in terms of effectiveness and cost; and
8 (4) collecting and disseminating information
9 concerning career categories, skill sets, and work-
10 force gaps to better inform State and locality deci-
11 sion-making about policies and program implementa-
12 tion, including the conduct of a public health work-
13 force enumeration survey to determine current dis-
14 tribution of jobs including trend lines, wages, bene-
15 fits, training, and pathways to enter public health.
16 (c) EXISTING PARTNERSHIPS.—Research supported
17 under this section shall be coordinated with the Commu-
18 nity Preventive Services Task Force and carried out by
19 building on existing partnerships within the Federal Gov-
20 ernment while also considering initiatives at the State and
21 local levels and in the private sector.
22 (d) ANNUAL REPORT.—The Secretary shall, on an
23 annual basis, submit to Congress a report concerning the
24 activities and findings with respect to research supported
25 under this section.

1 **SEC. 332. UNDERSTANDING HEALTH DISPARITIES: DATA**
2 **COLLECTION AND ANALYSIS.**

3 The Public Health Service Act (42 U.S.C. 201 et
4 seq.) as amended by section 172, is further amended by
5 adding at the end the following:

6 "TITLE XXXIII—DATA COLLEC-
7 TION, ANALYSIS, AND QUAL-
8 ITY

9 **"SEC. 3301. DATA COLLECTION, ANALYSIS, AND QUALITY.**

10 "(a) DATA COLLECTION.—
11 "(1) IN GENERAL.—The Secretary shall ensure
12 that, by not later than 1 year after the date of en-
13 actment of this title, any ongoing or federally con-
14 ducted or supported health care or public health pro-
15 gram, activity or survey collects and reports—
16 "(A) data on race and ethnicity for appli-
17 cants, recipients, or beneficiaries;
18 "(B) data on gender, geographic location,
19 socioeconomic status (including education, em-
20 ployment or income), primary language, and,
21 disability status data for applicants, recipients,
22 or beneficiaries;
23 "(C) data at the smallest geographic level
24 such as State, local, or institutional levels if
25 such data can be aggregated; and

1 "(D) if practicable, data by racial and eth-
2 nic subgroups for applicants, recipients or bene-
3 ficiaries using, if needed, statistical oversamples
4 of these subpopulations.
5 "(2) COLLECTION STANDARDS.—In collecting
6 data described in paragraph (1), the Secretary or
7 designee shall—
8 "(A) use Office of Management and Budg-
9 et standards, at a minimum, for race and eth-
10 nicity measures;
11 "(B) develop standards for the measure-
12 ment of gender, geographic location, socio-
13 economic status, primary language and dis-
14 ability measures; and
15 "(C) develop standards for the collection of
16 data described in paragraph (1) that, at a min-
17 imum—
18 "(i) collects self-reported data by the
19 applicant, recipient, or beneficiary; and
20 "(ii) collects data from a parent or
21 legal guardian if the applicant, recipient,
22 or beneficiary is a minor or legally inca-
23 pacitated.
24 "(3) DATA MANAGEMENT.—In collecting data
25 described in paragraph (1), the Secretary, acting

1 through the National Coordinator for Health Tech-
2 nology shall—
3 ''(A) develop national standards for the
4 management of data collected; and
5 ''(B) develop interoperability and security
6 systems for data management.
7 ''(b) DATA ANALYSIS.—
8 ''(1) IN GENERAL.—For each federally con-
9 ducted or supported health care or public health pro-
10 gram or activity, the Secretary shall analyze data
11 collected under paragraph (a) to detect and monitor
12 trends in health disparities (as defined in section
13 485E) at the Federal and State levels.
14 ''(c) DATA REPORTING AND DISSEMINATION.—
15 ''(1) IN GENERAL.—The Secretary shall make
16 the analyses described in (b) available to—
17 ''(A) the Office of Minority Health;
18 ''(B) the National Center on Minority
19 Health and Health Disparities;
20 ''(C) the Agency for Healthcare Research
21 and Quality;
22 ''(D) the Centers for Disease Control and
23 Prevention;
24 ''(E) the Centers for Medicare & Medicaid
25 Services;

1 ‘‘(F) the Indian Health Service;
2 ‘‘(G) other agencies within the Department
3 of Health and Human Services; and
4 ‘‘(H) other entities as determined appro-
5 priate by the Secretary.
6 ‘‘(2) REPORTING OF DATA.—The Secretary
7 shall report data and analyses described in (a) and
8 (b) through—
9 ‘‘(A) public postings on the Internet
10 websites of the Department of Health and
11 Human Services; and
12 ‘‘(B) any other reporting or dissemination
13 mechanisms determined appropriate by the Sec-
14 retary.
15 ‘‘(3) AVAILABILITY OF DATA.—The Secretary
16 may make data described in (a) and (b) available for
17 additional research, analyses, and dissemination to
18 other Federal agencies, non-governmental entities,
19 and the public.
20 ‘‘(d) LIMITATIONS ON USE OF DATA.—Nothing in
21 this section shall be construed to permit the use of infor-
22 mation collected under this section in a manner that would
23 adversely affect any individual.
24 ‘‘(e) PROTECTION OF DATA.—The Secretary shall en-
25 sure (through the promulgation of regulations or other-

1 wise) that all data collected pursuant to subsection (a) is
2 protected—
3 ‘‘(1) under the same privacy protections that
4 are at least as broad as those that apply under the
5 same privacy protections as the Secretary applies to
6 other health data under the regulations promulgated
7 under section 264(c) of the Health Insurance Port-
8 ability and Accountability Act of 1996 (Public Law
9 104-191; 110 Stat. 2033); and
10 ‘‘(2) from all inappropriate internal use by any
11 entity that collects, stores, or receives the data, in-
12 cluding use of such data in determinations of eligi-
13 bility (or continued eligibility) in health plans, and
14 from other inappropriate uses, as defined by the
15 Secretary.
16 ‘‘(f) AUTHORIZATION OF APPROPRIATIONS.—For the
17 purpose of carrying out this section, there are authorized
18 to be appropriated such sums as may be necessary for
19 each of fiscal years 2010 through 2014.’’.
20 **SEC. 333. HEALTH IMPACT ASSESSMENTS.**
21 (a) PURPOSE.—It is the purpose of this section to
22 facilitate the use of health impact assessments as a means
23 to assess the effect of the built environment on health out-
24 comes.
25 (b) DEFINITION.—In this section:

1 (1) ADMINISTRATOR.—The term ''Adminis-
2 trator'' means the Administrator of the Environ-
3 mental Protection Agency.
4 (2) BUILT ENVIRONMENT.—The term ''built
5 environment'' means an environment consisting of
6 building, spaces, and products that are created or
7 modified by individuals and entities, including
8 homes, schools, workplaces, greenways, business
9 areas, transportation systems, and parks and recre-
10 ation areas, electrical transmission lines, waste dis-
11 posal sites, and land-use planning and policies that
12 impact urban, rural and suburban communities.
13 (3) DIRECTOR.—The term ''Director'' means
14 the Director of the Centers for Disease Control and
15 Prevention.
16 (4) ENVIRONMENTAL HEALTH.—The term ''en-
17 vironmental health'' means the health and wellbeing
18 of a population as affected by the direct pathological
19 effects of chemicals, radiation or biological agents,
20 and the effects, including the indirect effects, of the
21 broad physical, psychological, social and aesthetic
22 environment.
23 (5) HEALTH IMPACT ASSESSMENT.—The term
24 ''health impact assessment'' means a combination of
25 procedures, methods, and tools by which a regula-

1 tion, program, or other project is assessed as to its
2 potential effects on the health of a population, and
3 the distribution of those effects within the popu-
4 lation.
5 (6) SECRETARY.—The term ''Secretary'' means
6 the Secretary of Health and Human Services.
7 (c) FOSTERING HEALTH IMPACT ASSESSMENT.—
8 (1) ESTABLISHMENT.—The Secretary, acting
9 through the Director and in coordination with the
10 Administrator, shall establish a program at the Na-
11 tional Center of Environmental Health at the Cen-
12 ters for Disease Control and Prevention to foster ad-
13 vances and provide technical support in the field of
14 health impact assessments.
15 (2) ACTIVITIES.—Through the program under
16 paragraph (1), the Secretary shall—
17 (A) collect and disseminate evidence-based
18 practices relating to health impact assessments;
19 (B) manage capacity building grants, tech-
20 nical assistance, and training on the use of
21 health impact assessments; and
22 (C) provide guidance on health impact as-
23 sessments including similar international ef-
24 forts, known associations between the built en-
25 vironment and health outcomes, forecasting of

1 potential health effects of the built environ-
2 ment, and best practices relating to the inclu-
3 sion of the public in planning processes.
4 (d) AUTHORIZATION OF APPROPRIATIONS.—There
5 are authorized to be appropriated to carry out this section
6 such sums as may be necessary for each of fiscal years
7 2010 through 2014.

8 **SEC. 334. CDC AND EMPLOYER-BASED WELLNESS PRO-**
9 **GRAMS.**

10 Title III of the Public Health Service Act (42 U.S.C.
11 241 et seq.), as amended by section 314) is further
12 amended by adding at the end the following:

13 **"PART T—EMPLOYER-BASED WELLNESS**
14 **PROGRAM**

15 **"SEC. 399HH. WORKPLACE WELLNESS MARKETING CAM-**
16 **PAIGN.**

17 ''The Director of the Centers for Disease Control and
18 Prevention (referred to in this section as the 'Director'),
19 in coordination with relevant worksite health promotion
20 organizations, State and local health departments, and
21 academic institutions, shall conduct targeted educational
22 campaigns to—
23 ''(1) make employers, employer groups, and
24 other interested parties aware of the benefits of em-
25 ployer-based wellness programs;

1 ‘‘(2) establish a culture of health by empha-
2 sizing health promotion and disease prevention;
3 ‘‘(3) emphasize an integrated and coordinated
4 approach to workplace wellness; and
5 ‘‘(4) ensure informed decisions through high
6 quality information to organizational leaders.

7 **‘‘SEC. 399HH-1. TECHNICAL ASSISTANCE FOR EMPLOYER-**
8 **BASED WELLNESS PROGRAMS.**

9 ‘‘In order to expand the utilizations of evidence-based
10 prevention and health promotion approaches in the work-
11 place, the Director shall—
12 ‘‘(1) provide employers (including small, me-
13 dium, and large employers, as determined by the Di-
14 rector) with technical assistance, consultation, tools,
15 and other resources in evaluating such employers'
16 employer-based wellness programs, including—
17 ‘‘(A) measuring the participation and
18 methods to increase participation of employees
19 in such programs;
20 ‘‘(B) developing standardized measures
21 that assess policy, environmental and systems
22 changes necessary to have a positive health im-
23 pact on employees' health behaviors, health out-
24 comes, and health care expenditures; and

1 ''(C) evaluating such programs as they re-
2 late to changes in the health status of employ-
3 ees, the absenteeism of employees, the produc-
4 tivity of employees, the rate of workplace in-
5 jury, and the medical costs incurred by employ-
6 ees; and
7 ''(2) build evaluation capacity among workplace
8 staff by training employers on how to evaluate em-
9 ployer-based wellness programs by ensuring evalua-
10 tion resources, technical assistance, and consultation
11 are available to workplace staff as needed through
12 such mechanisms as web portals, call centers, or
13 other means.

14 **''SEC. 399HH-2. NATIONAL WORKSITE HEALTH POLICIES**
15 **AND PROGRAMS STUDY.**

16 ''(a) IN GENERAL.—In order to assess, analyze, and
17 monitor over time data about workplace policies and pro-
18 grams, and to develop instruments to assess and evaluate
19 comprehensive workplace chronic disease prevention and
20 health promotion programs, policies and practices, not
21 later than 2 years after the date of enactment of this part,
22 and at regular intervals (to be determined by the Director)
23 thereafter, the Director shall conduct a national worksite
24 health policies and programs survey to assess employer-
25 based health policies and programs.

1 “(b) REPORT.—Upon the completion of each study
2 under subsection (a), the Director shall submit to Con-
3 gress a report that includes the recommendations of the
4 Director for the implementation of effective employer-
5 based health policies and programs.

6 **“SEC. 399HH-3. RESEARCH IN WORKPLACE WELLNESS.**

7 “(a) WORKPLACE DEMONSTRATION STUDIES.—To
8 expand the science base for effective prevention and health
9 promotion approaches in the workplace, the Director, in
10 collaboration with academic institutions and employers,
11 shall institute workplace demonstration projects across
12 small, medium, and large employers. Such demonstration
13 projects shall be designed to determine how best to trans-
14 form the work environment for health, safety, and
15 wellness, how to create a strong, sustainable, coordinated,
16 and integrated workplace health promotion and wellness
17 program, and how to create innovative and sustainable
18 policy and environmental strategies to improve employee
19 health and wellness.

20 “(b) REPORT.—Upon the completion of the study
21 under subsection (b), the Director shall submit to Con-
22 gress a report that includes the recommendations of the
23 Director for the implementation of effective employer-
24 based health policies and programs.”.

1 # TITLE IV—HEALTH CARE
2 # WORKFORCE

3 ## Subtitle A—Purpose and
4 ## Definitions

5 **SEC. 401. PURPOSE.**

6 The purpose of this title is to improve access to and
7 the delivery of health care services for all individuals, par-
8 ticularly low income, underserved, uninsured, minority,
9 health disparity, and rural populations by—
10 (1) gathering and assessing comprehensive data
11 in order for the health care workforce to meet the
12 health care needs of individuals, including research
13 on the supply, demand, distribution, diversity, and
14 skills needs of the health care workforce;
15 (2) increasing the supply of a qualified health
16 care workforce to improve access to and the delivery
17 of health care services for all individuals;
18 (3) enhancing health care workforce education
19 and training to improve access to and the delivery
20 of health care services for all individuals; and
21 (4) providing support to the existing health care
22 workforce to improve access to and the delivery of
23 health care services for all individuals.

24 **SEC. 402. DEFINITIONS.**

25 (a) THIS TITLE.—In this title:

1 (1) HEALTH CARE CAREER PATHWAY.—The
2 term ''healthcare career pathway'' means a rigorous,
3 engaging, and high quality set of courses and serv-
4 ices that—
5 (A) includes an articulated sequence of
6 academic and career courses, including 21st
7 century skills;
8 (B) is aligned with the needs of healthcare
9 industries in a region or State;
10 (C) prepares students for entry into the
11 full range of postsecondary education options,
12 including registered apprenticeships, and ca-
13 reers;
14 (D) provides academic and career coun-
15 seling in student-to-counselor ratios that allow
16 students to make informed decisions about aca-
17 demic and career options;
18 (E) meets State academic standards, State
19 requirements for secondary school graduation
20 and is aligned with requirements for entry into
21 postsecondary education, and applicable indus-
22 try standards; and
23 (F) leads to 2 or more credentials, includ-
24 ing—
25 (i) a secondary school diploma; and

1 (ii) a postsecondary degree, an ap-
2 prenticeship or other occupational certifi-
3 cation, a certificate, or a license.
4 (2) INSTITUTION OF HIGHER EDUCATION.—The
5 term ''institution of higher education'' has the
6 meaning given the term in sections 101 and 102 of
7 the Higher Education Act of 1965 (20 U.S.C. 1001
8 and 1002).
9 (3) LOW INCOME INDIVIDUAL, STATE WORK-
10 FORCE INVESTMENT BOARD, AND LOCAL WORK-
11 FORCE INVESTMENT BOARD.—The terms ''low-in-
12 come individual'', ''State workforce investment
13 board'', and ''local workforce investment board'',
14 have the meanings given the terms in section 101 of
15 the Workforce investment Act of 1998 (29 U.S.C.
16 2801).
17 (4) POSTSECONDARY EDUCATION.—The term
18 ''postsecondary education'' means—
19 (A) a 4-year program of instruction, or not
20 less than a 1-year program of instruction that
21 is acceptable for credit toward a baccalaureate
22 degree, offered by an institution of higher edu-
23 cation; or
24 (B) a certificate or registered apprentice-
25 ship program at the postsecondary level offered

1 by an institution of higher education or a non-
2 profit educational institution.
3 (5) REGISTERED APPRENTICESHIP PROGRAM.—
4 The term ''registered apprenticeship program''
5 means an industry skills training program at the
6 postsecondary level that combines technical and the-
7 oretical training through structure on the job learn-
8 ing with related instruction (in a classroom or
9 through distance learning) while an individual is em-
10 ployed, working under the direction of qualified per-
11 sonnel or a mentor, and earning incremental wage
12 increases aligned to enhance job proficiency, result-
13 ing in the acquisition of a nationally recognized and
14 portable certificate, under a plan approved by the
15 Office of Apprenticeship or a State agency recog-
16 nized by the Department of Labor.
17 (b) TITLE VII OF THE PUBLIC HEALTH SERVICE
18 ACT.—Section 799B of the Public Health Service Act (42
19 U.S.C. 295p) is amended—
20 (1) by striking paragraph (3) and inserting the
21 following:
22 ''(3) PHYSICIAN ASSISTANT EDUCATION PRO-
23 GRAM.—The term 'physician assistant education
24 program' means an educational program in a public
25 or private institution in a State that—

1 "(A) has as its objective the education of
2 individuals who, upon completion of their stud-
3 ies in the program, be qualified to provide pri-
4 mary care medical services with the supervision
5 of a physician; and
6 "(B) is accredited by the Accreditation Re-
7 view Commission on Education for the Physi-
8 cian Assistant."; and
9 (2) by adding at the end the following:
10 "(12) AREA HEALTH EDUCATION CENTER.—
11 The term 'area health education center' means a
12 public or nonprofit private organization that has a
13 cooperative agreement or contract in effect with an
14 entity that has received an award under subsection
15 (b) or (c) of section 751, satisfies the requirements
16 in section 751(d)(1), and has as one of its principal
17 functions the operation of an area health education
18 center. Appropriate organizations may include hos-
19 pitals, health organizations with accredited primary
20 care training programs, accredited physician assist-
21 ant educational programs associated with a college
22 or university, and universities or colleges not oper-
23 ating a school of medicine or osteopathic medicine.
24 "(13) AREA HEALTH EDUCATION CENTER PRO-
25 GRAM.—The term 'area health education center pro-

1 gram' means cooperative program consisting of an
2 entity that has received an award under subsection
3 (b) or (c) of section 751 for the purpose of planning,
4 developing, operating, and evaluating an area health
5 education center program and one or more area
6 health education centers, which carries out the re-
7 quired activities described in subsection (b)(4) or
8 (c)(4) of section 751, satisfies the program require-
9 ments in such section, has as one of its principal
10 functions identifying and implementing strategies
11 and activities that address health care workforce
12 needs in its service area, in coordination with the
13 local workforce investment boards.
14 ''(14) CLINICAL SOCIAL WORKER.—The term
15 'clinical social worker' has the meaning given the
16 term in section 1861(hh)(1) of the Social Security
17 Act (42 U.S.C. 1395x(hh)(1)).
18 ''(15) CULTURAL COMPETENCY.—The term
19 'cultural competency'—
20 ''(A) with respect to health-related serv-
21 ices, means the ability to provide healthcare tai-
22 lored to meet the social, cultural, and linguistic
23 needs of patients from diverse backgrounds;
24 and

1 “(B) when used to describe education or
2 training, means education or training designed
3 to prepare those receiving the education or
4 training to provide health-related services tai-
5 lored to meet the social, cultural, and linguistic
6 needs of patients from diverse backgrounds.
7 “(16) FEDERALLY QUALIFIED HEALTH CEN-
8 TER.—The term ‘Federally qualified health center’
9 has the meaning given that term in section 1861(aa)
10 of the Social Security Act (42 U.S.C. 1395x(aa)).
11 “(17) GRADUATE PSYCHOLOGY.—The term
12 ‘graduate psychology’ means a master’s or doctoral
13 degree program in psychology.
14 “(18) HEALTH DISPARITY POPULATION.—The
15 term ‘health disparity population’ has the meaning
16 given such term in section 903(d)(1).
17 “(19) HEALTH LITERACY.—The term ‘health
18 literacy’ means the degree to which an individual has
19 the capacity to obtain, communicate, process, and
20 understand health information and services in order
21 to make appropriate health decisions.
22 “(20) MENTAL HEALTH SERVICE PROFES-
23 SIONAL.—The term ‘mental health service profes-
24 sional’ means an individual with a graduate or post-
25 graduate degree from an accredited institution of

1 higher education in psychiatry, psychology, school
2 psychology, behavioral pediatrics, psychiatric nurs-
3 ing, social work, school social work, marriage and
4 family counseling, school counseling, or professional
5 counseling.
6 "(21) ONE-STOP DELIVERY SYSTEM CENTER.—
7 The term 'one-stop delivery system' means a one-
8 stop delivery system described in section 134(c) of
9 the Workforce Investment Act of 1998 (29 U.S.C.
10 2864(c)).
11 "(22) PARAPROFESSIONAL CHILD AND ADOLES-
12 CENT MENTAL HEALTH WORKER.—The term 'para-
13 professional child and adolescent mental health
14 worker' means an individual who is not a mental or
15 behavioral health service professional, but who works
16 at the first stage of contact with children and fami-
17 lies who are seeking mental or behavioral health
18 services.
19 "(23) RACIAL AND ETHNIC MINORITY GROUP;
20 RACIAL AND ETHNIC MINORITY POPULATION.—The
21 terms 'racial and ethnic minority group' and 'racial
22 and ethnic minority population' have the meaning
23 given the term 'racial and ethnic minority group' in
24 section 1707.

1 "(24) RURAL HEALTH CLINIC.—The term
2 'rural health clinic' has the meaning given that term
3 in section 1861(aa) of the Social Security Act (42
4 U.S.C. 1395x(aa)).".
5 (c) TITLE VIII OF THE PUBLIC HEALTH SERVICE
6 ACT.—Section 801 of the Public Health Service Act (42
7 U.S.C. 296) is amended—
8 (1) in paragraph (2)—
9 (A) by inserting "accredited (as defined in
10 paragraph 6)" after "means an"; and
11 (B) by striking the period as inserting the
12 following: "where graduates are—
13 "(A) authorized to sit for the National
14 Council Licensure EXamination-Registered
15 Nurse (NCLEX-RN); or
16 "(B) licensed registered nurses who will re-
17 ceive a graduate or equivalent degree or train-
18 ing to become an advanced education nurse as
19 defined by section 811(j)(b)."; and
20 (2) by adding at the end the following:
21 "(16) ACCELERATED NURSING DEGREE PRO-
22 GRAM.—The term 'accelerated nursing degree pro-
23 gram' means a program of education in professional
24 nursing offered by an accredited school of nursing in
25 which an individual holding a bachelors degree in

1 another discipline receives a BSN or MSN degree in
2 an accelerated time frame as determined by the ac-
3 credited school of nursing.
4 "(17) BRIDGE OR DEGREE COMPLETION PRO-
5 GRAM.—The term 'bridge or degree completion pro-
6 gram' means a program of education in professional
7 nursing offered by an accredited school of nursing,
8 as defined in section 801(2), that leads to a bacca-
9 laureate degree in nursing. Such programs may in-
10 clude, Registered Nurse (RN) to Bachelor's of
11 Science of Nursing (BSN) programs, RN to MSN
12 (Master of Science of Nursing) programs, or BSN to
13 Doctoral programs.".

14 Subtitle B—Innovations in the
15 Health Care Workforce

16 SEC. 411. NATIONAL HEALTH CARE WORKFORCE COMMIS-
17 SION.

18 (a) PURPOSE.—It is the purpose of this section to
19 establish a National Health Care Workforce Commission
20 that—
21 (1) serves as a national resource for Congress,
22 the President, States, and localities by—
23 (A) disseminating information on current
24 and projected health care workforce supply and
25 demand;

1 (B) disseminating information on health
2 care workforce education and training capacity
3 and instruction or delivery models and best
4 practices;
5 (C) recognizing efforts of Federal, State,
6 and local partnerships to develop and offer
7 health care career pathways of proven effective-
8 ness;
9 (D) disseminating information on prom-
10 ising retention practices for health care profes-
11 sionals;
12 (E) communicating information on impor-
13 tant policies and practices that affect the re-
14 cruitment, education and training, and reten-
15 tion of the health care workforce; and
16 (F) disseminating recommendations on the
17 development of a fiscally sustainable integrated
18 workforce that supports a high-quality health
19 care delivery system that meets the needs of pa-
20 tients and populations;
21 (2) communicates and coordinates with the De-
22 partments of Health and Human Services, Labor,
23 and Education on related activities administered by
24 one or more of such Departments;

1 (3) develops and commissions evaluations of
2 education and training activities to determine wheth-
3 er the demand for health care workers is being met;
4 (4) identifies barriers to improved coordination
5 at the Federal, State, and local levels and rec-
6 ommend ways to address such barriers; and
7 (5) encourages innovations to address popu-
8 lation needs, constant changes in technology, and
9 other environmental factors.
10 (b) ESTABLISHMENT.—There is hereby established
11 the National Health Care Workforce Commission (in this
12 section referred to as the "Commission").
13 (c) MEMBERSHIP.—
14 (1) NUMBER AND APPOINTMENT.—The Com-
15 mission shall be composed of 15 members to be ap-
16 pointed by the Comptroller General.
17 (2) QUALIFICATIONS.—
18 (A) IN GENERAL.—The membership of the
19 Commission shall include individuals—
20 (i) with national recognition for their
21 expertise in health care labor market anal-
22 ysis, including health care workforce anal-
23 ysis; health care finance and economics;
24 health care facility management; health
25 care plans and integrated delivery systems;

1 health care workforce education and train-
2 ing; health care philanthropy; providers of
3 health care services; and other related
4 fields; and
5 (ii) who will provide a combination of
6 professional perspectives, broad geographic
7 representation, and a balance between
8 urban, suburban, and rural representa-
9 tives.
10 (B) INCLUSION.—
11 (i) IN GENERAL.—The membership of
12 the Commission shall include no less than
13 one representative of—
14 (I) the health care workforce and
15 health professionals;
16 (II) employers;
17 (III) third-party payers;
18 (IV) individuals skilled in the
19 conduct and interpretation of health
20 care services and health economics re-
21 search;
22 (V) representatives of consumers;
23 (VI) labor unions;
24 (VII) State or local workforce in-
25 vestment boards; and

1 (VIII) educational institutions
2 (which may include elementary and
3 secondary institutions, institutions of
4 higher education, including 2 and 4
5 year institutions, or registered ap-
6 prenticeship programs).
7 (ii) ADDITIONAL MEMBERS.—The re-
8 maining membership may include addi-
9 tional representatives from clause (i) and
10 other individuals as determined appro-
11 priate by the Comptroller General of the
12 United States.
13 (C) MAJORITY NON-PROVIDERS.—Individ-
14 uals who are directly involved in health profes-
15 sions education or practice shall not constitute
16 a majority of the membership of the Commis-
17 sion.
18 (3) TERMS.—
19 (A) IN GENERAL.—The terms of members
20 of the Commission shall be for 3 years except
21 that the Comptroller General shall designate
22 staggered terms for the members first ap-
23 pointed.
24 (B) VACANCIES.—Any member appointed
25 to fill a vacancy occurring before the expiration

1 of the term for which the member's predecessor
2 was appointed shall be appointed only for the
3 remainder of that term. A member may serve
4 after the expiration of that members term until
5 a successor has taken office. A vacancy in the
6 Commission shall be filled in the manner in
7 which the original appointment was made.
8 (4) COMPENSATION.—While serving on the
9 business of the Commission (including travel time),
10 a member of the Commission shall be entitled to
11 compensation at the per diem equivalent of the rate
12 provided for level IV of the Executive Schedule
13 under section 5315 of tile 5, United States Code,
14 and while so serving away from home and the mem-
15 ber's regular place of business, a member may be al-
16 lowed travel expenses, as authorized by the Chair-
17 man of the Commission. Physicians serving as per-
18 sonnel of the Commission may be provided a physi-
19 cian comparability allowance by the Commission in
20 the same manner as Government physicians may be
21 provided such an allowance by an agency under sec-
22 tion 5948 of title 5, United States Code, and for
23 such purpose subsection (i) of such section shall
24 apply to the Commission in the same manner as it
25 applies to the Tennessee Valley Authority. For pur-

1 poses of pay (other than pay of members of the
2 Commission) and employment benefits, rights, and
3 privileges, all personnel of the Commission shall be
4 treated as if they were employees of the United
5 States Senate.

6 (5) CHAIRMAN, VICE CHAIRMAN.—The members
7 of the Commission shall elect, by a majority vote, a
8 chairman and vice chairman of the Commission for
9 the term of their appointment of portion remaining.
10 Such elections shall occur at the end of any chair-
11 man or vice chairman's term or upon the resignation
12 of the chairman or vice chairman from the Commis-
13 sion.

14 (6) MEETINGS.—The Commission shall meet at
15 the call of the chairman, but no less frequently than
16 on a quarterly basis.

17 (d) DUTIES.—

18 (1) REVIEW OF HEALTH CARE WORKFORCE
19 AND ANNUAL REPORTS.—In order to develop a fis-
20 cally sustainable integrated workforce that supports
21 a high-quality, readily accessible health care delivery
22 system that meets the needs of patients and popu-
23 lations, the Commission, in consultation with rel-
24 evant Federal, State, and local agencies, shall—

1 (A) review current and projected health
2 care workforce supply and demand, including
3 the topics described in paragraph (2);
4 (B) make recommendations to Congress
5 and the Administration concerning national
6 health care workforce priorities, goals, and poli-
7 cies;
8 (C) by not later than October 1 of each
9 year (beginning with 2011), submit a report to
10 Congress and the Administration containing the
11 results of such reviews and recommendations
12 concerning related policies; and
13 (D) by not later than April 1 of each year
14 (beginning with 2011), submit a report to Con-
15 gress and the Administration containing a re-
16 view of, and recommendations on, at a min-
17 imum one high priority area as described in
18 paragraph (3).
19 (2) SPECIFIC TOPICS TO BE REVIEWED.—The
20 topics described in this paragraph include—
21 (A) current health care workforce supply
22 and distribution, including demographics, skill
23 sets, and demands, with projected demands
24 during the subsequent 10 and 25 year periods;

1 (B) health care workforce education and
2 training capacity, including the number of stu-
3 dents who have completed education and train-
4 ing, including registered apprenticeships; the
5 number of qualified faculty; the education and
6 training infrastructure; and the education and
7 training demands, with projected demands dur-
8 ing the subsequent 10 and 25 year periods, and
9 including identified models of education and
10 training delivery and best practices;
11 (C) the implications of new and existing
12 Federal policies which affect the health care
13 workforce, including Medicare and Medicaid
14 graduate medical education policies, titles VII
15 and VIII of the Public Health Service Act (42
16 U.S.C. 292 et seq. and 296 et seq.), the Na-
17 tional Health Service Corps (with recommenda-
18 tions for aligning such programs with national
19 health workforce priorities and goals), and
20 other health care workforce programs, including
21 those supported through the Workforce Invest-
22 ment Act of 1998 (29 U.S.C. 2801 et seq.), the
23 Carl D. Perkins Career and Technical Edu-
24 cation Act of 2006 (20 U.S.C. 2301 et seq.),
25 the Higher Education Act of 1965 (20 U.S.C.

1 1001 et seq.), and any other Federal health
2 care workforce programs; and
3 (D) the health care workforce needs of spe-
4 cial populations, such as minorities, rural popu-
5 lations, medically underserved populations, gen-
6 der specific needs, and geriatric and pediatric
7 populations with recommendations for new and
8 existing Federal policies to meet the needs of
9 these special populations.
10 (3) HIGH PRIORITY AREAS.—
11 (A) IN GENERAL.—The initial high priority
12 topics described in this paragraph include—
13 (i) integrated health care workforce
14 planning that identifies health care profes-
15 sional skills needed and maximizes the skill
16 sets of health care professionals across dis-
17 ciplines;
18 (ii) an analysis of the nature, scopes
19 of practice, and demands for health care
20 workers in the enhanced information tech-
21 nology and management workplace;
22 (iii) Medicare and Medicaid graduate
23 medical education policies and rec-
24 ommendations for aligning with national
25 workforce goals;

1 (iv) nursing workforce capacity at all
2 levels, including education and training ca-
3 pacity, projected demands, and integration
4 within the health care delivery system;
5 (v) oral health care workforce capac-
6 ity, including education and training ca-
7 pacity, projected demands, and integration
8 within the health care delivery system;
9 (vi) mental and behavioral health care
10 workforce capacity, including education
11 and training capacity, projected demands,
12 and integration within the health care de-
13 livery system;
14 (vii) allied health and public health
15 care workforce capacity, including edu-
16 cation and training capacity, projected de-
17 mands, and integration within the health
18 care delivery system; and
19 (viii) the geographic distribution of
20 health care providers as compared to the
21 identified health care workforce needs of
22 States and regions.
23 (B) FUTURE DETERMINATIONS.—The
24 Commission may require that additional topics
25 be included under subparagraph (A). The ap-

1 propriate committees of Congress may rec-
2 ommend to the Commission the inclusion of
3 other topics for health care workforce develop-
4 ment areas that require special attention.
5 (4) GRANT PROGRAM.—The Commission shall
6 oversee and report to Congress on the State Health
7 Care Workforce Development Grants program estab-
8 lished in section 412.
9 (5) STUDY.—The Commission shall study effec-
10 tive mechanisms for financing education and train-
11 ing for careers in health care, including public health
12 and allied health.
13 (6) RECOMMENDATIONS.—The Commission
14 shall submit recommendations to Congress, the De-
15 partment of Labor, and the Department of Health
16 and Human Services about improving safety, health,
17 and worker protections in the workplace for the
18 health care workforce.
19 (7) ASSESSMENT.—The Commission shall as-
20 sess and receive reports from the National Center
21 for Health Care Workforce Analysis established
22 under title VII of the Public Service Health Act.
23 (e) CONSULTATION WITH FEDERAL, STATE, AND
24 LOCAL AGENCIES, CONGRESS, AND OTHER ORGANIZA-
25 TIONS.—

1 (1) IN GENERAL.—The Commission shall con-
2 sult with Federal agencies (including the Depart-
3 ments of Health and Human Services, Labor, Edu-
4 cation, Commerce, Agriculture, Defense, and Vet-
5 erans Affairs and the Environmental Protections
6 Agency), Congress, the Medicare Payment Advisory
7 Commission, and, to the extent practicable, with
8 State and local agencies, voluntary health care orga-
9 nizations professional societies, and other relevant
10 public-private health care partnerships.
11 (2) OBTAINING OFFICIAL DATA.—The Commis-
12 sion, consistent with established privacy rules, may
13 secure directly from any department or agency of
14 the United States information necessary to enable
15 the Commission to carry out this section.
16 (3) DETAIL OF FEDERAL GOVERNMENT EM-
17 PLOYEES.—An employee of the Federal Government
18 may be detailed to the Commission without reim-
19 bursement. The detail of such an employee shall be
20 without interruption or loss of civil service status.
21 (f) DIRECTOR AND STAFF; EXPERTS AND CONSULT-
22 ANTS.—Subject to such review as the Comptroller General
23 of the United States determines to be necessary to ensure
24 the efficient administration of the Commission, the Com-
25 mission may—

1 (1) employ and fix the compensation of an exec-
2 utive director (subject to the approval of the Comp-
3 troller General) and such other personnel as may be
4 necessary to carry out its duties (without regard to
5 the provisions of title 5, United States Code, gov-
6 erning appointments in the competitive service);
7 (2) seek such assistance and support as may be
8 required in the performance of its duties from ap-
9 propriate Federal departments and agencies;
10 (3) enter into contracts or make other arrange-
11 ments, as may be necessary for the conduct of the
12 work of the Commission (without regard to section
13 3709 of the Revised Statutes (41 U.S.C. 5));
14 (4) make advance, progress, and other pay-
15 ments which relate to the work of the Commission;
16 (5) provide transportation and subsistence for
17 persons serving without compensation; and
18 (6) prescribe such rules and regulations as the
19 Commission determines to be necessary with respect
20 to the internal organization and operation of the
21 Commission.
22 (g) POWERS.—
23 (1) DATA COLLECTION.—In order to carry out
24 its functions under this section, the Commission
25 shall—

1 (A) utilize existing information, both pub-
2 lished and unpublished, where possible, collected
3 and assessed either by its own staff or under
4 other arrangements made in accordance with
5 this section, including coordination with the Bu-
6 reau of Labor Statistics;
7 (B) carry out, or award grants or con-
8 tracts for the carrying out of, original research
9 and development, where existing information is
10 inadequate, and
11 (C) adopt procedures allowing interested
12 parties to submit information for the Commis-
13 sion's use in making reports and recommenda-
14 tions.
15 (2) ACCESS OF THE GOVERNMENT ACCOUNT-
16 ABILITY OFFICE TO INFORMATION.—The Comp-
17 troller General of the United States shall have unre-
18 stricted access to all deliberations, records, and non-
19 proprietary data of the Commission, immediately
20 upon request.
21 (3) PERIODIC AUDIT.—The Commission shall
22 be subject to periodic audit by a third party ap-
23 pointed by the Secretary.
24 (h) AUTHORIZATION OF APPROPRIATIONS.—

1 (1) REQUEST FOR APPROPRIATIONS.—The
2 Commission shall submit requests for appropriations
3 in the same manner as the Comptroller General of
4 the United States submits requests for appropria-
5 tions. Amounts so appropriated for the Commission
6 shall be separate from amounts appropriated for the
7 Comptroller General.
8 (2) AUTHORIZATION.—There are authorized to
9 be appropriated such sums as may be necessary to
10 carry out this section.
11 (3) GIFTS.—The Commission is authorized to
12 accept and gifts for purposing of carrying out this
13 section.
14 (i) DEFINITIONS.—In this section:
15 (1) HEALTH CARE WORKFORCE.—The term
16 ''health care workforce'' includes all health care pro-
17 viders with direct patient care and support respon-
18 sibilities, including physicians, nurses, physician as-
19 sistants, pharmacists, oral healthcare professionals,
20 allied health professionals, mental health profes-
21 sionals, and public health professionals.
22 (2) HEALTH PROFESSIONALS.—The term
23 ''health professionals'' includes—
24 (A) dentists, dental hygienists, primary
25 care providers, specialty physicians, nurses,

1 nurse practitioners, physician assistants, psy-
2 chologists and other behavioral and mental
3 health professionals, social workers, physical
4 therapists, public health professionals, clinical
5 pharmacists, allied health professionals, chiro-
6 practors, community health workers, school
7 nurses, certified nurse midwives, podiatrists, li-
8 censed complementary and alternative medicine
9 providers, and integrative health practitioners;
10 (B) national representatives of health pro-
11 fessionals;
12 (C) representatives of schools of medicine,
13 osteopathy, nursing, allied health, educational
14 programs for public health professionals, behav-
15 ioral and mental health professionals (as so de-
16 fined), social workers, physical therapists, oral
17 health care industry dentistry and dental hy-
18 giene, and physician assistants;
19 (D) representatives of public and private
20 teaching hospitals, and ambulatory health facili-
21 ties, including Federal medical facilities; and
22 (E) any other health professional the
23 Comptroller General of the United States deter-
24 mines appropriate.

1 **SEC. 412. STATE HEALTH CARE WORKFORCE DEVELOP-**
2 **MENT GRANTS.**
3 (a) ESTABLISHMENT.—There is established a com-
4 petitive health care workforce development grant program
5 (referred to in this section as the ''program'') for the pur-
6 pose of enabling State partnerships to complete com-
7 prehensive planning and to carry out activities leading to
8 coherent and comprehensive health care workforce devel-
9 opment strategies at the State and local levels.
10 (b) OVERSIGHT AND REPORTING.—
11 (1) DUTIES OF COMMISSION.—The National
12 Health Care Workforce Commission established in
13 section 411 (referred to in this section as the ''Com-
14 mission'') shall—
15 (A) in collaboration with the Department
16 of Labor and in coordination with the Depart-
17 ment of Education and other relevant Federal
18 agencies, make recommendations to the fiscal
19 and administrative agent under paragraph (2)
20 for grant recipients;
21 (B) oversee the administration of the
22 grants; and
23 (C) collect performance and report infor-
24 mation on grants from the fiscal and adminis-
25 trative agent and distribute this information to

1 Congress, relevant Federal agencies, and to the
2 public.
3 (2) FISCAL AND ADMINISTRATIVE AGENT.—The
4 Health Resources and Services Administration of the
5 Department of Health and Human Services (re-
6 ferred to in this section as the ''Administration'')
7 shall be the fiscal and administrative agent for the
8 grants awarded under this section. The Administra-
9 tion is authorized to carry out the program at the
10 direction of the Commission, which shall oversee the
11 development, implementation and evaluation activi-
12 ties of the grant program, including—
13 (A) administering the grants;
14 (B) providing technical assistance to grant-
15 ees; and
16 (C) reporting performance information to
17 the Commission.
18 (c) PLANNING GRANTS.—
19 (1) AMOUNT AND DURATION.—A planning
20 grant shall be awarded under this subsection for a
21 period of not more than one year and the maximum
22 award may not be more than $150,000.
23 (2) ELIGIBILITY.—To be eligible to receive a
24 planning grant, an entity shall be an eligible part-
25 nership. An eligible partnership shall be a State

1 workforce investment board, if it includes or modi-
2 fies the members to include at least one representa-
3 tive from each of the following: health care em-
4 ployer, labor organization, a public 2-year institution
5 of higher education, a public 4-year institution of
6 higher education, the recognized State federation of
7 labor, the State public secondary education agency,
8 the State P–16 or P–20 Council if such a council ex-
9 ists, and a philanthropic organization that are ac-
10 tively engaged in providing learning, mentoring, and
11 work opportunities to recruit, educate, and train in-
12 dividuals for, and retain individuals in, careers in
13 health care and related industries.
14 (3) FISCAL AND ADMINISTRATIVE AGENT.—The
15 Governor of the State receiving a planning grant has
16 the authority to appoint a fiscal and an administra-
17 tive agency for the partnership.
18 (4) APPLICATION.—Each State partnership de-
19 siring a planning grant shall submit an application
20 to the Administrator of the Administration at such
21 time and in such manner, and accompanied by such
22 information as the Administrator may reasonable re-
23 quire. Each application submitted for a planning
24 grant shall describe the members of the State part-
25 nership, the activities for which assistance is sought,

1 the proposed performance benchmarks to be used to
2 measure progress under the planning grant, a budg-
3 et for use of the funds to complete the required ac-
4 tivities described in paragraph (5), and such addi-
5 tional assurance and information as the Adminis-
6 trator determines to be essential to ensure compli-
7 ance with the grant program requirements.
8 (5) REQUIRED ACTIVITIES.—A State partner-
9 ship receiving a planning grant shall carry out the
10 following:
11 (A) Analyze State labor market informa-
12 tion in order to create health care career path-
13 ways for students and adults.
14 (B) Identify current and projected high de-
15 mand State or regional health care sectors for
16 purposes of planning career pathways.
17 (C) Identify existing Federal, State, and
18 private resources to recruit, education or train,
19 and retain a skilled health care workforce and
20 strengthen partnerships.
21 (D) Describe the academic and health care
22 industry skill standards for high school gradua-
23 tion, for entry into postsecondary education,
24 and for various credentials and licensure.

1 (E) Describe State policies and models for
2 career information and guidance counseling,
3 and the secondary and postsecondary.
4 (F) Identify Federal or State policies or
5 rules to developing a coherent and comprehen-
6 sive health care workforce development strategy
7 and barriers and a plan to resolve these bar-
8 riers.
9 (G) Participate in the Administration's
10 evaluation and reporting activities.
11 (6) PERFORMANCE AND EVALUATION.—Before
12 the State partnership receives a planning grant,
13 such partnership and the Administrator of the Ad-
14 ministration shall jointly determine the performance
15 benchmarks that will be established for the purposes
16 of the planning grant.
17 (7) MATCH.—Each State partnership receiving
18 a planning grant shall provide an amount, in cash
19 or in kind, that is not less that 15 percent of the
20 amount of the grant, to carry out the activities sup-
21 ported by the grant. The matching requirement may
22 be provided from funds available under other Fed-
23 eral, State, local or private sources to carry out the
24 activities.
25 (8) REPORT.—

1 (A) REPORT TO ADMINISTRATION.—Not
2 later than 1 year after a State partnership re-
3 ceives a planning grant, the partnership shall
4 submit a report to the Administration on the
5 State's performance of the activities under the
6 grant, including the use of funds, including
7 matching funds, to carry out required activities,
8 and a description of the progress of the State
9 workforce investment board in meeting the per-
10 formance benchmarks.
11 (B) REPORT TO CONGRESS.—The Admin-
12 istration shall submit a report to the Commis-
13 sion analyzing the planning activities, perform-
14 ance, and fund utilization of each State grant-
15 ees, including an identification of promising
16 practices and a profile of the activities of each
17 State grantee.
18 (d) IMPLEMENTATION GRANTS.—
19 (1) IN GENERAL.—The Commission shall make
20 recommendations to the fiscal and administrative
21 agent for recipients of implementation grants, to be
22 awarded on a competitive basis, to State partner-
23 ships to enable such partnerships to implement ac-
24 tivities that will result in a coherent and comprehen-
25 sive plan for health workforce development that will

1 address current and projected workforce demands
2 within the State.
3 (2) DURATION.—An implementation grant shall
4 be awarded for a period of no more than 2 years,
5 except in those cases where the Commission deter-
6 mines that the grantee is high performing and the
7 activities supported by the grant warrant up to 1 ad-
8 ditional year of funding.
9 (3) ELIGIBILITY.—To be eligible for an imple-
10 mentation grant, a State partnership shall have—
11 (A) received a planning grant under sub-
12 section (c) and completed all requirements of
13 such grant; or
14 (B) completed a satisfactory application,
15 including a plan to coordinate with required
16 partners and complete the required activities
17 during the 2 year period of the implementation
18 grant.
19 (4) FISCAL AND ADMINISTRATIVE AGENT.—A
20 State partnership receiving an implementation grant
21 shall appoint a fiscal and an administration agent
22 for the implementation of such grant.
23 (5) APPLICATION.—Each eligible State partner-
24 ship desiring an implementation grant shall submit
25 an application to the Commission at such time, in

1 such manner, and accompanied by such information
2 as the Commission may reasonably require. Each
3 application submitted shall include—
4 (A) a description of the members of the
5 State partnership;
6 (B) a description of how the State partner-
7 ship completed the required activities under the
8 planning grant, if applicable;
9 (C) a description of the activities for which
10 implementation grant funds are sought, includ-
11 ing possible seed grants to regions by the State
12 partnership to advance coherent and com-
13 prehensive regional health care workforce plan-
14 ning activities;
15 (D) a description of how the State partner-
16 ship will coordinate with required partners and
17 complete the required partnership activities
18 during the duration of an implementation
19 grant.
20 (E) a budget proposal of the cost of the
21 activities supported by the implementation
22 grant and a timeline for the provision of match-
23 ing funds required;

1 (F) proposed performance benchmarks to
2 be used to assess and evaluate the progress of
3 the partnership activities;
4 (G) a description of how the State partner-
5 ship will collect data to report progress in grant
6 activities; and
7 (H) such additional assurances as the
8 Commission determines to be essential to en-
9 sure compliance with grant requirements.
10 (6) REQUIRED ACTIVITIES.—
11 (A) IN GENERAL.—A State partnership
12 that receives an implementation grant may re-
13 serve not less than 50 percent of the grant
14 funds to make seed grants to be competitively
15 awarded by the State partnership, consistent
16 with State procurement rules, to encourage re-
17 gional partnerships to address health care
18 workforce development needs and to promote
19 innovative health care workforce career pathway
20 activities, including career counseling, learning,
21 and employment.
22 (B) ELIGIBLE PARTNERSHIP DUTIES.—An
23 eligible State partnership receiving an imple-
24 mentation grant shall—

1 (i) identify and convene regional lead-
2 ership to discuss opportunities to engage in
3 statewide health care workforce develop-
4 ment planning, including potential use of
5 seed grants to be competitively awarded by
6 the State partnership to encourage innova-
7 tive approaches to improving the supply,
8 diversity, distribution, and development of
9 regional health care workforces, including
10 the expansion of and access to quality and
11 timely career information and guidance
12 and education and training programs;
13 (ii) in consultation with key stake-
14 holders and regional leaders, take appro-
15 priate steps to reduce Federal, State, or
16 local barriers to comprehensive and coher-
17 ent strategy, including changes in State or
18 local policies to foster coherent and com-
19 prehensive health care workforce develop-
20 ment activities, including health care ca-
21 reer pathways at the State and regional
22 levels and career planning information, and
23 as appropriate, requests for Federal pro-
24 gram or administrative waivers;

1 (iii) develop and disseminate a pre-
2 liminary statewide strategy that addresses
3 short- and long-term health care workforce
4 development supply versus demand, includ-
5 ing the solicitation of comments or feed-
6 back from key stakeholders and the gen-
7 eral public, and refine accordingly;
8 (iv) convene State partnership mem-
9 bers of a regular basis, and at least on a
10 semiannual basis;
11 (v) assist leaders at the regional level
12 to form partnerships, including the provi-
13 sion of technical assistance and capacity
14 building activities such as the dissemina-
15 tion of best practices and tools with the
16 State;
17 (vi) collect and assess data on and re-
18 port on the performance benchmarks se-
19 lected by the State partnership and the
20 Commission for implementation activities
21 carried out by State and local partner-
22 ships; and
23 (vii) participate in the Administra-
24 tion's evaluation and reporting activities.

1 (7) PERFORMANCE AND EVALUATION.—Before
2 the State partnership receives an implementation
3 grant, it and the Administrator shall jointly deter-
4 mine the performance benchmarks that shall be es-
5 tablished for the purposes of the implementation
6 grant.
7 (8) MATCH.—Each State partnership receiving
8 an implementation grant shall provide an amount, in
9 case or in kind that is not less than 25 percent of
10 the amount of the grant, to carry out the activities
11 supported by the grant. The matching funds may be
12 provided from funds available from other Federal,
13 State, local, or private sources to carry out such ac-
14 tivities.
15 (9) REPORTS.—
16 (A) REPORT TO ADMINISTRATION.—For
17 each year of the implementation grant, the
18 State partnership receiving the implementation
19 grant shall submit a report to the Administra-
20 tion on the performance of the State of the
21 grant activities, including a description of the
22 use of the funds, including matched funds, to
23 complete activities, and a description of the per-
24 formance of the State partnership in meeting
25 the performance benchmarks.

1 (B) REPORT TO CONGRESS.—The Admin-
2 istration shall submit a report to the Commis-
3 sion analyzing implementation activities, per-
4 formance, and fund utilization of the State
5 grantees, including an identification of prom-
6 ising practices and a profile of the activities of
7 each State grantee.
8 (e) AUTHORIZATION FOR APPROPRIATIONS.—
9 (1) PLANNING GRANTS.—There are authorized
10 to be appropriated to award planning grants under
11 subsection (c) $8,000,000 for fiscal year 2010, and
12 such sums as may be necessary for each subsequent
13 fiscal year.
14 (2) IMPLEMENTATION GRANTS.—There are au-
15 thorized to be appropriated to award implementation
16 grants under subsection (d), $150,000,000 for fiscal
17 year 2010, and such sums as may be necessary for
18 each subsequent fiscal year.
19 **SEC. 413. HEALTH CARE WORKFORCE PROGRAM ASSESS-**
20 **MENT.**
21 (a) IN GENERAL.—Section 761 of the Public Health
22 Service Act (42 U.S.C. 294m) is amended—
23 (1) by redesignating subsection (c) as sub-
24 section (e);

1 (2) by striking subsection (b) and inserting the
2 following:
3 "(b) NATIONAL CENTER FOR HEALTH CARE WORK-
4 FORCE ANALYSIS.—
5 "(1) ESTABLISHMENT.—The Secretary shall es-
6 tablish the National Center for Health Workforce
7 Analysis (referred to in this section as the 'National
8 Center').
9 "(2) PURPOSES.—The purposes of the National
10 Center are to—
11 "(A) provide for the development of infor-
12 mation describing the health care workforce and
13 the analysis of health care workforce related
14 issues;
15 "(B) carry out the activities under section
16 792(a); and
17 "(C) collect, analyze, and report data re-
18 lated to programs under this title in coordina-
19 tion with the State and Regional Centers for
20 Health Workforce Analysis described in sub-
21 section (c) (referred to in this section as the
22 'State and Regional Centers') and with the
23 State agency responsible for the statewide em-
24 ployment statistics system under section 15(e)
25 of the Wagner-Peyser Act (29 U.S.C. 49l–2).

1 “(3) FUNCTIONS.—The National Center shall,
2 in coordination with the Commission established in
3 section 411 of the Affordable Health Choices Act—
4 “(A) annually evaluate the effectiveness of
5 programs under this title;
6 “(B) develop and publish benchmarks for
7 performance for programs under this title;
8 “(C) establish, maintain, and make pub-
9 licly available through the Internet a national
10 health workforce database to collect data
11 from—
12 “(i) longitudinal evaluations (as de-
13 scribed in subsection (d)(2) on perform-
14 ance measures (as developed under sec-
15 tions 749(d)(3), 757(d)(3), and 762(a)(3));
16 and
17 “(ii) the State and Regional Centers
18 described in subsection (c); and
19 “(D) and establish and maintain a registry
20 of each grant awarded under this title.
21 “(4) COLLABORATION AND DATA SHARING.—
22 “(A) IN GENERAL.—The National Center
23 shall collaborate with Federal agencies, health
24 professions education organizations, health pro-
25 fessions organizations, and professional medical

1 societies for the purpose of linking data regard-
2 ing grants awarded under this title with 1 or
3 more of the following:
4 "(i) Data maintained by the Depart-
5 ment of Health and Human Services and
6 its various agencies.
7 "(ii) Data maintained by the Bureau
8 of Labor Statistics.
9 "(iii) Data maintained by the Census
10 Bureau.
11 "(iv) Data maintained by the Depart-
12 ments of Defense and Veterans Affairs.
13 "(v) Data sets maintained by health
14 professions education organizations, health
15 professions organizations, or professional
16 medical societies.
17 "(vi) Other data sets, as the Secretary
18 determines appropriate.
19 "(B) CONTRACTS FOR HEALTH WORK-
20 FORCE ANALYSIS.—For the purpose of carrying
21 out the activities described in subparagraph
22 (A), the National Center may enter into con-
23 tracts with health professions education organi-
24 zations, health professions organizations, or
25 professional medical societies.

1 "(c) STATE AND REGIONAL CENTERS FOR HEALTH
2 WORKFORCE ANALYSIS.—
3 "(1) IN GENERAL.—The Secretary shall award
4 grants to, or enter into contracts with, eligible enti-
5 ties for purposes of—
6 "(A) collecting, analyzing, and reporting to
7 the National Center data regarding programs
8 under this title;
9 "(B) conducting and broadly disseminating
10 research and reports on State, regional, and na-
11 tional health workforce issues;
12 "(C) evaluating the effectiveness of pro-
13 grams under this title; and
14 "(D) providing technical assistance to local
15 and regional entities on the collection, analysis,
16 and reporting of data related to health work-
17 force issues.
18 "(2) ELIGIBLE ENTITIES.—To be eligible for a
19 grant or contract under this subsection, an entity
20 shall—
21 "(A) be a State, a State workforce invest-
22 ment board, a public health or health profes-
23 sions school, an academic health center, or an
24 appropriate public or private nonprofit entity or
25 a partnership of such entities; and

1 "(B) submit to the Secretary an applica-
2 tion at such time, in such manner, and con-
3 taining such information as the Secretary may
4 require.
5 "(d) INCREASE IN GRANTS FOR LONGITUDINAL
6 EVALUATIONS.—
7 "(1) IN GENERAL.—The Secretary shall in-
8 crease the amount of a grant or contract awarded to
9 an eligible entity under this title for the establish-
10 ment and maintenance of a longitudinal evaluation
11 of students, residents, fellows, interns, or faculty
12 who have received education, training, or financial
13 assistance from programs under this title.
14 "(2) CAPABILITY.—A longitudinal evaluation
15 shall be capable of—
16 "(A) studying participation in the National
17 Health Service Corps, practice in federally
18 qualified health centers, practice in health pro-
19 fessional shortage areas and medically under-
20 served areas, and practice in primary care; and
21 "(B) collecting and reporting data on per-
22 formance measures developed under sections
23 749(d)(3), 757(d)(3), and 762(a)(3).

1 "(3) GUIDELINES.—A longitudinal evaluation
2 shall comply with guidelines issued under sections
3 749(d)(4), 757(d)(4), and 762(a)(4).
4 "(4) ELIGIBLE ENTITIES.—To be eligible to ob-
5 tain an increase under this section, an entity shall
6 be a recipient of a grant or contract under this title
7 and have not previously received an increase under
8 this section."; and
9 (3) in subsection (e), as so redesignated—
10 (A) by striking paragraph (1) and insert-
11 ing the following:
12 "(1) IN GENERAL.—
13 "(A) NATIONAL CENTER FOR HEALTH
14 WORKFORCE ANALYSIS.—To carry out sub-
15 section (b), there are authorized to be appro-
16 priated $5,000,000 for each of fiscal years
17 2010 and 2011, $10,000,000 for each of fiscal
18 years 2012 through 2014, and such sums as
19 may be necessary for each subsequent fiscal
20 year.
21 "(B) STATE AND REGIONAL CENTERS.—
22 To carry out subsection (c), there are author-
23 ized to be appropriated $4,500,000 for each of
24 fiscal years 2010 through 2014, and such sums

1 as may be necessary for each subsequent fiscal
2 year.
3 "(C) GRANTS FOR LONGITUDINAL EVALUA-
4 TIONS.—To carry out subsection (d), there are
5 authorized to be appropriated such sums as
6 may be necessary for fiscal years 2010 through
7 2014.
8 "(D) CARRYOVER FUNDS.—An entity that
9 receives an award under this section may carry
10 over funds from 1 fiscal year to another without
11 obtaining approval from the Secretary. In no
12 case may any funds be carried over pursuant to
13 the preceding sentence for more than 3 years.";
14 and
15 (4) in paragraph (2), by striking "subsection
16 (a)" and inserting "paragraph (1)".
17 (b) TRANSFER OF FUNCTIONS.—Not later than 180
18 days after the date of enactment of this Act, all of the
19 functions, authorities, and resources of the National Cen-
20 ter for Health Workforce Analysis of the Health Resources
21 and Services Administration, as in effect on the date be-
22 fore the date of enactment of this Act, shall be transferred
23 to the National Center for Health Workforce Analysis es-
24 tablished under section 761 of the Public Health Service
25 Act, as amended by subsection (a).

1 (c) PRIORITY FOR USE OF LONGITUDINAL EVALUA-
2 TIONS.—Section 791(a)(1) of the Public Health Service
3 Act (42 U.S.C. 295j(a)(1)) is amended—
4 (1) in subparagraph (A), by striking ''or'' at
5 the end;
6 (2) in subparagraph (B), by striking the period
7 and inserting ''; or''; and
8 (3) by adding at the end the following:
9 ''(C) utilizes a longitudinal evaluation (as
10 described in section 761(d)(2)) and reports data
11 from such system to the national workforce
12 database (as established under section
13 761(b)(3)(D)).''.
14 (d) PERFORMANCE MEASURES; GUIDELINES FOR
15 LONGITUDINAL EVALUATIONS.—
16 (1) ADVISORY COMMITTEE ON TRAINING IN PRI-
17 MARY CARE MEDICINE AND DENTISTRY.—Section
18 748(d) of the Public Health Service Act is amend-
19 ed—
20 (A) in paragraph (1), by striking ''and'' at
21 the end;
22 (B) in paragraph (2), by striking the pe-
23 riod and inserting a semicolon; and
24 (C) by adding at the end the following:

1 "(3) not later than 3 years after the date of en-
2 actment of the Affordable Health Choices Act, de-
3 velop, publish, and implement performance meas-
4 ures, which shall be quantitative to the extent pos-
5 sible, for programs under this part;
6 "(4) develop and publish guidelines for longitu-
7 dinal evaluations (as described in section 761(d)(2))
8 for programs under this part; and
9 "(5) recommend appropriation levels for pro-
10 grams under this part.".
11 (2) ADVISORY COMMITTEE ON INTERDISCIPLI-
12 NARY, COMMUNITY-BASED LINKAGES.—Section
13 756(d) of the Public Health Service Act is amend-
14 ed—
15 (A) in paragraph (1), by striking "and" at
16 the end;
17 (B) in paragraph (2), by striking the pe-
18 riod and inserting a semicolon; and
19 (C) by adding at the end the following:
20 "(3) not later than 3 years after the date of en-
21 actment of the Affordable Health Choices Act, de-
22 velop, publish, and implement performance meas-
23 ures, which shall be quantitative to the extent pos-
24 sible, for programs under this part;

1 "(4) develop and publish guidelines for longitu-
2 dinal evaluations (as described in section 761(d)(2))
3 for programs under this part; and
4 "(5) recommend appropriation levels for pro-
5 grams under this part.".
6 (3) ADVISORY COUNCIL ON GRADUATE MEDICAL
7 EDUCATION.—Section 762(a) of the Public Health
8 Service Act (42 U.S.C. 294o(a)) is amended—
9 (A) in paragraph (1), by striking "and" at
10 the end;
11 (B) in paragraph (2), by striking the pe-
12 riod and inserting a semicolon; and
13 (C) by adding at the end the following:
14 "(3) not later than 3 years after the date of en-
15 actment of the Affordable Health Choices Act de-
16 velop, publish, and implement performance meas-
17 ures, which shall be quantitative to the extent pos-
18 sible, for programs under this title, except for pro-
19 grams under part C or D;
20 "(4) develop and publish guidelines for longitu-
21 dinal evaluations (as described in section 761(d)(2))
22 for programs under this title, except for programs
23 under part C or D; and

1 "(5) recommend appropriation levels for pro-
2 grams under this title, except for programs under
3 part C or D.".

4 Subtitle C—Increasing the Supply 5 of the Health Care Workforce

6 **SEC. 421. FEDERALLY SUPPORTED STUDENT LOAN FUNDS.**

7 (a) LOAN PROVISIONS.—Section 722 of the Public
8 Health Service Act (42 U.S.C. 292r) is amended by strik-
9 ing subsection (e) and inserting the following:

10 "(e) RATE OF INTEREST.—Such loans shall bear in-
11 terest, on the unpaid balance of the loan, computed only
12 for periods for which the loan is repayable, at the rate
13 of 2 percent less than the applicable rate of interest de-
14 scribed in section 427A(l)(1) of the Higher Education Act
15 of 1965 (20 U.S.C. 1077a(l)(1)) per year.".

16 (b) MEDICAL SCHOOLS AND PRIMARY HEALTH
17 CARE.—Section 723 of the Public Health Service Act (42
18 U.S.C. 292s) is amended—

19 (1) in subsection (a)—

20 (A) in paragraph (1), by striking subpara-
21 graph (B) and inserting the following:

22 "(B) to practice in such care for 10 years
23 (including residency training in primary health
24 care) or through the date on which the loan is
25 repaid in full, whichever occurs first."; and

1 (B) by striking paragraph (3) and insert-
2 ing the following:
3 "(3) NONCOMPLIANCE BY STUDENT.—Each
4 agreement entered into with a student pursuant to
5 paragraph (1) shall provide that, if the student fails
6 to comply with such agreement, the loan involved
7 will begin to accrue interest at a rate of 2 percent
8 per year greater than the rate at which the student
9 would pay if compliant in such year."; and
10 (2) by adding at the end the following:
11 "(d) SENSE OF CONGRESS.—It is the sense of Con-
12 gress that funds repaid under the loan program under this
13 section should not be transferred to the Treasury of the
14 United States or otherwise used for any other purpose
15 other than to carry out this section.".
16 (c) STUDENT LOAN GUIDELINES.—The Secretary of
17 Health and Human Services shall not require parental fi-
18 nancial information from a student to determine financial
19 need under section 723 of the Public Health Service Act
20 (42 U.S.C. 292s) and the determination of need for such
21 information shall be at the discretion of applicable school
22 loan officer. The Secretary shall amend guidelines issued
23 by the Health Resources and Services Administration in
24 accordance with the preceding sentence.

1 **SEC. 422. NURSING STUDENT LOAN PROGRAM.**
2 (a) LOAN AGREEMENTS.—Section 836(a) of the Pub-
3 lic Health Service Act (42 U.S.C. 297a(a)) is amended—
4 (1) by striking ''$2,500'' and inserting
5 ''$3,300'';
6 (2) by striking ''$4,000'' and inserting
7 ''$5,200''; and
8 (3) by striking ''$13,000'' and all that follows
9 through the period and insert ''$17,000 in the case
10 of any student during fiscal years 2010 and 2011.
11 After fiscal year 2011, such amounts shall be ad-
12 justed to provide for a cost-of-living increase for the
13 yearly loan rate and the aggregate of the loans.''.
14 (b) LOAN PROVISIONS.—Section 836(b) of the Public
15 Health Service Act (42 U.S.C. 297b(b)) is amended—
16 (1) in paragraph (1)(C), by striking ''1986''
17 and inserting ''2000''; and
18 (2) in paragraph (3), by striking ''1979'' and
19 inserting ''1995''.
20 **SEC. 423. HEALTH CARE WORKFORCE LOAN REPAYMENT**
21 **PROGRAMS.**
22 Part E of title VII of the Public Health Service Act
23 (42 U.S.C. 294n et seq.) is amended by adding at the end
24 the following:

1 **"Subpart 3—Recruitment and Retention Programs**

2 **"SEC. 775. INVESTMENT IN TOMORROW'S PEDIATRIC**
3 **HEALTH CARE WORKFORCE.**

4 ''(a) ESTABLISHMENT.—The Secretary shall estab-
5 lish and carry out a pediatric specialty loan repayment
6 program under which the eligible individual agrees to be
7 employed full-time for a specified period (which shall not
8 be less than 2 years) in providing pediatric medical sub-
9 specialty, pediatric surgical specialty, or child and adoles-
10 cent mental and behavioral health care.

11 ''(b) PROGRAM ADMINISTRATION.—Through the pro-
12 gram established under this section, the Secretary shall
13 enter into contracts with qualified health professionals
14 under which—

15 ''(1) such qualified health professionals will
16 agree to provide pediatric medical subspecialty, pedi-
17 atric surgical specialty, or child and adolescent men-
18 tal and behavioral health care in an area with a
19 shortage of the specified pediatric subspecialty that
20 has a sufficient pediatric population to support such
21 pediatric subspecialty, as determined by the Sec-
22 retary; and

23 ''(2) the Secretary agrees to make payments on
24 the principal and interest of undergraduate or grad-
25 uate medical education loans of professionals de-
26 scribed in paragraph (1) of not more than $35,000

1 a year for each year of agreed upon service under
2 such paragraph for a period of not more than 3
3 years during the qualified health professional's—
4 ''(A) participation in an accredited pedi-
5 atric medical subspecialty, pediatric surgical
6 specialty, or child and adolescent mental health
7 subspecialty residency or fellowship; or
8 ''(B) employment as a pediatric medical
9 subspecialist, pediatric surgical specialist, or
10 child and adolescent mental health professional
11 serving an area or population described in such
12 paragraph.
13 ''(c) IN GENERAL.—
14 ''(1) ELIGIBLE INDIVIDUALS.—
15 ''(A) PEDIATRIC MEDICAL SPECIALISTS
16 AND PEDIATRIC SURGICAL SPECIALISTS.—For
17 purposes of contracts with respect to pediatric
18 medical specialists and pediatric surgical spe-
19 cialists, the term 'qualified health professional'
20 means a licensed physician who—
21 ''(i) is entering or receiving training
22 in an accredited pediatric medical sub-
23 specialty or pediatric surgical specialty
24 residency or fellowship; or

1 "(ii) has completed (but not prior to
2 the end of the calendar year in which this
3 section is enacted) the training described
4 in paragraph (2).
5 "(B) CHILD AND ADOLESCENT MENTAL
6 AND BEHAVIORAL HEALTH.—For purposes of
7 contracts with respect to child and adolescent
8 mental and behavioral health care, the term
9 'qualified health professional' means a health
10 care professional who—
11 "(i) has received specialized training
12 or clinical experience in child and adoles-
13 cent mental health in psychiatry, psy-
14 chology, school psychology, behavioral pedi-
15 atrics, psychiatric nursing, social work,
16 school social work, marriage and family
17 therapy, school counseling, or professional
18 counseling;
19 "(ii) has a license or certification in a
20 State to practice allopathic medicine, os-
21 teopathic medicine, psychology, school psy-
22 chology, psychiatric nursing, social work,
23 school social work, marriage and family
24 therapy, school counseling, or professional
25 counseling; or

1 "(iii) is a mental health service pro-
2 fessional who completed (but not before
3 the end of the calendar year in which this
4 section is enacted) specialized training or
5 clinical experience in child and adolescent
6 mental health described in clause (i).
7 "(2) ADDITIONAL ELIGIBILITY REQUIRE-
8 MENTS.—The Secretary may not enter into a con-
9 tract under this subsection with an eligible indi-
10 vidual unless—
11 "(A) the individual is a United States cit-
12 izen or a permanent legal United States resi-
13 dent; and
14 "(B) if the individual is enrolled in a grad-
15 uate program, the program is accredited, and
16 the individual has an acceptable level of aca-
17 demic standing (as determined by the Sec-
18 retary).
19 "(d) PRIORITY.—In entering into contracts under
20 this subsection, the Secretary shall give priority to appli-
21 cants who—
22 "(1) are or will be working with high-priority
23 populations in a Health Professional Shortage Area,
24 Medically Underserved Area, or Medically Under-
25 served Population;

1 "(2) have familiarity with evidence-based meth-
2 ods and cultural and linguistic competence health
3 care services; and
4 "(3) demonstrate financial need.
5 "(e) AUTHORIZATION OF APPROPRIATIONS.—There
6 is authorized to be appropriated to carry out this section
7 $30,000,000 for each of fiscal years 2010 through 2014.".
8 **SEC. 424. PUBLIC HEALTH WORKFORCE RECRUITMENT**
9 **AND RETENTION PROGRAMS.**
10 Part E of title VII of the Public Health Service Act
11 (42 U.S.C. 294n et seq.), as amended by section 423, is
12 further amended by adding at the end the following:
13 **"SEC. 776. PUBLIC HEALTH WORKFORCE LOAN REPAYMENT**
14 **PROGRAM.**
15 "(a) ESTABLISHMENT.—The Secretary shall estab-
16 lish the Public Health Workforce Loan Repayment Pro-
17 gram (referred to in this section as the 'Program') to as-
18 sure an adequate supply of public health professionals to
19 eliminate critical public health workforce shortages in
20 Federal, State, local, and tribal public health agencies.
21 "(b) ELIGIBILITY.—To be eligible to participate in
22 the Program, an individual shall—
23 "(1)(A) be accepted for enrollment, or be en-
24 rolled, as a student in an accredited academic edu-
25 cational institution in a State or territory in the

1 final year of a course of study or program leading
2 to a public health or health professions degree or
3 certificate; and have accepted employment with a
4 Federal, State, local, or tribal public health agency,
5 or a related training fellowship, as recognized by the
6 Secretary, to commence upon graduation;
7 ‘‘(B)(i) have graduated, during the preceding
8 10-year period, from an accredited educational insti-
9 tution in a State or territory and received a public
10 health or health professions degree or certificate;
11 and
12 ‘‘(ii) be employed by, or have accepted employ-
13 ment with, a Federal, State, local, or tribal public
14 health agency or a related training fellowship, as
15 recognized by the Secretary;
16 ‘‘(2) be a United States citizen; and
17 ‘‘(3)(A) submit an application to the Secretary
18 to participate in the Program; and
19 ‘‘(B) execute a written contract as required in
20 subsection (c).
21 ‘‘(c) CONTRACT.—The written contract (referred to
22 in this section as the ‘written contract’) between the Sec-
23 retary and an individual shall contain—
24 ‘‘(1) an agreement on the part of the Secretary
25 that the Secretary will repay on behalf of the indi-

1 vidual loans incurred by the individual in the pursuit
2 of the relevant degree or certificate in accordance
3 with the terms of the contract;
4 ''(2) an agreement on the part of the individual
5 that the individual will serve in the full-time employ-
6 ment of a Federal, State, local, or tribal public
7 health agency or a related fellowship program in a
8 position related to the course of study or program
9 for which the contract was awarded for a period of
10 time (referred to in this section as the 'period of ob-
11 ligated service') equal to the greater of—
12 ''(A) 3 years; or
13 ''(B) such longer period of time as deter-
14 mined appropriate by the Secretary and the in-
15 dividual;
16 ''(3) an agreement, as appropriate, on the part
17 of the individual to relocate to a priority service area
18 (as determined by the Secretary) in exchange for an
19 additional loan repayment incentive amount to be
20 determined by the Secretary;
21 ''(4) a provision that any financial obligation of
22 the United States arising out of a contract entered
23 into under this section and any obligation of the in-
24 dividual that is conditioned thereon, is contingent on

1 funds being appropriated for loan repayments under
2 this section;
3 "(5) a statement of the damages to which the
4 United States is entitled, under this section for the
5 individual's breach of the contract; and
6 "(6) such other statements of the rights and li-
7 abilities of the Secretary and of the individual, not
8 inconsistent with this section.
9 "(d) PAYMENTS.—
10 "(1) IN GENERAL.—A loan repayment provided
11 for an individual under a written contract under the
12 Program shall consist of payment, in accordance
13 with paragraph (2), on behalf of the individual of
14 the principal, interest, and related expenses on gov-
15 ernment and commercial loans received by the indi-
16 vidual regarding the undergraduate or graduate edu-
17 cation of the individual (or both), which loans were
18 made for tuition expenses and other reasonable edu-
19 cational expenses incurred by the individual.
20 "(2) PAYMENTS FOR YEARS SERVED.—For
21 each year of obligated service that an individual con-
22 tracts to serve under subsection (c) the Secretary
23 may pay up to $35,000 on behalf of the individual
24 for loans described in paragraph (1). With respect to
25 participants under the Program whose total eligible

1 loans are less than $105,000, the Secretary shall
2 pay an amount that does not exceed ⅓ of the eligi-
3 ble loan balance for each year of obligated service of
4 the individual.

5 "(3) TAX LIABILITY.—For the purpose of pro-
6 viding reimbursements for tax liability resulting
7 from payments under paragraph (2) on behalf of an
8 individual, the Secretary shall, in addition to such
9 payments, make payments to the individual in an
10 amount not to exceed 39 percent of the total amount
11 of loan repayments made for the taxable year in-
12 volved.

13 "(e) POSTPONING OBLIGATED SERVICE.—With re-
14 spect to an individual receiving a degree or certificate from
15 a health professions or other related school, the date of
16 the initiation of the period of obligated service may be
17 postponed as approved by the Secretary.

18 "(f) BREACH OF CONTRACT.—An individual who fails
19 to comply with the contract entered into under subsection
20 (c) shall be subject to the same financial penalties as pro-
21 vided for under section 338E for breaches of loan repay-
22 ment contracts under section 338B.

23 "(g) AUTHORIZATION OF APPROPRIATIONS.—There
24 is authorized to be appropriated to carry out this section

1 $195,000,000 for fiscal year 2010, and such sums as may
2 be necessary for each of fiscal years 2011 through 2015.''.

3 **SEC. 425. ALLIED HEALTH WORKFORCE RECRUITMENT**
4 **AND RETENTION PROGRAMS.**

5 (a) PURPOSE.—The purpose of this section is to as-
6 sure an adequate supply of allied health professionals to
7 eliminate critical allied health workforce shortages in Fed-
8 eral, State, local, and tribal public health agencies or in
9 settings where patients might require health care services,
10 including acute care facilities, ambulatory care facilities,
11 personal residences and other settings, as recognized by
12 the Secretary of Health and Human Services by author-
13 izing an Allied Health Loan Forgiveness Program.

14 (b) ALLIED HEALTH WORKFORCE RECRUITMENT
15 AND RETENTION PROGRAM.—Section 428K of the Higher
16 Education Act of 1965 (20 U.S.C. 1078–11) is amend-
17 ed—

18 (1) in subsection (b), by adding at the end the
19 following:

20 ''(18) ALLIED HEALTH PROFESSIONALS.—The
21 individual is employed full-time as an allied health
22 professional—

23 ''(A) in a Federal, State, local, or tribal
24 public health agency; or

1 "(B) in a setting where patients might re-
2 quire health care services, including acute care
3 facilities, ambulatory care facilities, personal
4 residences and other settings, as recognized by
5 the Secretary of Health and Human Services.";
6 and
7 (2) in subsection (g)—
8 (A) by redesignating paragraphs (1)
9 through (9) as paragraphs (2) through (10), re-
10 spectively; and
11 (B) by inserting before paragraph (2) (as
12 redesignated by subparagraph (A)) the fol-
13 lowing:
14 "(1) ALLIED HEALTH PROFESSIONAL.—The
15 term 'allied health professional' means an allied
16 health professional as defined in section 799B(5) of
17 the Public Heath Service Act (42 U.S.C. 295p(5))
18 who—
19 "(A) has graduated and received an allied
20 health professions degree or certificate from an
21 institution of higher education; and
22 "(B) is employed with a Federal, State,
23 local or tribal public health agency, or in a set-
24 ting where patients might require health care
25 services, including acute care facilities, ambula-

1 tory care facilities, personal residences and
2 other settings, as recognized by the Secretary of
3 Health and Human Services.''.
4 **SEC. 426. GRANTS FOR STATE AND LOCAL PROGRAMS.**
5 (a) IN GENERAL.—Section 765(d) of the Public
6 Health Service Act (42 U.S.C. 295(d)) is amended—
7 (1) in paragraph (7), by striking ''; or'' and in-
8 serting a semicolon;
9 (2) by redesignating paragraph (8) as para-
10 graph (9); and
11 (3) by inserting after paragraph (7) the fol-
12 lowing:
13 ''(8) public health workforce loan repayment
14 programs; or''.
15 (b) TRAINING FOR MID-CAREER PUBLIC HEALTH
16 PROFESSIONALS.—Part E of title VII of the Public
17 Health Service Act (42 U.S.C. 294n et seq.), as amended
18 by section 424, is further amended by adding at the end
19 the following:
20 **''SEC. 777. TRAINING FOR MID-CAREER PUBLIC HEALTH**
21 **PROFESSIONALS.**
22 ''(a) IN GENERAL.—The Secretary may make grants
23 to, or enter into contracts with, any eligible entity to
24 award scholarships to eligible individuals to enroll in de-
25 gree or professional training programs for the purpose of

1 enabling mid-career professionals in the public health and
2 allied health workforce to receive additional training in the
3 field of public health and allied health.
4 ''(b) ELIGIBILITY.—
5 ''(1) ELIGIBLE ENTITY.—The term 'eligible en-
6 tity' indicates an accredited educational institution
7 that offers a course of study, certificate program, or
8 professional training program in public health or a
9 related discipline, as determined by the Secretary
10 ''(2) ELIGIBLE INDIVIDUALS.—The term 'eligi-
11 ble individuals' includes those individuals employed
12 in public health positions at the Federal, State, trib-
13 al, or local level who are interested in retaining or
14 upgrading their education.
15 ''(c) AUTHORIZATION OF APPROPRIATIONS.—There
16 is authorized to be appropriated to carry out this section,
17 $60,000,000 for fiscal year 2010 and such sums as may
18 be necessary for each of fiscal years 2011 through 2015.
19 Fifty percent of appropriated funds shall be allotted to
20 public health mid-career professionals and 50 percent shall
21 be allotted to allied health mid-career professionals.''.
22 **SEC. 427. FUNDING FOR NATIONAL HEALTH SERVICE**
23 **CORPS.**
24 Section 338H(a) of the Public Health Service Act (42
25 U.S.C. 254q(a)) is amended to read as follows:

1 "(a) AUTHORIZATION OF APPROPRIATIONS.—For the
2 purpose of carrying out this section, there is authorized
3 to be appropriated, out of any funds in the Treasury not
4 otherwise appropriated, the following:
5 "(1) For fiscal year 2010, $320,461,632.
6 "(2) For fiscal year 2011, $414,095,394.
7 "(3) For fiscal year 2012, $535,087,442.
8 "(4) For fiscal year 2013, $691,431,432.
9 "(5) For fiscal year 2014, $893,456,433.
10 "(6) For fiscal year 2015, $1,154,510,336.
11 "(7) For fiscal year 2016, and each subsequent
12 fiscal year, the amount appropriated for the pre-
13 ceding fiscal year adjusted by the product of—
14 "(A) one plus the average percentage in-
15 crease in the costs of health professions edu-
16 cation during the prior fiscal year; and
17 "(B) one plus the average percentage
18 change in the number of individuals residing in
19 health professions shortage areas designated
20 under section 333 during the prior fiscal year,
21 relative to the number of individuals residing in
22 such areas during the previous fiscal year.".

23 **SEC. 428. NURSE-MANAGED HEALTH CLINICS.**

24 (a) PURPOSE.—The purpose of this section is to fund
25 the development and operation of nurse-managed health

1 clinics in order to provide comprehensive primary health
2 care and wellness services to vulnerable populations living
3 in the Nation's medically underserved communities, and
4 to reduce the level of health disparities experienced by vul-
5 nerable populations.

6 (b) GRANTS.—Subpart 1 of part D of title III of the
7 Public Health Service Act (42 U.S.C. 254b et seq.) is
8 amended by inserting after section 330A the following:

9 **"SEC. 330A–1. GRANTS TO NURSE–MANAGED HEALTH CLIN-**
10 **ICS.**

11 "(a) DEFINITIONS.—

12 "(1) COMPREHENSIVE PRIMARY HEALTH CARE
13 SERVICES.—In this section, the term 'comprehensive
14 primary health care services' means the primary
15 health services described in section 330(b)(1).

16 "(2) NURSE-MANAGED HEALTH CLINIC.—The
17 term 'nurse-managed health clinic' means a nurse-
18 practice arrangement, managed by advanced practice
19 nurses, that provides primary care or wellness serv-
20 ices to underserved or vulnerable populations and
21 that is associated with a school, college, university or
22 department of nursing, federally qualified health
23 center, or independent nonprofit health or social
24 services agency.

1 "(b) AUTHORITY TO AWARD GRANTS.—The Sec-
2 retary shall award grants for the cost of the operation of
3 nurse-managed health clinics that meet the requirements
4 of this section.

5 "(c) APPLICATIONS.—To be eligible to receive a grant
6 under this section, an entity shall—

7 "(1) be an NMHC; and

8 "(2) submit to the Secretary an application at
9 such time, in such manner, and containing—

10 "(A) assurances that nurses are the major
11 providers of services at the NMHC and that at
12 least 1 advanced practice nurse holds an execu-
13 tive management position within the organiza-
14 tional structure of the NMHC;

15 "(B) an assurance that the NMHC will
16 continue providing comprehensive primary
17 health care services or wellness services without
18 regard to income or insurance status of the pa-
19 tient for the duration of the grant period; and

20 "(C) an assurance that, not later than 90
21 days of receiving a grant under this section, the
22 NMHC will establish a community advisory
23 committee, for which a majority of the members
24 shall be individuals who are served by the
25 NMHC.

1 "(d) GRANT AMOUNT.—The amount of any grant
2 made under this section for any fiscal year shall be deter-
3 mined by the Secretary, taking into account—
4 "(1) the financial need of the NMHC, consid-
5 ering State, local, and other operational funding pro-
6 vided to the NMHC; and
7 "(2) other factors, as the Secretary determines
8 appropriate.
9 "(e) AUTHORIZATION OF APPROPRIATIONS.—For the
10 purposes of carrying out this section, there are authorized
11 to be appropriated $50,000,000 for the fiscal year 2010
12 and such sums as may be necessary for each of the fiscal
13 years 2011 through 2014.".

14 **SEC. 429. ELIMINATION OF CAP ON COMMISSIONED CORP.**

15 Section 202 of the Department of Health and Human
16 Services Appropriations Act, 1993 (Public Law 102-394)
17 is amended by striking "not to exceed 2,800".

18 **SEC. 430. ESTABLISHING A READY RESERVE CORPS.**

19 Section 203 of the Public Health Service Act (42
20 U.S.C. 204) is amended to read as follows:

21 **"SEC. 203. COMMISSIONED CORPS AND READY RESERVE**
22 **CORPS.**

23 "(a) ESTABLISHMENT.—
24 "(1) IN GENERAL.—There shall be in the Serv-
25 ice a commissioned Regular Corps and a Ready Re-

1 serve Corps for service in time of national emer-
2 gency.
3 "(2) REQUIREMENT.—All commissioned officers
4 shall be citizens of the United States and shall be
5 appointed without regard to the civil-service laws
6 and compensated without regard to the Classifica-
7 tion Act of 1923, as amended.
8 "(3) APPOINTMENT.—Commissioned officers of
9 the Ready Reserve Corps shall be appointed by the
10 President and commissioned officers of the Regular
11 Corps shall be appointed by the President with the
12 advice and consent of the Senate.
13 "(4) ACTIVE DUTY.—Commissioned officers of
14 the Ready Reserve Corps shall at all times be sub-
15 ject to call to active duty by the Surgeon General,
16 including active duty for the purpose of training.
17 "(5) WARRANT OFFICERS.—Warrant officers
18 may be appointed to the Service for the purpose of
19 providing support to the health and delivery systems
20 maintained by the Service and any warrant officer
21 appointed to the Service shall be considered for pur-
22 poses of this Act and title 37, United States Code,
23 to be a commissioned officer within the Commis-
24 sioned Corps of the Service.

1 "(b) ASSIMILATING RESERVE CORP OFFICERS INTO
2 THE REGULAR CORPS.—Effective on the date of enact-
3 ment of the Affordable Health Choices Act, all individuals
4 classified as officers in the Reserve Corps under this sec-
5 tion (as such section existed on the day before the date
6 of enactment of such Act) and serving on active duty shall
7 be deemed to be commissioned officers of the Regular
8 Corps.
9 "(c) PURPOSE AND USE OF READY RESEARCH.—
10 "(1) PURPOSE.—The purpose of the Ready Re-
11 serve Corps is to fulfill the need to have additional
12 Commissioned Corps personnel available on short
13 notice (similar to the uniformed service's reserve
14 program) to assist regular Commissioned Corps per-
15 sonnel to meet both routine public health and emer-
16 gency response missions.
17 "(2) USES.—The Ready Reserve Corps shall—
18 "(A) participate in routine training to
19 meet the general and specific needs of the Com-
20 missioned Corps;
21 "(B) be available and ready for involuntary
22 calls to active duty during national emergencies
23 and public health crises, similar to the uni-
24 formed service reserve personnel;

1 "(C) be available for backfilling critical po-
2 sitions left vacant during deployment of active
3 duty Commissioned Corps members, as well as
4 for deployment to respond to public health
5 emergencies, both foreign and domestic; and
6 "(D) be available for service assignment in
7 isolated, hardship, and medically underserved
8 communities (as defined in section 399SS) to
9 improve access to health services.
10 "(d) FUNDING.—For the purpose of carrying out the
11 duties and responsibilities of the Commissioned Corps
12 under this section, there are authorized to be appropriated
13 such sums as may be necessary to the Office of the Sur-
14 geon General for each of fiscal years 2010 through 2014.
15 Funds appropriated under this subsection shall be used
16 for recruitment and training of Commissioned Corps Offi-
17 cers.".

18 Subtitle D—Enhancing Health Care 19 Workforce Education and Training

20 SEC. 431. TRAINING IN FAMILY MEDICINE, GENERAL INTER- 21 NAL MEDICINE, GENERAL PEDIATRICS, AND 22 PHYSICIAN ASSISTANTSHIP.

23 Part C of title VII (42 U.S.C. 293k et seq.) is amend-
24 ed by striking section 747 and inserting the following:

1 **"SEC. 747. PRIMARY CARE TRAINING AND ENHANCEMENT.**
2 "(a) SUPPORT AND DEVELOPMENT OF PRIMARY
3 CARE TRAINING PROGRAMS.—
4 "(1) IN GENERAL.—The Secretary may make
5 grants to, or enter into contracts with, an accredited
6 public or nonprofit private hospital, school of medi-
7 cine or osteopathic medicine, academically affiliated
8 physician assistant training program, or a public or
9 private nonprofit entity which the Secretary has de-
10 termined is capable of carrying out such grant or
11 contract—
12 "(A) to plan, develop, operate, or partici-
13 pate in an accredited professional training pro-
14 gram, including an accredited residency or in-
15 ternship program in the field of family medi-
16 cine, general internal medicine, or general pedi-
17 atrics for medical students, interns, residents,
18 or practicing physicians as defined by the Sec-
19 retary;
20 "(B) to provide need-based financial assist-
21 ance in the form of traineeships and fellowships
22 to medical students, interns, residents, prac-
23 ticing physicians, or other medical personnel,
24 who are participants in any such program, and
25 who plan to specialize or work in the practice
26 of the fields defined in subparagraph (A);

1 ‘‘(C) to plan, develop, and operate a pro-
2 gram for the training of physicians who plan to
3 teach in family medicine, general internal medi-
4 cine, or general pediatrics training programs;
5 ‘‘(D) to plan, develop, and operate a pro-
6 gram for the training of physicians teaching in
7 community-based settings;
8 ‘‘(E) to provide financial assistance in the
9 form of traineeships and fellowships to physi-
10 cians who are participants in any such pro-
11 grams and who plan to teach or conduct re-
12 search in a family medicine, general internal
13 medicine, or general pediatrics training pro-
14 gram;
15 ‘‘(F) to plan, develop, and operate a physi-
16 cian assistant education program, and for the
17 training of individuals who will teach in pro-
18 grams to provide such training;
19 ‘‘(G) to plan, develop, and operate a dem-
20 onstration program that provides training in
21 new competencies, as recommended by the Ad-
22 visory Committee on Training in Primary Care
23 Medicine and Dentistry and the National
24 Health Care Workforce Commission established

1 in section 411 of the Affordable Health Choices
2 Act, which may include—
3 "(i) providing training to primary
4 care physicians relevant to providing care
5 through patient-centered medical homes
6 (as defined by the Secretary for purposes
7 of this section);
8 "(ii) developing tools and curricula
9 relevant to patient-centered medical homes;
10 and
11 "(iii) providing continuing education
12 relevant to patient-centered medical homes;
13 and
14 "(H) to plan, develop, and operate joint
15 degree programs to provide interdisciplinary
16 and interprofessional graduate training in pub-
17 lic health and other health professions to pro-
18 vide training in environmental health, infectious
19 disease control, disease prevention and health
20 promotion, epidemiological studies and injury
21 control.
22 "(2) DURATION OF AWARDS.—The period dur-
23 ing which payments are made to an entity from an
24 award of a grant or contract under this subsection
25 shall be 5 years.

1 "(b) CAPACITY BUILDING IN PRIMARY CARE.—
2 "(1) IN GENERAL.—The Secretary may make
3 grants to or enter into contracts with accredited
4 schools of medicine or osteopathic medicine to estab-
5 lish, maintain, or improve—
6 "(A) academic units (which may be depart-
7 ments, divisions, or other units) or programs
8 that improve clinical teaching and research in
9 fields defined in subsection (a)(1)(A); or
10 "(B) programs that integrate academic ad-
11 ministrative units in fields defined in subsection
12 (a)(1)(A) to enhance interdisciplinary recruit-
13 ment, training, and faculty development.
14 "(2) PREFERENCE IN MAKING AWARDS UNDER
15 THIS SUBSECTION.—In making awards of grants
16 and contracts under paragraph (1), the Secretary
17 shall give preference to any qualified applicant for
18 such an award that agrees to expend the award for
19 the purpose of—
20 "(A) establishing academic units or pro-
21 grams in fields defined in subsection (a)(1)(A);
22 or
23 "(B) substantially expanding such units or
24 programs.

1 "(3) PRIORITIES IN MAKING AWARDS.—In
2 awarding grants or contracts under paragraph (1),
3 the Secretary shall give priority to qualified appli-
4 cants that—
5 "(A) proposes a collaborative project be-
6 tween academic administrative units of primary
7 care;
8 "(B) proposes innovative approaches to
9 clinical teaching using models of primary care,
10 such as the patient centered medical home,
11 team management of chronic disease, and inter-
12 professional integrated models of health care
13 that incorporate transitions in health care set-
14 tings and integration physical and mental
15 health provision;
16 "(C) have a record of training the greatest
17 percentage of providers, or that have dem-
18 onstrated significant improvements in the per-
19 centage of providers trained, who enter and re-
20 main in primary care practice;
21 "(D) have a record of training individuals
22 who are from underrepresented minority groups
23 or from a rural or disadvantaged background;
24 "(E) provide training in the care of vulner-
25 able populations such as children, older adults,

1 homeless individuals, victims of abuse or trau-
2 ma, individuals with mental health or sub-
3 stance-related disorders, individuals with HIV/
4 AIDS, and individuals with disabilities;
5 "(F) establish formal relationships and
6 submit joint applications with federally qualified
7 health centers, rural health clinics, area health
8 education centers, or clinics located in under-
9 served areas or that serve underserved popu-
10 lations;
11 "(G) teach trainees the skills to provide
12 interprofessional, integrated care through col-
13 laboration among health professionals;
14 "(H) provide training in enhanced commu-
15 nication with patients, evidence-based practice,
16 chronic disease management, preventive care,
17 health information technology, or other com-
18 petencies as recommended by the Advisory
19 Committee on Training in Primary Care Medi-
20 cine and Dentistry and the National Health
21 Care Workforce Commission established in sec-
22 tion 411 of the Affordable Health Choices Act;
23 or
24 "(I) provide training in cultural com-
25 petency and health literacy.

1 "(4) DURATION OF AWARDS.—The period dur-
2 ing which payments are made to an entity from an
3 award of a grant or contract under this subsection
4 shall be 5 years.
5 "(c) AUTHORIZATION OF APPROPRIATIONS.—
6 "(1) IN GENERAL.—For purposes of carrying
7 out this section, there are authorized to be appro-
8 priated $125,000,000 for each of fiscal years 2010
9 through 2014.
10 "(2) TRAINING PROGRAMS.—Fifteen percent of
11 the amount appropriated pursuant to paragraph (1)
12 in each such fiscal year shall be allocated to the phy-
13 sician assistant training programs described in sub-
14 section (a)(1)(F), which prepare students for prac-
15 tice in primary care.
16 "(3) ACADEMIC ADMINISTRATIVE UNITS.—For
17 purposes of carrying out subsection (b)(1)(B), of the
18 amount authorized under paragraph (1), there are
19 authorized to be appropriated $750,000 for each of
20 fiscal years 2010 through 2014.".

21 **SEC. 432. TRAINING OPPORTUNITIES FOR DIRECT CARE**
22 **WORKERS.**

23 Part C of title VII of the Public Health Service Act
24 is amended by inserting after section 747 (42 U.S.C.
25 293k) the following:

1 **"SEC. 747A. TRAINING OPPORTUNITIES FOR DIRECT CARE**
2 **WORKERS.**
3 "(a) IN GENERAL.—The Secretary shall award
4 grants to eligible entities to enable such entities to provide
5 new training opportunities for direct care workers who are
6 employed in long-term care settings such as nursing
7 homes (as defined in section 1908(e)(1) of the Social Se-
8 curity Act (42 U.S.C. 1396g(e)(1)), assisted living facili-
9 ties, home care settings, and any other setting the Sec-
10 retary determines to be appropriate.
11 "(b) ELIGIBILITY.—To be eligible to receive a grant
12 under this section, an entity shall—
13 "(1) be an institution of higher education (as
14 defined in section 102 of the Higher Education Act
15 of 1965 (20 U.S.C. 1002)) that—
16 "(A) is accredited by a nationally recog-
17 nized accrediting agency or association listed
18 under section 101(c) of the Higher Education
19 Act of 1965 (20 U.S.C. 1001(c)); and
20 "(B) has established a public-private edu-
21 cational partnership with a nursing home, home
22 health agency, or other long-term care provider;
23 and
24 "(2) submit to the Secretary an application at
25 such time, in such manner, and containing such in-
26 formation as the Secretary may require.

1 "(c) USE OF FUNDS.—An eligible entity shall use
2 amounts awarded under a grant under this section to pro-
3 vide assistance to eligible individuals to offset the cost of
4 tuition and required fees for enrollment in academic pro-
5 grams provided by such entity.

6 "(d) ELIGIBLE INDIVIDUAL.—

7 "(1) ELIGIBILITY.—To be eligible for assistance
8 under this section, an individual shall be enrolled in
9 courses provided by a grantee under this subsection
10 and maintain satisfactory academic progress in such
11 courses.

12 "(2) CONDITION OF ASSISTANCE.—As a condi-
13 tion of receiving assistance under this section, an in-
14 dividual shall agree that, following completion of the
15 assistance period, the individual will work in the
16 field of geriatrics, long-term care, or chronic care
17 management for a minimum of 2 years under guide-
18 lines set by the Secretary.

19 "(e) AUTHORIZATION OF APPROPRIATIONS.—There
20 is authorized to be appropriated to carry out this section,
21 $10,000,000 for the period of fiscal years 2011 through
22 2013.".

1 **SEC. 433. TRAINING IN GENERAL, PEDIATRIC, AND PUBLIC**
2 **HEALTH DENTISTRY.**

3 Part C of Title VII of the Public Health Service Act
4 (42 U.S.C. 293k et seq.) is amended by—
5 (1) redesignating section 748, as amended by
6 section 413 of this Act, as section 749; and
7 (2) inserting after section 747A, as added by
8 section 432, the following:

9 **"SEC. 748. TRAINING IN GENERAL, PEDIATRIC, AND PUBLIC**
10 **HEALTH DENTISTRY.**

11 "(a) SUPPORT AND DEVELOPMENT OF DENTAL
12 TRAINING PROGRAMS.—
13 "(1) IN GENERAL.—The Secretary may make
14 grants to, or enter into contracts with, a school of
15 dentistry, public or nonprofit private hospital, or a
16 public or private nonprofit entity which the Sec-
17 retary has determined is capable of carrying out
18 such grant or contract—
19 "(A) to plan, develop, and operate, or par-
20 ticipate in, an approved professional training
21 program in the field of general dentistry, pedi-
22 atric dentistry, or public health dentistry for
23 dental students, residents, practicing dentists,
24 or dental hygienists or other approved primary
25 care dental trainees, that emphasizes training
26 for general, pediatric, or public health dentistry;

1 “(B) to provide financial assistance to den-
2 tal students, residents, practicing dentists, and
3 dental hygiene students who are in need there-
4 of, who are participants in any such program,
5 and who plan to work in the practice of general,
6 pediatric, public heath dentistry, or dental hy-
7 giene;
8 “(C) to plan, develop, and operate a pro-
9 gram for the training of oral health care pro-
10 viders who plan to teach in general, pediatric,
11 public health dentistry, or dental hygiene;
12 “(D) to provide financial assistance in the
13 form of traineeships and fellowships to dentists
14 who plan to teach or are teaching in general,
15 pediatric, or public health dentistry;
16 “(E) to meet the costs of projects to estab-
17 lish, maintain, or improve dental faculty devel-
18 opment programs in primary care (which may
19 be departments, divisions or other units);
20 “(F) to meet the costs of projects to estab-
21 lish, maintain, or improve predoctoral and
22 postdoctoral training in primary care programs;
23 “(G) to create a loan repayment program
24 for faculty in dental programs; and

1 "(H) to provide technical assistance to pe-
2 diatric training programs in developing and im-
3 plementing instruction regarding the oral health
4 status, dental care needs, and risk-based clin-
5 ical disease management of all pediatric popu-
6 lations with an emphasis on underserved chil-
7 dren.
8 "(2) FACULTY LOAN REPAYMENT.—
9 "(A) IN GENERAL.—A grant or contract
10 under subsection (a)(1)(G) may be awarded to
11 a program of general, pediatric, or public health
12 dentistry described in such subsection to plan,
13 develop, and operate a loan repayment program
14 under which—
15 "(i) individuals agree to serve full-
16 time as faculty members; and
17 "(ii) the program of general, pediatric
18 or public health dentistry agrees to pay the
19 principal and interest on the outstanding
20 student loans of the individuals.
21 "(B) MANNER OF PAYMENTS.—With re-
22 spect to the payments described in subpara-
23 graph (A)(ii), upon completion by an individual
24 of each of the first, second, third, fourth, and
25 fifth years of service, the program shall pay an

1 amount equal to 10, 15, 20, 25, and 30 per-
2 cent, respectively, of the individual's student
3 loan balance as calculated based on principal
4 and interest owed at the initiation of the agree-
5 ment.
6 ''(b) ELIGIBLE ENTITY.—For purposes of this sub-
7 section, entities eligible for such grants or contracts in
8 general, pediatric, or public health dentistry shall include
9 entities that have programs in dental or dental hygiene
10 schools, or approved residency or advanced education pro-
11 grams in the practice of general, pediatric, or public health
12 dentistry. Eligible entities may partner with schools of
13 public health to permit the education of dental students,
14 residents, and dental hygiene students for a master's year
15 in public health at a school of public health.
16 ''(c) PRIORITIES IN MAKING AWARDS.—With respect
17 to training provided for under this section, the Secretary
18 shall give priority in awarding grants or contracts to the
19 following:
20 ''(1) Qualified applicants that propose collabo-
21 rative projects between departments of primary care
22 medicine and departments of general, pediatric, or
23 public health dentistry.
24 ''(2) Qualified applicants that have a record of
25 training the greatest percentage of providers, or that

1 have demonstrated significant improvements in the
2 percentage of providers, who enter and remain in
3 general, pediatric, or public health dentistry.
4 "(3) Qualified applicants that have a record of
5 training individuals who are from a rural or dis-
6 advantaged background, or from underrepresented
7 minorities.
8 "(4) Qualified applicants that establish formal
9 relationships with Federally qualified health centers,
10 rural health centers, or accredited teaching facilities
11 and that conduct training of students, residents, fel-
12 lows, or faculty at the center or facility.
13 "(5) Qualified applicants that conduct teaching
14 programs targeting vulnerable populations such as
15 older adults, homeless individuals, victims of abuse
16 or trauma, individuals with mental health or sub-
17 stance-related disorders, individuals with disabilities,
18 and individuals with HIV/AIDS.
19 "(6) Qualified applicants that include edu-
20 cational activities in cultural competency and health
21 literacy.
22 "(7) Qualified applicants that provide instruc-
23 tion regarding the oral health status, dental care
24 needs, and risk-based clinical disease management of

1 all pediatric populations with an emphasis on under-
2 served children.
3 ‘‘(8) Qualified applicants that intend to estab-
4 lish a special populations oral health care needs edu-
5 cation center or training program for the didactic
6 and clinical education of dentists, dental health pro-
7 fessionals, and dental hygienists who plan to teach
8 oral health care for people with developmental dis-
9 abilities, cognitive impairment, complex medical
10 problems, significant physical limitations, and vul-
11 nerable elderly.
12 ‘‘(d) PREFERENCE IN MAKING AWARDS.—In making
13 awards of grants or contracts under this section, the Sec-
14 retary shall give preference to any qualified applicant
15 that—
16 ‘‘(1) has a high rate for placing graduates in
17 practice settings having the principal focus of serv-
18 ing in underserved areas or health disparity popu-
19 lations (including serving patients eligible for Med-
20 icaid or the Children’s Health Insurance Program,
21 or those with special health care needs); or
22 ‘‘(2) during the 2-year period before the fiscal
23 year for which such an award is sought, has
24 achieved a significant increase in the rate of placing
25 graduates in such settings or graduating practi-

1 tioners who serve health disparity populations in
2 their practices.

3 "(e) APPLICATION.—An eligible entity desiring a
4 grant under this section shall submit to the Secretary an
5 application at such time, in such manner, and containing
6 such information as the Secretary may require.

7 "(f) DURATION OF AWARD.—The period during
8 which payments are made to an entity from an award of
9 a grant or contract under subsection (a) shall be 5 years.
10 The provision of such payments shall be subject to annual
11 approval by the Secretary of the payments and subject to
12 the availability of appropriations for the fiscal year in-
13 volved to make the payments.

14 "(g) AUTHORIZATIONS OF APPROPRIATIONS.—For
15 the purpose of carrying out subsections (a) and (b), there
16 is authorized to be appropriated $30,000,000 for fiscal
17 year 2010 and such sums as may be necessary for each
18 of fiscal years 2011 through 2015.

19 "(h) CARRYOVER FUNDS.—An entity that receives an
20 award under this section may carry over funds from 1 fis-
21 cal year to another without obtaining approval from the
22 Secretary. In no case may any funds be carried over pur-
23 suant to the preceding sentence for more than 3 years.".

1 **SEC. 434. ALTERNATIVE DENTAL HEALTH CARE PRO-**
2 **VIDERS DEMONSTRATION PROJECT.**
3 Subpart X of part D of title III of the Public Health
4 Service Act (42 U.S.C. 256f et seq.) is amended by adding
5 at the end the following:
6 **"SEC. 340H. DEMONSTRATION PROGRAM.**
7 ''(a) IN GENERAL.—
8 ''(1) AUTHORIZATION.—The Secretary is au-
9 thorized to award grants to 15 eligible entities to en-
10 able such entities to establish a demonstration pro-
11 gram to establish training programs to train, or to
12 employ, alternative dental health care providers in
13 order to increase access to dental health care serv-
14 ices in rural and other underserved communities.
15 ''(2) DEFINITION.—The term 'alternative den-
16 tal health care providers' includes community dental
17 health coordinators, advance practice dental hygien-
18 ists, independent dental hygienists, supervised dental
19 hygienists, primary care physicians, and dental
20 therapists.
21 ''(b) TIMEFRAME.—The demonstration projects fund-
22 ed under this section shall begin not later than 2 years
23 after the date of enactment of this section, and shall con-
24 clude not later than 7 years after such date of enactment.
25 ''(c) ELIGIBLE ENTITIES.—To be eligible to receive
26 a grant under subsection (a), an entity shall—

1 "(1) be—
2 "(A) an institution of higher education, in-
3 cluding a community college;
4 "(B) a public-private partnership;
5 "(C) a federally qualified health center;
6 "(D) an Indian Health Service facility;
7 "(E) a State or county public health clinic;
8 or
9 "(F) a public hospital or health systems;
10 "(2) be within a program accredited by the
11 Commission on Dental Accreditation or within a
12 dental education program in an accredited institu-
13 tion; and
14 "(3) shall submit an application to the Sec-
15 retary at such time, in such manner, and containing
16 such information as the Secretary may require.
17 "(d) ADMINISTRATIVE PROVISIONS.—
18 "(1) AMOUNT OF GRANT.—Each grant under
19 this section shall be in an amount that is not less
20 than $4,000,000 for the 5-year period during which
21 the demonstration project being conducted.
22 "(2) DISBURSEMENT OF FUNDS.—
23 "(A) PRELIMINARY DISBURSEMENTS.—Be-
24 ginning 1 year after the enactment of this sec-
25 tion, the Secretary may disperse to any entity

1 receiving a grant under this section not more
2 than 20 percent of the total funding awarded to
3 such entity under such grant, for the purpose
4 of enabling the entity to plan the demonstration
5 project to be conducted under such grant.

6 "(B) SUBSEQUENT DISBURSEMENTS.—The
7 remaining amount of grant funds not dispersed
8 under subparagraph (A) shall be dispersed such
9 that not less than 15 percent of such remaining
10 amount is dispersed each subsequent year.

11 "(e) COMPLIANCE WITH STATE REQUIREMENTS.—
12 Each entity receiving a grant under this section shall cer-
13 tify that it is in compliance with all applicable State licens-
14 ing requirements.

15 "(f) EVALUATION.—

16 "(1) IN GENERAL.—The Director of the Insti-
17 tute of Medicine (referred to in this subsection as
18 the 'Director') shall conduct a study of the dem-
19 onstration programs conducted under this section
20 that shall provide analysis, based upon quantitative
21 and qualitative data, regarding access to dental
22 health care in the United States.

23 "(2) DATA COLLECTION.—

24 "(A) BASELINE DATA.—The Director shall
25 gather data from each demonstration project

1 not later than 24 months after the commence-
2 ment of the project, which shall serve as base-
3 line data for the study.
4 "(B) COMPARISON DATA.—The Director
5 shall begin collecting data from each dem-
6 onstration project 1 year after such project con-
7 cludes, and shall conclude such data collection
8 not later than 18 months after the conclusion
9 of the project.
10 "(g) AUTHORIZATION OF APPROPRIATIONS.—There
11 is authorized to be appropriated such sums as may be nec-
12 essary to carry out this section.".
13 **SEC. 435. GERIATRIC EDUCATION AND TRAINING; CAREER**
14 **AWARDS; COMPREHENSIVE GERIATRIC EDU-**
15 **CATION.**
16 (a) WORKFORCE DEVELOPMENT; CAREER
17 AWARDS.—Section 753 of the Public Health Service Act
18 (42 U.S.C. 294) is amended by adding at the end the fol-
19 lowing:
20 "(d) GERIATRIC WORKFORCE DEVELOPMENT.—
21 "(1) IN GENERAL.—The Secretary shall award
22 grants or contracts under this subsection to entities
23 that operate a geriatric education center pursuant to
24 subsection (a)(1).

1 "(2) APPLICATION.—To be eligible for an
2 award under paragraph (1), an entity described in
3 such paragraph shall submit to the Secretary an ap-
4 plication at such time, in such manner, and con-
5 taining such information as the Secretary may re-
6 quire.
7 "(3) USE OF FUNDS.—Amounts awarded under
8 a grant or contract under paragraph (1) shall be
9 used to—
10 "(A) carry out the fellowship program de-
11 scribed in paragraph (4); and
12 "(B) carry out 1 of the 2 activities de-
13 scribed in paragraph (5).
14 "(4) FELLOWSHIP PROGRAM.—
15 "(A) IN GENERAL.—Pursuant to para-
16 graph (3), a geriatric education center that re-
17 ceives an award under this subsection shall use
18 such funds to offer short-term intensive courses
19 (referred to in this subsection as a 'fellowship')
20 that focus on geriatrics, chronic care manage-
21 ment, and long-term care that provide supple-
22 mental training for faculty members in medical
23 schools and other health professions schools
24 with programs in psychology, pharmacy, nurs-
25 ing, social work, dentistry, public health, allied

1 health, or other health disciplines, as approved
2 by the Secretary. Such a fellowship shall be
3 open to current faculty, and appropriately
4 credentialed volunteer faculty and practitioners,
5 who do not have formal training in geriatrics,
6 to upgrade their knowledge and clinical skills
7 for the care of older adults and adults with
8 functional limitations and to enhance their
9 interdisciplinary teaching skills.
10 ''(B) LOCATION.—A fellowship shall be of-
11 fered either at the geriatric education center
12 that is sponsoring the course, in collaboration
13 with other geriatric education centers, or at
14 medical schools, schools of nursing, schools of
15 pharmacy, schools of social work, graduate pro-
16 grams in psychology, or allied health and other
17 health professions schools approved by the Sec-
18 retary with which the geriatric education cen-
19 ters are affiliated.
20 ''(C) CME CREDIT.—Participation in a fel-
21 lowship under this paragraph shall be accepted
22 with respect to complying with continuing med-
23 ical education requirements. As a condition of
24 such acceptance, the recipient shall agree to
25 subsequently provide a minimum of 18 hours of

1 voluntary instructional support through a geri-
2 atric education center that is providing clinical
3 training to students or trainees in long-term
4 care settings.
5 "(5) ADDITIONAL REQUIRED ACTIVITIES DE-
6 SCRIBED.—Pursuant to paragraph (3), a geriatric
7 education center that receives an award under this
8 subsection shall use such funds to carry out 1 of the
9 following 2 activities.
10 "(A) FAMILY CAREGIVER TRAINING.—A
11 geriatric education center that receives an
12 award under this subsection shall offer at least
13 2 courses each year, at no charge or nominal
14 cost, to family caregivers that are designed to
15 provide practical training for supporting frail
16 elders and individuals with disabilities. The Sec-
17 retary shall require such Centers to work with
18 appropriate community partners to develop
19 training program content and to publicize the
20 availability of training courses in their service
21 areas. All family caregiver training programs
22 shall include instruction on the management of
23 psychological and behavioral aspects of demen-
24 tia, communication techniques for working with
25 individuals who have dementia, and the appro-

1 priate, safe, and effective use of medications for
2 older adults.
3 "(B) INCORPORATION OF BEST PRAC-
4 TICES.—A geriatric education center that re-
5 ceives an award under this subsection shall de-
6 velop and include material on depression and
7 other mental disorders common among older
8 adults, medication safety issues for older adults,
9 and management of the psychological and be-
10 havioral aspects of dementia and communica-
11 tion techniques with individuals who have de-
12 mentia in all training courses, where appro-
13 priate.
14 "(6) TARGETS.—A geriatric education center
15 that receives an award under this subsection shall
16 meet targets approved by the Secretary for providing
17 geriatric training to a certain number of faculty or
18 practitioners during the term of the award, as well
19 as other parameters established by the Secretary, in-
20 cluding guidelines for the content of the fellowships.
21 "(7) AMOUNT OF AWARD.—An award under
22 this subsection shall be in an amount of $150,000.
23 Not more than 24 geriatric education centers may
24 receive an award under this subsection.

1 "(8) MAINTENANCE OF EFFORT.—A geriatric
2 education center that receives an award under this
3 subsection shall provide assurances to the Secretary
4 that funds provided to the geriatric education center
5 under this subsection will be used only to supple-
6 ment, not to supplant, the amount of Federal, State,
7 and local funds otherwise expended by the geriatric
8 education center.
9 "(9) AUTHORIZATION OF APPROPRIATIONS.—In
10 addition to any other funding available to carry out
11 this section, there is authorized to be appropriated
12 to carry out this subsection, $10,800,000 for the pe-
13 riod of fiscal year 2011 through 2014.
14 "(e) GERIATRIC CAREER INCENTIVE AWARDS.—
15 "(1) IN GENERAL.—The Secretary shall award
16 grants or contracts under this section to individuals
17 described in paragraph (2) to foster greater interest
18 among a variety of health professionals in entering
19 the field of geriatrics, long-term care, and chronic
20 care management.
21 "(2) ELIGIBLE INDIVIDUALS.—To be eligible to
22 received an award under paragraph (1), an indi-
23 vidual shall—
24 "(A) be an advanced practice nurse, a clin-
25 ical social worker, a pharmacist, or student of

1 psychology who is pursuing a doctorate or other
2 advanced degree in geriatrics or related fields in
3 an accredited health professions school; and
4 ''(B) submit to the Secretary an applica-
5 tion at such time, in such manner, and con-
6 taining such information as the Secretary may
7 require.
8 ''(3) CONDITION OF AWARD.—As a condition of
9 receiving an award under this subsection, an indi-
10 vidual shall agree that, following completion of the
11 award period, the individual will teach or practice in
12 the field of geriatrics, long-term care, or chronic
13 care management for a minimum of 5 years under
14 guidelines set by the Secretary.
15 ''(4) AUTHORIZATION OF APPROPRIATIONS.—
16 There is authorized to be appropriated to carry out
17 this subsection, $10,000,000 for the period of fiscal
18 years 2011 through 2013.''.
19 (b) EXPANSION OF ELIGIBILITY FOR GERIATRIC
20 ACADEMIC CAREER AWARDS; PAYMENT TO INSTITU-
21 TION.—Section 753(c) of the Public Health Service Act
22 294(c)) is amended—
23 (1) by redesignating paragraphs (4) and (5) as
24 paragraphs (5) and (6), respectively;

1 (2) by striking paragraph (2) through para-
2 graph (3) and inserting the following:
3 "(2) ELIGIBLE INDIVIDUALS.—To be eligible to
4 receive an Award under paragraph (1), an individual
5 shall—
6 "(A) be board certified or board eligible in
7 internal medicine, family practice, or psychiatry
8 or have completed any required training in a
9 discipline and employed in an accredited health
10 professions school that is approved by the Sec-
11 retary;
12 "(B) have completed an approved fellow-
13 ship program in geriatrics; and
14 "(C) have a junior (non-tenured) faculty
15 appointment at an accredited (as determined by
16 the Secretary) school of medicine, osteopathic
17 medicine, nursing, social work, psychology, den-
18 tistry, pharmacy, or other allied health dis-
19 ciplines in an accredited health professions
20 school that is approved by the Secretary.
21 "(3) LIMITATIONS.—No Award under para-
22 graph (1) may be made to an eligible individual un-
23 less the individual—
24 "(A) has submitted to the Secretary an ap-
25 plication, at such time, in such manner, and

1 containing such information as the Secretary
2 may require, and the Secretary has approved
3 such application;
4 ''(B) provides, in such form and manner as
5 the Secretary may require, assurances that the
6 individual will meet the service requirement de-
7 scribed in paragraph (6); and
8 ''(C) provides, in such form and manner as
9 the Secretary may require, assurances that the
10 individual has a full-time faculty appointment
11 in a health professions institution and docu-
12 mented commitment from such institution to
13 spend 75 percent of the total time of such indi-
14 vidual on teaching and developing skills in
15 interdisciplinary education in geriatrics.
16 ''(4) MAINTENANCE OF EFFORT.—An eligible
17 individual that receives an Award under paragraph
18 (1) shall provide assurances to the Secretary that
19 funds provided to the eligible individual under this
20 subsection will be used only to supplement, not to
21 supplant, the amount of Federal, State, and local
22 funds otherwise expended by the eligible individual.'';
23 and
24 (3) in paragraph (5), as so designated—
25 (A) in subparagraph (A)—

1 (i) by inserting ''for individuals who
2 are physicians'' after ''this section''; and
3 (ii) by inserting after the period at
4 the end the following: ''The Secretary shall
5 determine the amount of an Award under
6 this section for individuals who are not
7 physicians.''; and
8 (B) by adding at the end the following:
9 ''(C) PAYMENT TO INSTITUTION.—The
10 Secretary shall transfer funds awarded to an in-
11 dividual under this section to the institution
12 where such individual will carry out the award,
13 in order to facilitate financial management of
14 the reward pursuant to guidelines of the Health
15 Resources and Services Administration.''.
16 (c) COMPREHENSIVE GERIATRIC EDUCATION.—Sec-
17 tion 855 of the Public Health Service Act (42 U.S.C. 298)
18 is amended—
19 (1) in subsection (b)—
20 (A) in paragraph (3), by striking ''or'' at
21 the end;
22 (B) in paragraph (4), by striking the pe-
23 riod and inserting ''; or''; and
24 (C) by adding at the end the following:

1 "(5) establish traineeships for individuals who
2 are preparing for advanced education nursing de-
3 grees in geriatric nursing, long-term care, gero-psy-
4 chiatric nursing or other nursing areas that spe-
5 cialize in the care of the elderly population."; and
6 (2) in subsection (e), by striking "2003 through
7 2007" and inserting "2010 through 2014".

8 **SEC. 436. MENTAL AND BEHAVIORAL HEALTH EDUCATION**
9 **AND TRAINING GRANTS.**

10 (a) IN GENERAL.—Part D of title VII (42 U.S.C.
11 294 et seq.) is amended by—
12 (1) striking section 757;
13 (2) redesignating section 756 (as amended by
14 section 413) as section 757; and
15 (3) inserting after section 755 the following:

16 **"SEC. 756. MENTAL AND BEHAVIORAL HEALTH EDUCATION**
17 **AND TRAINING GRANTS.**

18 "(a) GRANTS AUTHORIZED.—The Secretary may
19 award grants to eligible institutions of higher education
20 to support the recruitment of students for, and education
21 and clinical experience of the students in—
22 "(1) baccalaureate, master's, and doctoral de-
23 gree programs of social work, as well as the develop-
24 ment of faculty in social work;

1 "(2) accredited master's, doctoral, and post-
2 doctoral residency programs of psychology for the
3 development and implementation of interdisciplinary
4 training of psychology graduate students for pro-
5 viding behavioral and mental health services;
6 "(3) accredited institutions of higher education
7 or accredited professional training programs that are
8 establishing or expanding internships or other field
9 placement programs in child and adolescent mental
10 health in psychiatry, psychology, school psychology,
11 behavioral pediatrics, psychiatric nursing, social
12 work, school social work, marriage and family ther-
13 apy, school counseling, or professional counseling;
14 and
15 "(4) State-licensed mental health nonprofit and
16 for-profit organizations to enable such organizations
17 to pay for programs for preservice or in-service
18 training of paraprofessional child and adolescent
19 mental health workers.
20 "(b) ELIGIBILITY REQUIREMENTS.—To be eligible
21 for a grant under this section, an institution shall dem-
22 onstrate—
23 "(1) participation in the institutions' programs
24 of individuals and groups from different racial, eth-
25 nic, cultural, geographic, religious, linguistic, and

1 class backgrounds, and different genders and sexual
2 orientations;
3 "(2) knowledge and understanding of the con-
4 cerns of the individuals and groups described in sub-
5 section (a);
6 "(3) any internship or other field placement
7 program assisted under the grant will prioritize cul-
8 tural and linguistic competency;
9 "(4) the institution will provide to the Secretary
10 such data, assurances, and information as the Sec-
11 retary may require; and
12 "(5) with respect to any violation of the agree-
13 ment between the Secretary and the institution, the
14 institution will pay such liquidated damages as pre-
15 scribed by the Secretary by regulation.
16 "(c) INSTITUTIONAL REQUIREMENT.—For grants
17 authorized under subsection (a)(1), at least 4 of the grant
18 recipients shall be historically black colleges or universities
19 or other minority-serving institutions.
20 "(d) PRIORITY.—
21 "(1) In selecting the grant recipients in social
22 work under subsection (a)(1), the Secretary shall
23 give priority to applicants that—
24 "(A) are accredited by the Council on So-
25 cial Work Education;

1 "(B) have a graduation rate of not less
2 than 80 percent for social work students; and
3 "(C) exhibit an ability to recruit social
4 workers from and place social workers in areas
5 with a high need and high demand population.
6 "(2) In selecting the grant recipients in grad-
7 uate psychology under subsection (a)(2), the Sec-
8 retary shall give priority to institutions in which
9 training focuses on the needs of vulnerable groups
10 such as older adults and children, individuals with
11 mental health or substance-related disorders, victims
12 of abuse or trauma and of combat stress disorders
13 such as posttraumatic stress disorder and traumatic
14 brain injuries, homeless individuals, chronically ill
15 persons, and their families.
16 "(3) In selecting the grant recipients in profes-
17 sional training programs in child and adolescent
18 mental health under subsection (a)(3), the Secretary
19 shall give priority to applicants that—
20 "(A) have demonstrated the ability to col-
21 lect data on the number of students trained in
22 child and adolescent mental health and the pop-
23 ulations served by such students after gradua-
24 tion;

1 ‘‘(B) have demonstrated familiarity with
2 evidence-based methods in child and adolescent
3 mental health services;
4 ‘‘(C) have programs designed to increase
5 the number of professionals serving high-pri-
6 ority populations and to applicants who come
7 from high-priority communities and plan to
8 serve in Health Professional Shortage Areas,
9 Medically Underserved Areas, or Medically Un-
10 derserved Populations; and
11 ‘‘(D) offer curriculum taught collabo-
12 ratively with a family on the consumer and
13 family lived experience or the importance of
14 family-professional partnership.
15 ‘‘(4) In selecting the grant recipients to offer
16 preservice or in-service training of paraprofessional
17 child and adolescent mental health workers under
18 subsection (a)(4), the Secretary shall give priority to
19 applicants that—
20 ‘‘(A) have demonstrated the ability to col-
21 lect data on the number of paraprofessional
22 child and adolescent mental health workers
23 trained by the applicant and the populations
24 served by these workers after the completion of
25 the training;

1 "(B) have familiarity with evidence-based
2 methods in child and adolescent mental health
3 services;
4 "(C) have programs designed to increase
5 the number of paraprofessional child and ado-
6 lescent mental health workers serving high-pri-
7 ority populations; and
8 "(D) provide services through a community
9 mental health program described in section
10 1913(b)(1).
11 "(e) AUTHORIZATION OF APPROPRIATION.—For the
12 fiscal years 2010 through 2013, there is authorized to be
13 appropriated to carry out this section—
14 "(1) $8,000,000 for training in social work in
15 subsection (a)(1);
16 "(2) $10,000,000 for training in graduate psy-
17 chology in subsection (a)(2);
18 "(3) $10,000,000 for training in professional
19 child and adolescent mental health in subsection
20 (a)(3); and
21 "(4) $5,000,000 for training in paraprofes-
22 sional child and adolescent work in subsection
23 (a)(4).".
24 (b) CONFORMING AMENDMENTS.—Section 757(b)(2)
25 of the Public Health Service Act, as redesignated by sub-

1 section (a), is amended by striking ‘‘sections 751(a)(1)(A),
2 751(a)(1)(B), 753(b), 754(3)(A), and 755(b)’’ and insert-
3 ing ‘‘sections 751(b), 753(b), and 755(b)’’.

4 **SEC. 437. CULTURAL COMPETENCY, PREVENTION AND PUB-**
5 **LIC HEALTH AND INDIVIDUALS WITH DIS-**
6 **ABILITIES TRAINING.**

7 Part B of title VII of the Public Health Service Act
8 (42 U.S.C. 293 et seq.) is amended by adding at the end
9 the following:

10 **‘‘SEC. 742. CULTURAL COMPETENCY, PREVENTION AND**
11 **PUBLIC HEALTH AND INDIVIDUALS WITH DIS-**
12 **ABILITIES TRAINING.**

13 ‘‘(a) IN GENERAL.—The Secretary shall support the
14 development, evaluation, and dissemination of model cur-
15 ricula for cultural competency, prevention, and public
16 health proficiency and aptitude for working with individ-
17 uals with disabilities training for use in health professions
18 schools and continuing education programs, and for other
19 purposes determined appropriate by the Secretary.

20 ‘‘(b) CURRICULA.—

21 ‘‘(1) COLLABORATION.—In carrying out sub-
22 section (a), the Secretary shall collaborate with
23 health professional societies, licensing and accredita-
24 tion entities, health professions schools, and experts
25 in minority health and cultural competency, preven-

1 tion and public health and disability groups, commu-
2 nity-based organizations, and other organizations as
3 determined appropriate by the Secretary.
4 ‘‘(2) FOCUS.—Curricula developed under this
5 section shall include a focus on cultural competency
6 measures, prevention and public health competency
7 measures, and working with individuals with disabil-
8 ities competency measures. In addition, cultural
9 competency, prevention and public health pro-
10 ficiency, and working with individuals with disabil-
11 ities aptitude self-assessment methodology for health
12 providers, systems, and institutions.
13 ‘‘(c) DISSEMINATION.—
14 ‘‘(1) IN GENERAL.—Model curricula developed
15 under this section shall be disseminated through the
16 Internet Clearinghouse under section 270 and such
17 other means as determined appropriate by the Sec-
18 retary.
19 ‘‘(2) EVALUATION.—The Secretary shall evalu-
20 ate the adoption and the implementation of cultural
21 competency, prevention and public health, and work-
22 ing with individuals with a disability training cur-
23 ricula, and the facilitate inclusion of these com-
24 petency measures in quality measurement systems as
25 appropriate.’’.

1 **SEC. 438. ADVANCED NURSING EDUCATION GRANTS.**

2 Section 811 of the Public Health Service Act (42
3 U.S.C. 296j) is amended—

4 (1) in subsection (c)—

5 (A) in the subsection heading, by striking
6 "AND NURSE MIDWIFERY PROGRAMS"; and

7 (B) by striking "and nurse midwifery";

8 (2) in subsection (f)—

9 (A) by striking paragraph (2); and

10 (B) by redesignating paragraph (3) as
11 paragraph (2); and

12 (3) by redesignating subsections (d), (e), and
13 (f) as subsections (e), (f), and (g), respectively; and

14 (4) by inserting after subsection (c), the fol-
15 lowing:

16 "(d) AUTHORIZED NURSE-MIDWIFERY PROGRAMS.—
17 Midwifery programs that are eligible for support under
18 this section are educational programs that—

19 "(1) have as their objective the education of
20 midwives, who will upon completion of their studies
21 in such programs, be qualified to effectively provide
22 primary health care services to women at locations
23 where women might require health care services, in-
24 cluding acute care facilities, ambulatory care facili-
25 ties, birth centers, personal residences, and other
26 settings as authorized by State or Federal law; and

1 "(2) are accredited by the American College of
2 Nurse-Midwives Accreditation Commission for Mid-
3 wifery Education.".

4 **SEC. 439. NURSE EDUCATION, PRACTICE, AND RETENTION**
5 **GRANTS.**

6 (a) IN GENERAL.—Section 831 of the Public Health
7 Service Act (42 U.S.C. 296p) is amended—
8 (1) in the section heading, by striking "**RETEN-**
9 **TION**" and inserting "**QUALITY**";
10 (2) in subsection (a)—
11 (A) in paragraph (1), by adding "or" after
12 the semicolon;
13 (B) by striking paragraph (2); and
14 (C) by redesignating paragraph (3) as
15 paragraph (2);
16 (3) in subsection (b)(3), by striking "managed
17 care, quality improvement" and inserting "coordi-
18 nated care";
19 (4) in subsection (g), by inserting ", as defined
20 in section 801(2)," after "school of nursing"; and
21 (5) in subsection (h), by striking "2003
22 through 2007" and inserting "2010 through 2014".
23 (b) NURSE RETENTION GRANTS.—Title VIII of the
24 Public Health Service Act is amended by inserting after
25 section 831 (42 U.S.C. 296b) the following:

1 **"SEC. 831A. NURSE RETENTION GRANTS.**
2 "(a) RETENTION PRIORITY AREAS.—The Secretary
3 may award grants to, and enter into contracts with, eligi-
4 ble entities to enhance the nursing workforce by initiating
5 and maintaining nurse retention programs pursuant to
6 subsection (b) or (c).
7 "(b) GRANTS FOR CAREER LADDER PROGRAM.—The
8 Secretary may award grants to, and enter into contracts
9 with, eligible entities for programs—
10 "(1) to promote career advancement for individ-
11 uals including licensed practical nurses, licensed vo-
12 cational nurses, certified nurse assistants, home
13 health aides, diploma degree or associate degree
14 nurses, to become baccalaureate prepared registered
15 nurses or advanced education nurses in order to
16 meet the needs of the registered nurse workforce;
17 "(2) developing and implementing internships
18 and residency programs in collaboration with an ac-
19 credited school of nursing, as defined by section
20 801(2), to encourage mentoring and the development
21 of specialties; or
22 "(3) to assist individuals in obtaining education
23 and training required to enter the nursing profession
24 and advance within such profession, such as by pro-
25 viding career counseling and mentoring.

1 "(c) ENHANCING PATIENT CARE DELIVERY SYS-
2 TEMS.—
3 "(1) GRANTS.—The Secretary may award
4 grants to eligible entities to improve the retention of
5 nurses and enhance patient care that is directly re-
6 lated to nursing activities by enhancing collaboration
7 and communication among nurses and other health
8 care professionals, and by promoting nurse involve-
9 ment in the organizational and clinical decision-mak-
10 ing processes of a health care facility.
11 "(2) PRIORITY.—In making awards of grants
12 under this subsection, the Secretary shall give pref-
13 erence to applicants that have not previously re-
14 ceived an award under this subsection (or section
15 831(c) as such section existed on the day before the
16 date of enactment of this section).
17 "(3) CONTINUATION OF AN AWARD.—The Sec-
18 retary shall make continuation of any award under
19 this subsection beyond the second year of such
20 award contingent on the recipient of such award
21 having demonstrated to the Secretary measurable
22 and substantive improvement in nurse retention or
23 patient care.
24 "(d) OTHER PRIORITY AREAS.—The Secretary may
25 award grants to, or enter into contracts with, eligible enti-

1 ties to address other areas that are of high priority to
2 nurse retention, as determined by the Secretary.
3 ''(e) REPORT.—The Secretary shall submit to the
4 Congress before the end of each fiscal year a report on
5 the grants awarded and the contracts entered into under
6 this section. Each such report shall identify the overall
7 number of such grants and contracts and provide an ex-
8 planation of why each such grant or contract will meet
9 the priority need of the nursing workforce.
10 ''(f) ELIGIBLE ENTITY.—For purposes of this sec-
11 tion, the term 'eligible entity' includes an accredited school
12 of nursing, as defined by section 801(2), a health care fa-
13 cility, or a partnership of such a school and facility.
14 ''(g) AUTHORIZATION OF APPROPRIATIONS.—There
15 are authorized to be appropriated to carry out this section
16 such sums as may be necessary for each of fiscal years
17 2010 through 2012.''.
18 **SEC. 440. LOAN REPAYMENT AND SCHOLARSHIP PROGRAM.**
19 (a) TECHNICAL AMENDMENTS.—Sections 842 (relat-
20 ing to appeals), 846 (relating to loan repayment and schol-
21 arship programs), 846A (relating to the nurse faculty loan
22 program), and 810 (relating to discrimination) of the Pub-
23 lic Health Service Act (42 U.S.C. 297i, 297n, 297n–1, and
24 296g) are redesignated as sections 840A, 840B, 840C,
25 and 840E, respectively.

1 (b) LOAN REPAYMENTS AND SCHOLARSHIPS.—Sec-
2 tion 840B(a)(3) of the Public Health Service Act, as so
3 redesignated by subsection (a), is amended by inserting
4 before the semicolon the following: ‘‘, or in a accredited
5 school of nursing, as defined by section 801(2), as nurse
6 faculty’’.

7 **SEC. 441. NURSE FACULTY LOAN PROGRAM.**

8 (a) IN GENERAL.—Section 840C of the Public
9 Health Service Act (42 U.S.C. 297n-1), as so redesignated
10 by section 440, is amended—
11 (1) in subsection (a)—
12 (A) in the subsection heading, by striking
13 ‘‘ESTABLISHMENT’’ and inserting ‘‘SCHOOL OF
14 NURSING STUDENT LOAN FUND’’; and
15 (B) by inserting ‘‘accredited’’ after ‘‘agree-
16 ment with any’’;
17 (2) in subsection (c)—
18 (A) in paragraph (2), by striking
19 ‘‘$30,000’’ and all that follows through the
20 semicolon and inserting ‘‘$35,500, during fiscal
21 years 2010 and 2011 fiscal years (after fiscal
22 year 2011, such amounts shall be adjusted to
23 provide for a cost-of-living increase for the year-
24 ly loan rate and the aggregate loan;’’; and

1 (B) in paragraph (3)(A), by inserting "an
2 accredited" after "faculty member in";
3 (3) in subsection (e), by striking "a school" and
4 inserting "an accredited school"; and
5 (4) in subsection (f), by striking "2003 through
6 2007" and inserting "2010 through 2014".
7 (b) ELIGIBLE INDIVIDUAL STUDENT LOAN REPAY-
8 MENT.—Title VIII of the Public Health Service Act is
9 amended by inserting after section 840C, as so redesig-
10 nated by section 440, the following:

11 **"SEC. 840D. ELIGIBLE INDIVIDUAL STUDENT LOAN REPAY-**
12 **MENT.**

13 "(a) IN GENERAL.—The Secretary, acting through
14 the Administrator of the Health Resources and Services
15 Administration, may enter into an agreement with eligible
16 individuals for the repayment of education loans, in ac-
17 cordance with this section, to increase the number of
18 qualified nursing faculty.
19 "(b) AGREEMENTS.—Each agreement entered into
20 under this subsection shall require that the eligible indi-
21 vidual shall serve as a full-time member of the faculty of
22 an accredited school of nursing, for a total period, in the
23 aggregate, of at least 4 years during the 6-year period be-
24 ginning on the later of—

1 "(1) the date on which the individual receives
2 a master's or doctorate nursing degree from an ac-
3 credited school of nursing; or
4 "(2) the date on which the individual enters
5 into an agreement under this subsection.
6 "(c) AGREEMENT PROVISIONS.—Agreements entered
7 into pursuant to subsection (b) shall be entered into on
8 such terms and conditions as the Secretary may deter-
9 mine, except that—
10 "(1) not more than 10 months after the date on
11 which the 6-year period described under subsection
12 (b) begins, but in no case before the individual
13 starts as a full-time member of the faculty of an ac-
14 credited school of nursing the Secretary shall begin
15 making payments, for and on behalf of that indi-
16 vidual, on the outstanding principal of, and interest
17 on, any loan of that individual obtained to pay for
18 such degree;
19 "(2) for an individual who has completed a
20 master's in nursing or equivalent degree in nurs-
21 ing—
22 "(A) payments may not exceed $10,000
23 per calendar year; and
24 "(B) total payments may not exceed
25 $40,000 during the 2010 and 2011 fiscal years

1 (after fiscal year 2011, such amounts shall be
2 adjusted to provide for a cost-of-living increase
3 for the yearly loan rate and the aggregate
4 loan); and
5 ''(3) for an individual who has completed a doc-
6 torate or equivalent degree in nursing—
7 ''(A) payments may not exceed $20,000
8 per calendar year; and
9 ''(B) total payments may not exceed
10 $80,000 during the 2010 and 2011 fiscal years
11 (adjusted for subsequent fiscal years as pro-
12 vided for in the same manner as in paragraph
13 (2)(B)).
14 ''(d) BREACH OF AGREEMENT.—
15 ''(1) IN GENERAL.—In the case of any agree-
16 ment made under subsection (b), the individual is
17 liable to the Federal Government for the total
18 amount paid by the Secretary under such agree-
19 ment, and for interest on such amount at the max-
20 imum legal prevailing rate, if the individual fails to
21 meet the agreement terms required under such sub-
22 section.
23 ''(2) WAIVER OR SUSPENSION OF LIABILITY.—
24 In the case of an individual making an agreement
25 for purposes of paragraph (1), the Secretary shall

1 provide for the waiver or suspension of liability
2 under such paragraph if compliance by the indi-
3 vidual with the agreement involved is impossible or
4 would involve extreme hardship to the individual or
5 if enforcement of the agreement with respect to the
6 individual would be unconscionable.
7 ''(3) DATE CERTAIN FOR RECOVERY.—Subject
8 to paragraph (2), any amount that the Federal Gov-
9 ernment is entitled to recover under paragraph (1)
10 shall be paid to the United States not later than the
11 expiration of the 3-year period beginning on the date
12 the United States becomes so entitled.
13 ''(4) AVAILABILITY.—Amounts recovered under
14 paragraph (1) shall be available to the Secretary for
15 making loan repayments under this section and shall
16 remain available for such purpose until expended.
17 ''(e) ELIGIBLE INDIVIDUAL DEFINED.—For pur-
18 poses of this section, the term 'eligible individual' means
19 an individual who—
20 ''(1) is a United States citizen, national, or law-
21 ful permanent resident;
22 ''(2) holds an unencumbered license as a reg-
23 istered nurse; and
24 ''(3) has either already completed a master's or
25 doctorate nursing program at an accredited school of

1 nursing or is currently enrolled on a full-time or
2 part-time basis in such a program.
3 ''(f) PRIORITY.—For the purposes of this section and
4 section 840C, funding priority will be awarded to School
5 of Nursing Student Loans that support doctoral nursing
6 students or Individual Student Loan Repayment that sup-
7 port doctoral nursing students.
8 ''(g) AUTHORIZATION OF APPROPRIATIONS.—There
9 are authorized to be appropriated to carry out this section
10 such sums as may be necessary for each of fiscal years
11 2010 through 2014.''.

12 **SEC. 442. AUTHORIZATION OF APPROPRIATIONS FOR**
13 **PARTS B THROUGH D OF TITLE VIII.**

14 Section 841 of the Public Health Service Act (42
15 U.S.C. 297q) is amended to read as follows:

16 **''SEC. 841. AUTHORIZATION OF APPROPRIATIONS.**

17 ''For the purpose of carrying out parts B, C, and D
18 (subject to section 845(g)), there are authorized to be ap-
19 propriated $338,000,000 for fiscal year 2010, and such
20 sums as may be necessary for each of the fiscal years 2011
21 through 2016.''.

1 **SEC. 443. GRANTS TO PROMOTE THE COMMUNITY HEALTH**
2 **WORKFORCE.**
3 Part P of title III of the Public Health Service Act
4 (42 U.S.C. 280g et seq.) is amended by adding at the end
5 the following::
6 **"SEC. 399S. GRANTS TO PROMOTE POSITIVE HEALTH BE-**
7 **HAVIORS AND OUTCOMES.**
8 ''(a) GRANTS AUTHORIZED.—The Secretary, in col-
9 laboration with the Secretary shall award grants to eligible
10 entities to promote positive health behaviors for popu-
11 lations in medically underserved communities through the
12 use of community health workers.
13 ''(b) USE OF FUNDS.—Grants awarded under sub-
14 section (a) shall be used to support community health
15 workers—
16 ''(1) to educate, guide, and provide outreach in
17 a community setting regarding health problems prev-
18 alent in medically underserved communities, particu-
19 larly racial and ethnic minority populations;
20 ''(2) to educate, guide, and provide experiential
21 learning opportunities that target behavioral risk
22 factors;
23 ''(3) to educate and provide guidance regarding
24 effective strategies to promote positive health behav-
25 iors within the family;

1 "(4) to educate and provide outreach regarding
2 enrollment in health insurance including the State
3 Children's Health Insurance Program under title
4 XXI of the Social Security Act, Medicare under title
5 XVIII of such Act and Medicaid under title XIX of
6 such Act;
7 "(5) to educate and refer underserved popu-
8 lations to appropriate healthcare agencies and com-
9 munity-based programs and organizations in order
10 to increase access to quality healthcare services and
11 to eliminate duplicative care; or
12 "(6) to educate, guide, and provide home visita-
13 tion services regarding maternal health and prenatal
14 care.
15 "(c) APPLICATION.—Each eligible entity that desires
16 to receive a grant under subsection (a) shall submit an
17 application to the Secretary, at such time, in such manner,
18 and accompanied by such information as the Secretary
19 may require.
20 "(d) PRIORITY.—In awarding grants under sub-
21 section (a), the Secretary shall give priority to applicants
22 that—
23 "(1) propose to target geographic areas—

1 "(A) with a high percentage of residents
2 who are eligible for health insurance but are
3 uninsured or underinsured;
4 "(B) with a high percentage of residents
5 who suffer from chronic diseases; and
6 "(C) with a high infant mortality rate;
7 "(2) have experience in providing health or
8 health-related social services to individuals who are
9 underserved with respect to such services; and
10 "(3) have documented community activity and
11 experience with community health workers.
12 "(e) COLLABORATION WITH ACADEMIC INSTITU-
13 TIONS AND THE ONE-STOP DELIVERY SYSTEM.—The
14 Secretary shall encourage community health worker pro-
15 grams receiving funds under this section to collaborate
16 with academic institutions and one-stop delivery systems
17 under section 134(c) of the Workforce Investment Act of
18 1998. Nothing in this section shall be construed to require
19 such collaboration.
20 "(f) EVIDENCE-BASED INTERVENTIONS.—The Sec-
21 retary shall encourage community health worker programs
22 receiving funding under this section to implement an out-
23 come-based payment system that rewards community
24 health workers for connecting underserved populations
25 with the most appropriate services at the most appropriate

1 time. Nothing in this section shall be construed to require
2 such a payment.
3 “(g) QUALITY ASSURANCE AND COST EFFECTIVE-
4 NESS.—The Secretary shall establish guidelines for assur-
5 ing the quality of the training and supervision of commu-
6 nity health workers under the programs funded under this
7 section and for assuring the cost-effectiveness of such pro-
8 grams.
9 “(h) MONITORING.—The Secretary shall monitor
10 community health worker programs identified in approved
11 applications under this section and shall determine wheth-
12 er such programs are in compliance with the guidelines
13 established under subsection (g).
14 “(i) TECHNICAL ASSISTANCE.—The Secretary may
15 provide technical assistance to community health worker
16 programs identified in approved applications under this
17 section with respect to planning, developing, and operating
18 programs under the grant.
19 “(j) AUTHORIZATION OF APPROPRIATIONS.—There
20 are authorized to be appropriated, such sums as may be
21 necessary to carry out this section for each of fiscal years
22 2010 through 2014.
23 “(k) DEFINITIONS.—In this section:
24 “(1) COMMUNITY HEALTH WORKER.—The term
25 ‘community health worker’, as defined by the De-

1 partment of Labor as Standard Occupational Classi-
2 fication [21–1094] means an individual who pro-
3 motes health or nutrition within the community in
4 which the individual resides—
5 ''(A) by serving as a liaison between com-
6 munities and healthcare agencies;
7 ''(B) by providing guidance and social as-
8 sistance to community residents;
9 ''(C) by enhancing community residents'
10 ability to effectively communicate with
11 healthcare providers;
12 ''(D) by providing culturally and linguis-
13 tically appropriate health or nutrition edu-
14 cation;
15 ''(E) by advocating for individual and com-
16 munity health; and
17 ''(F) by providing referral and follow-up
18 services or otherwise coordinating care.
19 ''(2) COMMUNITY SETTING.—The term 'commu-
20 nity setting' means a home or a community organi-
21 zation located in the neighborhood in which a partic-
22 ipant in the program under this section resides.
23 ''(3) MEDICALLY UNDERSERVED COMMUNITY.—
24 The term 'medically underserved community' means
25 a community identified by a State—

1 "(A) that has a substantial number of in-
2 dividuals who are members of a medically un-
3 derserved population, as defined by section
4 330(b)(3); and
5 "(B) a significant portion of which is a
6 health professional shortage area as designated
7 under section 332.".

8 **SEC. 444. YOUTH PUBLIC HEALTH PROGRAM.**

9 Section 751(b)(4)(A) of the Public Health Service
10 Act, as amended by section 453, is further amended by
11 adding at the end the following:
12 "(vi) Establish a youth public health
13 program to expose and recruit high school
14 students into health careers, with a focus
15 on careers in public health.".

16 **SEC. 445. FELLOWSHIP TRAINING IN PUBLIC HEALTH.**

17 Part E of title VII of the Public Health Service Act
18 (42 U.S.C. 294n et seq.), as amended by section 426, is
19 further amended by adding at the end the following:

1 **"SEC. 778. FELLOWSHIP TRAINING IN APPLIED PUBLIC
2 HEALTH EPIDEMIOLOGY, PUBLIC HEALTH
3 LABORATORY SCIENCE, PUBLIC HEALTH
4 INFORMATICS, AND EXPANSION OF THE EPI-
5 DEMIC INTELLIGENCE SERVICE.**

6 ''(a) IN GENERAL.—The Secretary may carry out ac-
7 tivities to address documented workforce shortages in
8 State and local health departments in the critical areas
9 of applied public health epidemiology and public health
10 laboratory science and informatics and may expand the
11 Epidemic Intelligence Service.

12 ''(b) SPECIFIC USES.—In carrying out subsection
13 (a), the Secretary shall provide for the expansion of exist-
14 ing fellowship programs operated through the Centers for
15 Disease Control and Prevention in a manner that is de-
16 signed to alleviate shortages of the type described in sub-
17 section (a).

18 ''(c) OTHER PROGRAMS.—The Secretary may provide
19 for the expansion of other applied epidemiology training
20 programs that meet objectives similar to the objectives of
21 the programs described in subsection (b).

22 ''(d) WORK OBLIGATION.—Participation in fellow-
23 ship training programs under this section shall be deemed
24 to be service for purposes of satisfying work obligations
25 stipulated in contracts under section 338I(j).

1 "(e) GENERAL SUPPORT.—Amounts may be used
2 from grants awarded under this section to expand the
3 Public Health Informatics Fellowship Program at the
4 Centers for Disease Control and Prevention to better sup-
5 port all public health systems at all levels of government.
6 "(f) AUTHORIZATION OF APPROPRIATIONS.—There
7 are authorized to be appropriated to carry out this section
8 $39,500,000 for each of fiscal years 2010 through 2013,
9 of which—
10 "(1) $5,000,000 shall be made available in each
11 such fiscal year for epidemiology fellowship training
12 program activities under subsections (b) and (c);
13 "(2) $5,000,000 shall be made available in each
14 such fiscal year for laboratory fellowship training
15 programs under subsection (b);
16 "(3) $5,000,000 shall be made available in each
17 such fiscal year for the Public Health Informatics
18 Fellowship Program under subsection (e); and
19 "(4) $24,500,000 shall be made available for
20 expanding the Epidemic Intelligence Service under
21 subsection (a).".

Subtitle E—Supporting the Existing Health Care Workforce

SEC. 451. CENTERS OF EXCELLENCE.

Section 736 of the Public Health Service Act (42 U.S.C. 293) is amended by striking subsection (h) and inserting the following:

"(h) FORMULA FOR ALLOCATIONS.—

"(1) ALLOCATIONS.—Based on the amount appropriated under subsection (i) for a fiscal year, the following subparagraphs shall apply as appropriate:

"(A) IN GENERAL.—If the amounts appropriated under subsection (i) for a fiscal year are $24,000,000 or less—

"(i) the Secretary shall make available $12,000,000 for grants under subsection (a) to health professions schools that meet the conditions described in subsection (c)(2)(A); and

"(ii) and available after grants are made with funds under clause (i), the Secretary shall make available—

"(I) 60 percent of such amount for grants under subsection (a) to health professions schools that meet the conditions described in paragraph

1 (3) or (4) of subsection (c) (including
2 meeting the conditions under sub-
3 section (e)); and
4 ''(II) 40 percent of such amount
5 for grants under subsection (a) to
6 health professions schools that meet
7 the conditions described in subsection
8 (c)(5).
9 ''(B) FUNDING IN EXCESS OF
10 $24,000,000.—If amounts appropriated under
11 subsection (i) for a fiscal year exceed
12 $24,000,000 but are less than $30,000,000—
13 ''(i) 80 percent of such excess
14 amounts shall be made available for grants
15 under subsection (a) to health professions
16 schools that meet the requirements de-
17 scribed in paragraph (3) or (4) of sub-
18 section (c) (including meeting conditions
19 pursuant to subsection (e)); and
20 ''(ii) 20 percent of such excess
21 amount shall be made available for grants
22 under subsection (a) to health professions
23 schools that meet the conditions described
24 in subsection (c)(5).

1 “(C) FUNDING IN EXCESS OF
2 $30,000,000.—If amounts appropriated under
3 subsection (i) for a fiscal year exceed
4 $30,000,000 but are less than $40,000,000, the
5 Secretary shall make available—
6 “(i) not less than $12,000,000 for
7 grants under subsection (a) to health pro-
8 fessions schools that meet the conditions
9 described in subsection (c)(2)(A);
10 “(ii) not less than $12,000,000 for
11 grants under subsection (a) to health pro-
12 fessions schools that meet the conditions
13 described in paragraph (3) or (4) of sub-
14 section (c) (including meeting conditions
15 pursuant to subsection (e));
16 “(iii) not less than $6,000,000 for
17 grants under subsection (a) to health pro-
18 fessions schools that meet the conditions
19 described in subsection (c)(5); and
20 “(iv) after grants are made with
21 funds under clauses (i) through (iii), any
22 remaining excess amount for grants under
23 subsection (a) to health professions schools
24 that meet the conditions described in para-

1 graph (2)(A), (3), (4), or (5) of subsection
2 (c).
3 ‘‘(D) FUNDING IN EXCESS OF
4 $40,000,000.—If amounts appropriated under
5 subsection (i) for a fiscal year are $40,000,000
6 or more, the Secretary shall make available—
7 ‘‘(i) not less than $16,000,000 for
8 grants under subsection (a) to health pro-
9 fessions schools that meet the conditions
10 described in subsection (c)(2)(A);
11 ‘‘(ii) not less than $16,000,000 for
12 grants under subsection (a) to health pro-
13 fessions schools that meet the conditions
14 described in paragraph (3) or (4) of sub-
15 section (c) (including meeting conditions
16 pursuant to subsection (e));
17 ‘‘(iii) not less than $8,000,000 for
18 grants under subsection (a) to health pro-
19 fessions schools that meet the conditions
20 described in subsection (c)(5); and
21 ‘‘(iv) after grants are made with
22 funds under clauses (i) through (iii), any
23 remaining funds for grants under sub-
24 section (a) to health professions schools
25 that meet the conditions described in para-

1 graph (2)(A), (3), (4), or (5) of subsection
2 (c).
3 "(2) NO LIMITATION.—Nothing in this sub-
4 section shall be construed as limiting the centers of
5 excellence referred to in this section to the des-
6 ignated amount, or to preclude such entities from
7 competing for grants under this section.
8 "(3) MAINTENANCE OF EFFORT.—
9 "(A) IN GENERAL.—With respect to activi-
10 ties for which a grant made under this part are
11 authorized to be expended, the Secretary may
12 not make such a grant to a center of excellence
13 for any fiscal year unless the center agrees to
14 maintain expenditures of non-Federal amounts
15 for such activities at a level that is not less
16 than the level of such expenditures maintained
17 by the center for the fiscal year preceding the
18 fiscal year for which the school receives such a
19 grant.
20 "(B) USE OF FEDERAL FUNDS.—With re-
21 spect to any Federal amounts received by a cen-
22 ter of excellence and available for carrying out
23 activities for which a grant under this part is
24 authorized to be expended, the center shall, be-
25 fore expending the grant, expend the Federal

1 amounts obtained from sources other than the
2 grant, unless given prior approval from the Sec-
3 retary.
4 ''(i) AUTHORIZATION OF APPROPRIATIONS.—There
5 are authorized to be appropriated to carry out this sec-
6 tion—
7 ''(1) $50,000,000 for each of the fiscal years
8 2010 through 2015; and
9 ''(2) and such sums as are necessary for each
10 subsequent fiscal year.''.

11 **SEC. 452. HEALTH CARE PROFESSIONALS TRAINING FOR**
12 **DIVERSITY.**

13 (a) LOAN REPAYMENTS AND FELLOWSHIPS REGARD-
14 ING FACULTY POSITIONS.—Section 738(a)(1) of the Pub-
15 lic Health Service Act (42 U.S.C. 293b(a)(1)) is amended
16 by striking ''$20,000 of the principal and interest of the
17 educational loans of such individuals.'' and inserting
18 ''$30,000 of the principal and interest of the educational
19 loans of such individuals.''.
20 (b) SCHOLARSHIPS FOR DISADVANTAGED STU-
21 DENTS.—Section 740(a) of such Act (42 U.S.C. 293d(a))
22 is amended by striking ''$37,000,000'' and all that follows
23 through ''2002'' and inserting ''$51,000,000 for fiscal
24 year 2010, and such sums as may be necessary for each
25 of the fiscal years 2011 through 2014''.

1 (c) REAUTHORIZATION FOR LOAN REPAYMENTS AND
2 FELLOWSHIPS REGARDING FACULTY POSITIONS.—Sec-
3 tion 740(b) of such Act (42 U.S.C. 293d(b)) is amended
4 by striking ''appropriated'' and all that follows through
5 the period at the end and inserting ''appropriated,
6 $5,000,000 for each of the fiscal years 2010 through
7 2014.''.
8 (d) REAUTHORIZATION FOR EDUCATIONAL ASSIST-
9 ANCE IN THE HEALTH PROFESSIONS REGARDING INDI-
10 VIDUALS FROM A DISADVANTAGED BACKGROUND.—Sec-
11 tion 740(c) of such Act (42 U.S.C. 293d(c)) is amended
12 by striking the first sentence and inserting the following:
13 ''For the purpose of grants and contracts under section
14 739(a)(1), there is authorized to be appropriated
15 $60,000,000 for fiscal year 2010 and such sums as may
16 be necessary for each of the fiscal years 2011 through
17 2014.''
18 **SEC. 453. INTERDISCIPLINARY, COMMUNITY-BASED LINK-**
19 **AGES.**
20 (a) AREA HEALTH EDUCATION CENTERS.—Section
21 751 of the Public Health Service Act (42 U.S.C. 294a)
22 is amended to read as follows:
23 **''SEC. 751. AREA HEALTH EDUCATION CENTERS.**
24 ''(a) ESTABLISHMENT OF AWARDS.—The Secretary
25 shall make awards in accordance with this section.

1 "(b) INFRASTRUCTURE DEVELOPMENT AWARD.—
2 "(1) IN GENERAL.—The Secretary shall make
3 awards to eligible entities to enable such entities to
4 initiate health care workforce educational programs
5 or to continue to carry out comparable programs
6 that are operating at the time the award is made by
7 planning, developing, operating, and evaluating of an
8 area health education center program.
9 "(2) ELIGIBLE ENTITY.—For purposes of this
10 subsection, an 'eligible entity' means a school of
11 medicine or osteopathic medicine, an incorporated
12 consortium of such schools, or the parent institu-
13 tions of such a school. With respect to a State in
14 which no area health education center program is in
15 operation, the Secretary may award a grant or con-
16 tract under paragraph (1) to a school of nursing.
17 "(3) APPLICATION.—An eligible entity desiring
18 to receive an award under this subsection shall sub-
19 mit to the Secretary an application at such time, in
20 such manner, and containing such information as
21 the Secretary may require.
22 "(4) USE OF FUNDS.—
23 "(A) REQUIRED ACTIVITIES.—An eligible
24 entity shall use amounts awarded under a grant

1 under paragraph (1) to carry out the following
2 activities:
3 ''(i) Develop and implement strategies
4 to recruit individuals from underrep-
5 resented minority populations or from dis-
6 advantaged or rural backgrounds into
7 health professions, and support such indi-
8 viduals in attaining such careers.
9 ''(ii) Develop and implement strate-
10 gies to foster and provide community-based
11 training and education to individuals seek-
12 ing careers in health professions within un-
13 derserved areas for the purpose of devel-
14 oping and maintaining a diverse health
15 care workforce that is prepared to deliver
16 high-quality care, with an emphasis on pri-
17 mary care, in underserved areas or for
18 health disparity populations, in collabora-
19 tion with other Federal and State health
20 care workforce development programs, the
21 State workforce agency, and local work-
22 force investment boards, and in health care
23 safety net sites.
24 ''(iii) Prepare individuals to more ef-
25 fectively provide health services to under-

1 served areas and health disparity popu-
2 lations through field placements or precep-
3 torships in conjunction with community-
4 based organizations, accredited primary
5 care residency training programs, Feder-
6 ally qualified health centers, rural health
7 clinics, public health departments, or other
8 appropriate facilities.
9 "(iv) Conduct and participate in inter-
10 disciplinary training that involves physi-
11 cians, physician assistants, nurse practi-
12 tioners, nurse midwives, dentists, psycholo-
13 gists, pharmacists, community health
14 workers, public and allied health profes-
15 sionals, or other health professionals, as
16 practicable.
17 "(v) Deliver or facilitate continuing
18 education and information dissemination
19 programs for health care professionals,
20 with an emphasis on individuals providing
21 care in underserved areas and for health
22 disparity populations.
23 "(B) INNOVATIVE OPPORTUNITIES.—An
24 eligible entity may use amounts awarded under

1 a grant under paragraph (1) to carry out any
2 of the following activities:
3 ‘‘(i) Develop and implement innovative
4 curricula in collaboration with community-
5 based accredited primary care residency
6 training programs, Federally qualified
7 health centers, rural health clinics, behav-
8 ioral and mental health facilities, public
9 health departments, or other appropriate
10 facilities, with the goal of increasing the
11 number of primary care physicians and
12 other primary care providers prepared to
13 serve in underserved areas and health dis-
14 parity populations.
15 ‘‘(ii) Coordinate community-based
16 participatory research with academic
17 health centers, and facilitate rapid flow
18 and dissemination of evidence-based health
19 care information, research results, and best
20 practices to improve quality, efficiency, and
21 effectiveness of health care and health care
22 systems within community settings.
23 ‘‘(iii) Develop and implement other
24 strategies to address identified workforce
25 needs and increase and enhance the health

1 care workforce in the area served by the
2 area health education center program.
3 ''(c) POINT OF SERVICE MAINTENANCE AND EN-
4 HANCEMENT AWARD.—
5 ''(1) IN GENERAL.—The Secretary shall make
6 awards to eligible entities to maintain and improve
7 the effectiveness and capabilities of an existing area
8 health education center program, and make other
9 modifications to the program that are appropriate
10 due to changes in demographics, needs of the popu-
11 lations served, or other similar issues affecting the
12 program.
13 ''(2) ELIGIBLE ENTITY.—For purposes of this
14 subsection, the term 'eligible entity' means an entity
15 that has received funds under this section (as this
16 section was in effect on the day before the date of
17 enactment of the Affordable Health Choices Act), is
18 operating an area health education center program,
19 including area health education centers, and has a
20 center or centers that are no longer eligible to re-
21 ceive financial assistance under subsection (b).
22 ''(3) APPLICATION.—An eligible entity desiring
23 to receive an award under this subsection shall sub-
24 mit to the Secretary an application at such time, in

1 such manner, and containing such information as
2 the Secretary may require.
3 "(4) USE OF FUNDS.—
4 "(A) REQUIRED ACTIVITIES.—An eligible
5 entity shall use amounts awarded under a grant
6 under paragraph (1) to carry out the following
7 activities:
8 "(i) Develop and implement strategies
9 in coordination with the applicable one-
10 stop delivery system under section 134(c)
11 of the Workforce Investment Act of 1998
12 to recruit individuals from underrep-
13 resented minority groups, underserved
14 areas, or with rural backgrounds into
15 health care careers, and support such indi-
16 viduals in attaining such careers.
17 "(ii) Develop and implement strate-
18 gies to foster and provide community-based
19 training and education to individuals seek-
20 ing careers in health professions within un-
21 derserved areas for the purpose of devel-
22 oping and maintaining a diverse health
23 care workforce that is prepared to deliver
24 high-quality care, with an emphasis on pri-
25 mary care, in underserved areas and to

1 health disparity populations, in collabora-
2 tion with other Federal and State health
3 care workforce development programs, and
4 in health care safety net sites.
5 ''(iii) Prepare individuals to more ef-
6 fectively provide health services to under-
7 served areas or health disparity popu-
8 lations through field placements or precep-
9 torships in conjunction with community-
10 based organizations, accredited primary
11 care residency training programs, Feder-
12 ally qualified health centers, rural health
13 clinics, behavioral and mental health facili-
14 ties, public health departments, or other
15 appropriate facilities.
16 ''(iv) Conduct and participate in inter-
17 disciplinary training that involves physi-
18 cians, physician assistants, nurse practi-
19 tioners, nurse midwives, dentists, psycholo-
20 gists, pharmacists, public and allied health
21 professionals, or other health professionals,
22 as practicable.
23 ''(v) Deliver or facilitate continuing
24 education and information dissemination
25 programs for health care professionals,

1 with an emphasis on individuals providing
2 care in underserved areas and for health
3 disparity populations.
4 "(vi) Propose and implement effective
5 program and outcomes measurement and
6 evaluation strategies.
7 "(B) INNOVATIVE OPPORTUNITIES.—An
8 eligible entity shall use amounts awarded under
9 a grant under paragraph (1) to carry out at
10 least 1 of the following activities:
11 "(i) Develop innovative curricula in
12 collaboration with community-based ac-
13 credited primary care residency training
14 programs, Federally qualified health cen-
15 ters, rural health clinics, behavioral and
16 mental health facilities, public health de-
17 partments, or other appropriate facilities,
18 with the goal of increasing the number of
19 primary care physicians and other primary
20 care providers prepared to serve in under-
21 served areas and health disparity popu-
22 lations.
23 "(ii) Coordinate community-based
24 participatory research with academic
25 health centers, and facilitate rapid flow

1 and dissemination of evidence-based health
2 care information, research results, and best
3 practices to improve quality, efficiency, and
4 effectiveness of health care and health care
5 systems within community settings.
6 ''(iii) Develop and implement other
7 strategies to address identified workforce
8 needs and increase and enhance the health
9 care workforce in the area served by the
10 area health education center program.
11 ''(d) REQUIREMENTS.—
12 ''(1) AREA HEALTH EDUCATION CENTER PRO-
13 GRAM.—In carrying out this section, the Secretary
14 shall ensure the following:
15 ''(A) An entity that receives an award
16 under this section shall conduct at least 10 per-
17 cent of clinical education required for medical
18 students in community settings that are re-
19 moved from the primary teaching facility of the
20 contracting institution for grantees that operate
21 a school of medicine or osteopathic medicine. In
22 States in which an entity that receives an
23 award under this section is a nursing school or
24 its parent institution, the Secretary shall alter-
25 natively ensure that—

1 “(i) the nursing school places at least
2 10 percent of its students in training sites
3 affiliated with an area health education
4 center that is remote from the primary
5 teaching facility of the school; and
6 “(ii) the entity receiving the award
7 maintains a written agreement with a
8 school of medicine or osteopathic medicine
9 to place at least 10 percent of students
10 from that school in training sites in the
11 area health education center program area.
12 “(B) An entity receiving funds under sub-
13 section (c) does not distribute such funding to
14 a center that is eligible to receive funding under
15 subsection (b).
16 “(2) AREA HEALTH EDUCATION CENTER.—The
17 Secretary shall ensure that each area health edu-
18 cation center program includes at least 1 area health
19 education center, and that each such center—
20 “(A) is a public or private organization
21 whose structure, governance, and operation is
22 independent from the awardee and the parent
23 institution of the awardee;
24 “(B) is not a school of medicine or osteo-
25 pathic medicine, the parent institution of such

1 a school, or a branch campus or other subunit
2 of a school of medicine or osteopathic medicine
3 or its parent institution, or a consortium of
4 such entities;
5 ‘‘(C) designates an underserved area or
6 population to be served by the center which is
7 in a location removed from the main location of
8 the teaching facilities of the schools partici-
9 pating in the program with such center and
10 does not duplicate, in whole or in part, the geo-
11 graphic area or population served by any other
12 center;
13 ‘‘(D) fosters networking and collaboration
14 among communities and between academic
15 health centers and community-based centers;
16 ‘‘(E) serves communities with a dem-
17 onstrated need of health professionals in part-
18 nership with academic medical centers;
19 ‘‘(F) addresses the health care workforce
20 needs of the communities served in coordination
21 with the public workforce investment system;
22 and
23 ‘‘(G) has a community-based governing or
24 advisory board that reflects the diversity of the
25 communities involved.

1 "(e) MATCHING FUNDS.—With respect to the costs
2 of operating a program through a grant under this section,
3 to be eligible for financial assistance under this section,
4 an entity shall make available (directly or through con-
5 tributions from State, county or municipal governments,
6 or the private sector) recurring non-Federal contributions
7 in cash or in kind, toward such costs in an amount that
8 is equal to not less than 50 percent of such costs. At least
9 25 percent of the total required non-Federal contributions
10 shall be in cash. An entity may apply to the Secretary
11 for a waiver of not more than 75 percent of the matching
12 fund amount required by the entity for each of the first
13 3 years the entity is funded through a grant under sub-
14 section (b).
15 "(f) LIMITATION.—Not less than 75 percent of the
16 total amount provided to an area health education center
17 program under subsection (b) or (c) shall be allocated to
18 the area health education centers participating in the pro-
19 gram under this section. To provide needed flexibility to
20 newly funded area health education center programs, the
21 Secretary may waive the requirement in the sentence for
22 the first 2 years of a new area health education center
23 program funded under subsection (b).
24 "(g) AWARD.—An award to an entity under this sec-
25 tion shall be not less than $250,000 annually per area

1 health education center included in the program involved.
2 If amounts appropriated to carry out this section are not
3 sufficient to comply with the preceding sentence, the Sec-
4 retary may reduce the per center amount provided for in
5 such sentence as necessary, provided the distribution es-
6 tablished in subsection (k)(2) is maintained.
7 "(h) PROJECT TERMS.—
8 "(1) IN GENERAL.—Except as provided in para-
9 graph (2), the period during which payments may be
10 made under an award under subsection (b) may not
11 exceed—
12 "(A) in the case of a program, 12 years;
13 or
14 "(B) in the case of a center within a pro-
15 gram, 6 years.
16 "(2) EXCEPTION.—The periods described in
17 paragraph (1) shall not apply to programs receiving
18 point of service maintenance and enhancement
19 awards under subsection (c) to maintain existing
20 centers and activities.
21 "(i) INAPPLICABILITY OF PROVISION.—Notwith-
22 standing any other provision of this title, section 791(a)
23 shall not apply to an area health education center funded
24 under this section.
25 "(j) AUTHORIZATION OF APPROPRIATIONS.—

1 “(1) IN GENERAL.—There is authorized to be
2 appropriated to carry out this section $125,000,000
3 for each of the fiscal years 2010 through 2014.
4 “(2) REQUIREMENTS.—Of the amounts appro-
5 priated for a fiscal year under paragraph (1)—
6 “(A) not more than 35 percent shall be
7 used for awards under subsection (b);
8 “(B) not less than 60 percent shall be used
9 for awards under subsection (c);
10 “(C) not more than 1 percent shall be used
11 for grants and contracts to implement outcomes
12 evaluation for the area health education cen-
13 ters; and
14 “(D) not more than 4 percent shall be
15 used for grants and contracts to provide tech-
16 nical assistance to entities receiving awards
17 under this section.
18 “(3) CARRYOVER FUNDS.—An entity that re-
19 ceives an award under this section may carry over
20 funds from 1 fiscal year to another without obtain-
21 ing approval from the Secretary. In no case may any
22 funds be carried over pursuant to the preceding sen-
23 tence for more than 3 years.

1 "(k) SENSE OF CONGRESS.—It is the sense of the
2 Congress that every State have an area health education
3 center program in effect under this section.".
4 (b) CONTINUING EDUCATIONAL SUPPORT FOR
5 HEALTH PROFESSIONALS SERVING IN UNDERSERVED
6 COMMUNITIES.—Part D of title VII of the Public Health
7 Service Act (42 U.S.C. 294 et seq.) is amended by striking
8 section 752 and inserting the following:

9 **"SEC. 752. CONTINUING EDUCATIONAL SUPPORT FOR**
10 **HEALTH PROFESSIONALS SERVING IN UN-**
11 **DERSERVED COMMUNITIES.**

12 "(a) IN GENERAL.—The Secretary shall make grants
13 to, and enter into contracts with, eligible entities to im-
14 prove health care, increase retention, increase representa-
15 tion of minority faculty members, enhance the practice en-
16 vironment, and provide information dissemination and
17 educational support to reduce professional isolation
18 through the timely dissemination of research findings
19 using relevant resources.
20 "(b) ELIGIBLE ENTITIES.—For purposes of this sec-
21 tion, the term 'eligible entity' means an entity described
22 in section 799(b).
23 "(c) APPLICATION.—An eligible entity desiring to re-
24 ceive an award under this section shall submit to the Sec-

1 retary an application at such time, in such manner, and
2 containing such information as the Secretary may require.
3 ‘‘(d) USE OF FUNDS.—An eligible entity shall use
4 amounts awarded under a grant or contract under this
5 section to provide innovative supportive activities to en-
6 hance education through distance learning, continuing
7 educational activities, collaborative conferences, and elec-
8 tronic and telelearning activities, with priority for primary
9 care.
10 ‘‘(e) AUTHORIZATION.—There is authorized to be ap-
11 propriated to carry out this section $5,000,000 for each
12 of the fiscal years 2010 through 2014, and such sums as
13 may be necessary for each subsequent fiscal year.’’.

14 **SEC. 454. WORKFORCE DIVERSITY GRANTS.**

15 Section 821 of the Public Health Service Act (42
16 U.S.C. 296m) is amended—
17 (1) in subsection (a)—
18 (A) by striking ‘‘The Secretary may’’ and
19 inserting the following:
20 ‘‘(1) AUTHORITY.—The Secretary may’’;
21 (B) by striking ‘‘pre-entry preparation,
22 and retention activities’’ and inserting the fol-
23 lowing: ‘‘stipends for diploma or associate de-
24 gree nurses to enter a bridge or degree comple-
25 tion program, student scholarships or stipends

1 for accelerated nursing degree programs, pre-
2 entry preparation, advanced education prepara-
3 tion, and retention activities''; and
4 (2) in subsection (b)—
5 (A) by striking ''First'' and all that follows
6 through ''including the'' and inserting ''Na-
7 tional Advisory Council on Nurse Education
8 and Practice and consult with nursing associa-
9 tions including the National Coalition of Ethnic
10 Minority Nurse Associations,''; and
11 (B) by inserting before the period the fol-
12 lowing: ''and other organizations determined
13 appropriate by the Secretary''.

14 **SEC. 455. PRIMARY CARE EXTENSION PROGRAM.**

15 Part P of title III of the Public Health Service Act
16 (42 U.S.C. 280g et seq.), as amended by section 443, is
17 further amended by adding at the end the following:

18 **''SEC. 399T. PRIMARY CARE EXTENSION PROGRAM.**

19 ''(a) ESTABLISHMENT, PURPOSE AND DEFINI-
20 TION.—
21 ''(1) IN GENERAL.—The Secretary shall estab-
22 lish a Primary Care Extension Program.
23 ''(2) PURPOSE.—The Primary Care Extension
24 Program shall provide support and assistance to pri-
25 mary care providers to educate providers about pre-

1 ventive medicine, health promotion, chronic disease
2 management, mental health services, and evidence-
3 based and evidence-informed therapies and tech-
4 niques, in order to enable providers to incorporate
5 such matters into their practice and to improve com-
6 munity health by working with community-based
7 health connectors (referred to in this section as
8 'Health Extension Agents').
9 ''(3) DEFINITIONS.—In this section:
10 ''(A) HEALTH EXTENSION AGENT.—The
11 term 'Health Extension Agent' means any local,
12 community-based health worker who facilitates
13 and provides assistance to primary care prac-
14 tices by implementing quality improvement or
15 system redesign, incorporating the principles of
16 the patient-centered medical home to provide
17 high-quality, effective, efficient, and safe pri-
18 mary care and to provide guidance to patients
19 in culturally and linguistically appropriate ways,
20 and linking practices to diverse health system
21 resources.
22 ''(B) PRIMARY CARE PROVIDER.—The
23 term 'primary care provider' means a health
24 care provider that provides care consistent with
25 the Institute of Medicine's definition of primary

1 care, including the provision of preventive and
2 health promotion services, for men, women, and
3 children of all ages, as recognized by State li-
4 censing or regulatory authorities, unless other-
5 wise specified in the section.
6 ''(b) GRANTS TO ESTABLISH STATE HUBS AND
7 LOCAL PRIMARY CARE EXTENSION AGENCIES.—
8 ''(1) GRANTS.—The Secretary shall award com-
9 petitive grants to States for the establishment of
10 State- or multistate-level primary care Primary Care
11 Extension Program State Hubs (referred to in this
12 section as 'Hubs').
13 ''(2) COMPOSITION OF HUBS.—A Hub estab-
14 lished by a State pursuant to paragraph (1)—
15 ''(A) shall consist of, at a minimum, the
16 State health department, the entity responsible
17 for administering the State Medicaid program
18 (if other than the State health department), the
19 State-level entity administering the Medicare
20 program, and the departments of 1 or more
21 health professions schools in the State that
22 train providers in primary care; and
23 ''(B) may include entities such as hospital
24 associations, primary care practice-based re-
25 search networks, health professional societies,

1 State primary care associations, State licensing
2 boards, consumer groups, and other appropriate
3 entities.
4 ''(c) STATE AND LOCAL ACTIVITIES.—
5 ''(1) HUB ACTIVITIES.—Hubs established under
6 a grant under subsection (b) shall—
7 ''(A) submit to the Secretary a plan to co-
8 ordinate functions with quality improvement or-
9 ganizations and area health education centers if
10 such entities are members of the Hub not de-
11 scribed in subsection (b)(2)(A);
12 ''(B) contract with a county- or local-level
13 entity that shall serve as the Primary Care Ex-
14 tension Agency to administer the services de-
15 scribed in paragraph (2);
16 ''(C) organize and administer grant funds
17 to county- or local-level Primary Care Exten-
18 sion Agencies that serve a catchment area, as
19 determined by the State; and
20 ''(D) organize State-wide or multistate net-
21 works of local-level Primary Care Extension
22 Agencies to share and disseminate information
23 and practices.
24 ''(2) LOCAL PRIMARY CARE EXTENSION AGENCY
25 ACTIVITIES.—

1 "(A) REQUIRED ACTIVITIES.—Primary
2 Care Extension Agencies established by a Hub
3 under paragraph (1) shall—
4 "(i) assist primary care providers to
5 implement a patient-centered medical home
6 to improve the accessibility, quality, and
7 efficiency of primary care services;
8 "(ii) develop and support primary care
9 learning communities to enhance the dis-
10 semination of research findings for evi-
11 dence-based practice, assess implementa-
12 tion of practice improvement, share best
13 practices, and involve community clinicians
14 in the generation of new knowledge and
15 identification of important questions for
16 research;
17 "(iii) participate in a national network
18 of Primary Care Extension Hubs and pro-
19 pose how the Primary Care Extension
20 Agency will share and disseminate lessons
21 learned and best practices; and
22 "(iv) develop a plan for financial sus-
23 tainability involving State, local, and pri-
24 vate contributions, to provide for the re-
25 duction in Federal funds that is expected

1 after an initial 6-year period of program
2 establishment, infrastructure development,
3 and planning.
4 “(B) DISCRETIONARY ACTIVITIES.—Pri-
5 mary Care Extension Agencies established by a
6 Hub under paragraph (1) may—
7 “(i) provide technical assistance,
8 training, and organizational support for
9 community health teams established under
10 section 212 of the Affordable Health
11 Choices Act;
12 “(ii) collect data and provision of pri-
13 mary care provider feedback from stand-
14 ardized measurements of processes and
15 outcomes to aid in continuous performance
16 improvement;
17 “(iii) collaborate with local health de-
18 partments, community health centers, and
19 other community agencies to identify com-
20 munity health priorities and local health
21 workforce needs, and participate in com-
22 munity-based efforts to address the social
23 and primary determinants of health,
24 strengthen the local primary care work-
25 force, and eliminate health disparities;

1 "(iv) develop measures to monitor the
2 impact of the proposed program on the
3 health of practice enrollees and of the
4 wider community served; and
5 "(v) participate in other activities, as
6 determined appropriate by the Secretary.
7 "(d) FEDERAL PROGRAM ADMINISTRATION.—
8 "(1) GRANTS; TYPES.—Grants awarded under
9 subsection (b) shall be—
10 "(A) program grants, that are awarded to
11 State or multistate entities that submit fully-de-
12 veloped plans for the implementation of a Hub,
13 for a period of 6 years; or
14 "(B) planning grants, that are awarded to
15 State or multistate entities with the goal of de-
16 veloping a plan for a Hub, for a period of 2
17 years.
18 "(2) APPLICATIONS.—To be eligible for a grant
19 under subsection (b), a State or multistate entity
20 shall submit to the Secretary an application, at such
21 time, in such manner, and containing such informa-
22 tion as the Secretary may require.
23 "(3) EVALUATION.—A State that receives a
24 grant under subsection (b) shall be evaluated at the

1 end of the grant period by an evaluation panel ap-
2 pointed by the Secretary.
3 ‘‘(4) CONTINUING SUPPORT.—After the sixth
4 year in which assistance is provided to a State under
5 a grant awarded under subsection (b), the State may
6 receive additional support under this section if the
7 State program has received satisfactory evaluations
8 with respect to program performance and the merits
9 of the State sustainability plan, as determined by
10 the Secretary.
11 ‘‘(5) LIMITATION.—A State shall not use in ex-
12 cess of 10 percent of the amount received under a
13 grant to carry out administrative activities under
14 this section. Funds awarded pursuant to this section
15 shall not be used for funding direct patient care.
16 ‘‘(e) REQUIREMENTS ON THE SECRETARY.—In car-
17 rying out this section, the Secretary shall consult with the
18 heads of other Federal agencies with demonstrated experi-
19 ence and expertise in health care and preventive medicine,
20 such as the Centers for Disease Control and Prevention,
21 the Substance Abuse and Mental Health Administration,
22 the Health Resources and Services Administration, the
23 National Institutes of Health, the Office of the National
24 Coordinator for Health Information Technology, the In-
25 dian Health Service, the Agricultural Cooperative Exten-

1 sion Service of the Department of Agriculture, and other
2 entities, as the Secretary determines appropriate.
3 "(f) AUTHORIZATION OF APPROPRIATIONS.—To
4 awards grants as provided in subsection (d), there are au-
5 thorized to be appropriated $120,000,000 for each of fis-
6 cal years 2011 and 2012, and such sums as may be nec-
7 essary to carry out this section for each of fiscal years
8 2013 through 2014.".

9 Subtitle F—General Provisions

10 **SEC. 461. REPORTS.**

11 (a) REPORTS BY SECRETARY OF HEALTH AND
12 HUMAN SERVICES.—On an annual basis, the Secretary of
13 Health and Human Services shall submit to the appro-
14 priate Committees of Congress a report on the activities
15 carried out under the amendments made by this title, and
16 the effectiveness of such activities.
17 (b) REPORTS BY RECIPIENTS OF FUNDS.—The Sec-
18 retary of Health and Human Services may require, as a
19 condition of receiving funds under the amendments made
20 by this title, that the entity receiving such award submit
21 to such Secretary such reports as the such Secretary may
22 require on activities carried out with such award, and the
23 effectiveness of such activities.

TITLE V—PREVENTING FRAUD AND ABUSE

Subtitle A—Establishment of New Health and Human Services and Department of Justice Health Care Fraud Positions

SEC. 501. HEALTH AND HUMAN SERVICES SENIOR ADVISOR.

Part C of title XXVII of the Public Health Service Act (42 U.S.C. 300gg-91 et seq.) is amended—

(1) by redesignating section 2792 as section 2796; and

(2) by inserting after section 2791, the following:

"SEC. 2792. SENIOR ADVISOR FOR HEALTH CARE FRAUD.

"(a) ESTABLISHMENT.—The Secretary shall appoint an individual to serve as the Senior Advisor for Health Care Fraud (referred to in this section as the 'Senior Advisor') within the Office of the Deputy Secretary. The Senior Advisory shall be the principal advisor on policy and program development and oversight with respect to—

"(1) the detection and prevention of health care fraud, waste, and abuse involving public and private health insurance coverage; and

"(2) the coordination of anti-fraud efforts within the Department of Health and Human Services

1 and with the Inspector General, the Department of
2 Justice, other Federal agencies as appropriate, State
3 and local law enforcement, State regulatory agen-
4 cies, and private health insurance coverage.
5 ‘‘(b) REQUIREMENTS.—The Senior Advisor shall—
6 ‘‘(1) not be subject to confirmation by the Sen-
7 ate or any committee or subcommittee of the Senate
8 or House of Representatives; and
9 ‘‘(2) be a Schedule C appointee and not be a
10 current career or career-conditional Federal execu-
11 tive branch employee, as defined in part 315 of
12 chapter I of title 5, Code of Federal Regulations.’’.

13 **SEC. 502. DEPARTMENT OF JUSTICE POSITION.**

14 Chapter 41 of title 28, United States Code, is amend-
15 ed by adding at the end the following:

16 **‘‘§ 614. Senior Counsel for Health Care Fraud En-**
17 **forcement**

18 ‘‘The Attorney General shall appoint an individual to
19 serve as the Senior Counsel for Health Care Fraud En-
20 forcement (referred to in this section as the ‘Senior Coun-
21 sel’) within the Office of the Deputy Attorney General to
22 serve as the principal advisor to the Attorney General on
23 policy and program development and oversight with re-
24 spect to—

1 "(1) the investigation and prosecution of health
2 care fraud and abuse involving public and private
3 health insurance coverage (as defined in section
4 2791 of the Public Health Service Act); and
5 "(2) the coordination of such efforts within the
6 Department of Justice and with the Inspector Gen-
7 eral, the Department of Health and Human Serv-
8 ices, other Federal agencies as appropriate, State
9 and local law enforcement, State regulatory agen-
10 cies, and private health insurance coverage.".

11 Subtitle B—Health Care Program 12 Integrity Coordinating Council

13 **SEC. 511. ESTABLISHMENT.**

14 Part C of title XXVII of the Public Health Service
15 Act (42 U.S.C. 300gg-91 et seq.), as amended by section
16 501, is further amended by inserting after section 2793,
17 the following:

18 **"SEC. 2794. HEALTH CARE PROGRAM INTEGRITY COORDI-**
19 **NATING COUNCIL.**

20 "(a) ESTABLISHMENT.—There is established a coun-
21 cil to be known as the 'Health Care Program Integrity
22 Coordinating Council' (referred to in this section as the
23 'Council').

24 "(b) MEMBERSHIP.—The Council shall be composed
25 of—

1 "(1) the Secretary of Health and Human Serv-
2 ices;
3 "(2) the Attorney General;
4 "(3) the Inspector General for the Department
5 of Health and Human Services;
6 "(4) the Secretary of Labor;
7 "(5) the Secretary of Defense;
8 "(6) the Director of the Office of Personnel
9 Management;
10 "(7) the Under Secretary for Health for the
11 Veterans Health Administration of the Department
12 of Veterans Affairs;
13 "(8) the Commissioner of the Social Security
14 Administration;
15 "(9) the President of the National Association
16 of Insurance Commissioners;
17 "(10) the President of the National Association
18 of Medicaid Fraud Control Units; and
19 "(11) any other member, the appointment of
20 whom a majority of the members of the Council de-
21 termines is necessary to carry out the [Choices
22 Act?], except that an individual who is a representa-
23 tive of an entity subject to regulation under such
24 Act shall not be appointed under this subparagraph.
25 "(c) DUTIES.—The Council shall—

1 "(1) not later than 6 months after the date of
2 enactment of this section, develop a strategic plan
3 for improving the coordination and information shar-
4 ing among Federal agencies, State agencies, and pri-
5 vate health insurance coverage with respect to the
6 prevention, detection, and control of fraud, waste,
7 and abuse, including fraud and abuse of consumers
8 of the health care program or private health insur-
9 ance issuers;
10 "(2) annually submit to Congress a report on
11 actions taken to implement the strategic plan re-
12 quired under paragraph (1);
13 "(3) in carrying out the responsibilities identi-
14 fied under paragraph (1), evaluate ways to ensure
15 that private health insurance coverage is included in
16 investigative and data sharing programs, to the max-
17 imum extent feasible, with adequate protection pro-
18 vided for law enforcement-related data that is sen-
19 sitive because of concerns for the identities of crimi-
20 nal subjects or targets, and that recognizes that pri-
21 vate coverage may be responsible for fraud, waste,
22 and abuse of public and policyholder funds;
23 "(4) not later than 12 months after the date of
24 enactment of this section, develop and issue guide-
25 lines for purposes of carrying out the strategic plan

1 under paragraph (1), recognizing that fraudulent ac-
2 tivity in the health care system can affect both pub-
3 lic and private sector health insurance coverage, and
4 that the prevention, detection, investigation, and
5 prosecution of fraud against private health insurance
6 coverage is integral to the overall effort to combat
7 health care fraud;

8 ''(5) at least once during every 5-year period,
9 update the strategic plan issued pursuant to para-
10 graph (1) and the guidelines issued pursuant to
11 paragraph (4);

12 ''(6) develop recommendations, in consultation
13 with the Office of Management and Budget, for
14 measures to estimate the amount of fraud, waste,
15 and abuse in connection with public and private
16 health insurance coverage, and the annual savings
17 resulting from specific program integrity measures;

18 ''(7) identify improvements needed for purposes
19 of information-sharing systems and activities used in
20 implementing the strategic plan under paragraph
21 (1); and

22 ''(8) establish a consultative panel composed of
23 representatives of the private sector health insurance
24 industry and consult with this panel in the formula-
25 tion of Council recommendations.

1 "(d) EXEMPTIONS.—The Council shall be exempt
2 from—
3 "(1) sections 553, 556, and 557 of title 5,
4 United States Code, in the issuance of guidelines
5 pursuant to subsection (c)(4); and
6 "(2) the Federal Advisory Committee Act (5
7 U.S.C. app.) in order to protect against the release
8 of information which might undermine Federal,
9 State, or local health care fraud control efforts.
10 "(e) PUBLIC PARTICIPATION.—The Council shall
11 provide for reasonable public participation in matters be-
12 fore the Council to the extent that such participation
13 would not compromise the Council's, or any other Federal,
14 State, or local government entity's, efforts to control
15 health care fraud and abuse.".

16 Subtitle C—False Statements and 17 Representations

18 SEC. 521. PROHIBITION ON FALSE STATEMENTS AND REP- 19 RESENTATIONS.

20 (a) PROHIBITION.—Part 5 of subtitle B of title I of
21 the Employee Retirement Income Security Act of 1974
22 (29 U.S.C. 1131 et seq.) is amended by adding at the end
23 the following:

1 **"SEC. 519. PROHIBITION ON FALSE STATEMENTS AND REP-**
2 **RESENTATIONS.**

3 "No person, in connection with a plan or other ar-
4 rangement that is multiple employer welfare arrangement
5 described in section 3(40), shall make a false statement
6 or false representation of fact, knowing it to be false, in
7 connection with the marketing or sale of such plan or ar-
8 rangement, to any employee, any member of an employee
9 organization, any beneficiary, any employer, any employee
10 organization, the Secretary, or any State, or the represent-
11 ative or agent of any such person, State, or the Secretary,
12 concerning—

13 "(1) the financial condition or solvency of such
14 plan or arrangement;

15 "(2) the benefits provided by such plan or ar-
16 rangement;

17 "(3) the regulatory status of such plan or other
18 arrangement under any Federal or State law gov-
19 erning collective bargaining, labor management rela-
20 tions, or intern union affairs; or

21 "(4) the regulatory status of such plan or other
22 arrangement regarding exemption from state regu-
23 latory authority under this Act.

24 This section shall not apply to any plan or arrangement
25 that does not fall within the meaning of the term 'multiple
26 employer welfare arrangement' under section 3(40(A).".

1 (b) CRIMINAL PENALTIES.—Section 501 of the Em-
2 ployee Retirement Income Security Act of 1974 (29
3 U.S.C. 1131) is amended—
4 (1) by inserting "(a)" before "Any person"; and
5 (2) by adding at the end the following:
6 "(b) Any person that violates section 519 shall upon
7 conviction be imprisoned not more than 10 years or fined
8 under title 18, United States Code, or both.".
9 (c) CONFORMING AMENDMENT.—The table of sec-
10 tions for part 5 of subtitle B of title I of the Employee
11 Retirement Income Security Act of 1974 is amended by
12 adding at the end the following:

"Sec. 519. Prohibition on false statement and representations.".

13 Subtitle D—Federal Health Care 14 Offense

15 SEC. 531. CLARIFYING DEFINITION.

16 Section 24(a)(2) of title 18, United States Code, is
17 amended by inserting "or section 411, 518, or 511 of the
18 Employee Retirement Income Security Act of 1974," after
19 "1954 of this title".

20 Subtitle E—Uniformity in Fraud 21 and Abuse Reporting

22 SEC. 541. DEVELOPMENT OF MODEL UNIFORM REPORT 23 FORM.

24 Part C of title XXVII of the Public Health Service
25 Act (42 U.S.C. 300gg-91 et seq.), as amended by section

1 511, is further amended by inserting after section 2794,
2 the following:
3 **"SEC. 2795. UNIFORM FRAUD AND ABUSE REFERRAL FOR-**
4 **MAT.**
5 "The Secretary shall request the National Associa-
6 tion of Insurance Commissioners to develop a model uni-
7 form report form for private health insurance issuer seek-
8 ing to refer suspected fraud and abuse to State insurance
9 departments or other responsible State agencies for inves-
10 tigation. The Secretary shall request that the National As-
11 sociation of Insurance Commissioners develop rec-
12 ommendations for uniform reporting standards for such
13 referrals.".

14 Subtitle F—Applicability of State
15 Law to Combat Fraud and Abuse

16 **SEC. 551. APPLICABILITY OF STATE LAW TO COMBAT**
17 **FRAUD AND ABUSE.**
18 (a) IN GENERAL.—Part 5 of subtitle B of title I of
19 the Employee Retirement Income Security Act of 1974
20 (29 U.S.C. 1131 et seq.), as amended by section 521, is
21 further amended by adding at the end the following:
22 **"SEC. 520. APPLICABILITY OF STATE LAW TO COMBAT**
23 **FRAUD AND ABUSE.**
24 "The Secretary may, for the purpose of identifying,
25 preventing, or prosecuting fraud and abuse, adopt regu-

1 latory standards establishing, or issue an order relating
2 to a specific person establishing, that a person engaged
3 in the business of providing insurance through a multiple
4 employer welfare arrangement described in section 3(40)
5 is subject to the laws of the States in which such person
6 operates which regulate insurance in such State, notwith-
7 standing section 514(b)(6) of this Act or the Liability Risk
8 Retention Act of 1986, and regardless of whether the law
9 of the State is otherwise preempted under any of such pro-
10 visions. This section shall not apply to any plan or ar-
11 rangement that does not fall within the meaning of the
12 term 'multiple employer welfare arrangement' under sec-
13 tion 3(40(A).''.
14 (b) CONFORMING AMENDMENT.—The table of sec-
15 tions for part 5 of subtitle B of title I of the Employee
16 Retirement Income Security Act of 1974, as amended by
17 section 521, is further amended by adding at the end the
18 following:

''Sec. 520. Applicability of State law to combat fraud and abuse.''.

1 **Subtitle G—Enabling the Depart-**
2 **ment of Labor to Issue Adminis-**
3 **trative Summary Cease and De-**
4 **sist Orders and Summary Sei-**
5 **zures Orders Against Plans That**
6 **Are in Financially Hazardous**
7 **Condition**

8 **SEC. 561. ENABLING THE DEPARTMENT OF LABOR TO**
9 **ISSUE ADMINISTRATIVE SUMMARY CEASE**
10 **AND DESIST ORDERS AND SUMMARY SEI-**
11 **ZURES ORDERS AGAINST PLANS THAT ARE IN**
12 **FINANCIALLY HAZARDOUS CONDITION.**

13 (a) IN GENERAL.—Part 5 of subtitle B of title I of
14 the Employee Retirement Income Security Act of 1974
15 (29 U.S.C. 1131 et seq.), as amended by section 551, is
16 further amended by adding at the end the following:

17 **"SEC. 521. ADMINISTRATIVE SUMMARY CEASE AND DESIST**
18 **ORDERS AND SUMMARY SEIZURE ORDERS**
19 **AGAINST MULTIPLE EMPLOYER WELFARE**
20 **ARRANGEMENTS IN FINANCIALLY HAZ-**
21 **ARDOUS CONDITION.**

22 ''(a) IN GENERAL.—The Secretary may issue a cease
23 and desist (ex parte) order under this title if it appears
24 to the Secretary that the alleged conduct of a multiple em-
25 ployer welfare arrangement described in section 3(40),

1 other than a plan or arrangement described in subsection
2 (g), is fraudulent, or creates an immediate danger to the
3 public safety or welfare, or is causing or can be reasonably
4 expected to cause significant, imminent, and irreparable
5 public injury.

6 ''(b) HEARING.—A person that is adversely affected
7 by the issuance of a cease and desist order under sub-
8 section (a) may request a hearing by the Secretary regard-
9 ing such order. The Secretary may require that a pro-
10 ceeding under this section, including all related informa-
11 tion and evidence, be conducted in a confidential manner.

12 ''(c) BURDEN OF PROOF.—The burden of proof in
13 any hearing conducted under subsection (b) shall be on
14 the party requesting the hearing to show cause why the
15 cease and desist order should be set aside.

16 ''(d) DETERMINATION.—Based upon the evidence
17 presented at a hearing under subsection (b), the cease and
18 desist order involved may be affirmed, modified, or set
19 aside by the Secretary in whole or in part.

20 ''(e) SEIZURE.—The Secretary may issue a summary
21 seizure order under this title if it appears that a multiple
22 employer welfare arrangement is in a financially haz-
23 ardous condition.

1 "(f) REGULATIONS.—The Secretary may promulgate
2 such regulations or other guidance as may be necessary
3 or appropriate to carry out this section.
4 "(g) EXCEPTION.—This section shall not apply to
5 any plan or arrangement that does not fall within the
6 meaning of the term 'multiple employer welfare arrange-
7 ment' under section 3(40(A).".
8 (b) CONFORMING AMENDMENT.—The table of sec-
9 tions for part 5 of subtitle B of title I of the Employee
10 Retirement Income Security Act of 1974, as amended by
11 section 551, is further amended by adding at the end the
12 following:

"Sec. 521. Administrative summary cease and desist orders and summary seizure orders against health plans in financially hazardous condition.".

13 Subtitle H—Requiring Multiple 14 Employer Welfare Arrangement 15 (MEWA) Plans to File a Reg- 16 istration Form With the Depart- 17 ment of Labor Prior to Enroll- 18 ing Anyone in the Plan

19 SEC. 571. MEWA PLAN REGISTRATION WITH DEPARTMENT 20 OF LABOR.

21 Section 101(g) of the Employee Retirement Income
22 Security Act of 1974 (29 U.S.C. 1021(g)) is amended—
23 (1) by striking "Secretary may" and inserting
24 "Secretary shall"; and

1 (2) by inserting "to register with the Secretary
2 prior to operating in a State and may, by regulation,
3 require such multiple employer welfare arrange-
4 ments" after "not group health plans".

5 Subtitle I—Permitting Evidentiary 6 Privilege and Confidential Com- 7 munications

8 SEC. 581. PERMITTING EVIDENTIARY PRIVILEGE AND CON- 9 FIDENTIAL COMMUNICATIONS.

10 Section 504 of the Employee Retirement Income Se-
11 curity Act of 1974 (29 U.S.C. 1134) is amended by adding
12 at the end the following:
13 "(d) The Secretary may promulgate a regulation that
14 provides an evidentiary privilege for, and provides for the
15 confidentiality of communications between or among, any
16 of the following entities or their agents, consultants, or
17 employees:
18 "(1) A State insurance department.
19 "(2) A State attorney general.
20 "(3) The National Association of Insurance
21 Commissioners.
22 "(4) The Department of Labor.
23 "(5) The Department of the Treasury.
24 "(6) The Department of Justice.

1 "(7) The Department of Health and Human
2 Services.
3 "(8) Any other Federal or State authority that
4 the Secretary determines is appropriate for the pur-
5 poses of enforcing the provisions of this title.
6 "(e) The privilege established under subsection (d)
7 shall apply to communications related to any investigation,
8 audit, examination, or inquiry conducted or coordinated
9 by any of the agencies. A communication that is privileged
10 under subsection (d) shall not waive any privilege other-
11 wise available to the communicating agency or to any per-
12 son who provided the information that is communicated.".

13 TITLE VI—IMPROVING ACCESS 14 TO INNOVATIVE MEDICAL 15 THERAPIES

16 Subtitle A—Biologics Price 17 Competition and Innovation

18

[Policy under discussion]

19 Subtitle B—More Affordable Medi- 20 cines for Children and Under- 21 served Communities

22 SEC. 611. EXPANDED PARTICIPATION IN 340B PROGRAM.

23 (a) EXPANSION OF COVERED ENTITIES RECEIVING
24 DISCOUNTED PRICES.—Section 340B(a)(4) of the Public

1 Health Service Act (42 U.S.C. 256b(a)(4)) is amended by
2 adding at the end the following:
3 ''(M) A children's hospital excluded from
4 the Medicare prospective payment system pur-
5 suant to section 1886(d)(1)(B)(iii) of the Social
6 Security Act which would meet the require-
7 ments of subparagraph (L), including the dis-
8 proportionate share adjustment percentage re-
9 quirement under clause (ii) of such subpara-
10 graph, if the hospital were a subsection (d) hos-
11 pital as defined by section 1886(d)(1)(B) of the
12 Social Security Act.
13 ''(N) An entity that is a critical access hos-
14 pital (as determined under section 1820(c)(2)
15 of the Social Security Act), and that meets the
16 requirements of subparagraph (L)(i).
17 ''(O) An entity that is a rural referral cen-
18 ter, as defined by section 1886(d)(5)(C)(i) of
19 the Social Security Act, or a sole community
20 hospital, as defined by section
21 1886(d)(5)(C)(iii) of such Act, and that both
22 meets the requirements of subparagraph (L)(i)
23 and has a disproportionate share adjustment
24 percentage equal to or greater than 8 percent.''.

1 (b) EXTENSION OF DISCOUNT TO INPATIENT
2 DRUGS.—Section 340B of the Public Health Service Act
3 (42 U.S.C. 256b) is amended—
4 (1) in paragraphs (5), (7), and (9) of sub-
5 section (a), by striking ''outpatient'' each place it
6 appears; and
7 (2) in subsection (b)—
8 (A) by striking ''(B) OTHER DEFINI-
9 TIONS.—'' and all that follows through ''In this
10 section'' and inserting the following:
11 ''(b) OTHER DEFINITIONS.—
12 ''(1) IN GENERAL.—In this section,''; and
13 (B) by adding at the end the following new
14 paragraph:
15 ''(2) COVERED DRUG.—In this section, the term
16 'covered drug'—
17 ''(A) means a covered outpatient drug (as
18 defined in section 1927(k)(2) of the Social Se-
19 curity Act); and
20 ''(B) includes, notwithstanding paragraph
21 (3)(A) of section 1927(k) of such Act, a drug
22 used in connection with an inpatient or out-
23 patient service provided by a hospital described
24 in subparagraph (L), (M), (N), or (O) of sub-

1 section (a)(4) that is enrolled to participate in
2 the drug discount program under this section.''.
3 (c) PROHIBITION ON GROUP PURCHASING ARRANGE-
4 MENTS.—Section 340B(a) of the Public Health Service
5 Act (42 U.S.C. 256b(a)) is amended—
6 (1) in paragraph (4)(L)—
7 (A) in clause (i), by adding ''and'' at the
8 end;
9 (B) in clause (ii), by striking ''; and'' and
10 inserting a period; and
11 (C) by striking clause (iii); and
12 (2) in paragraph (5)—
13 (A) by redesignating subparagraphs (C)
14 and (D) as subparagraphs (D) and (E); respec-
15 tively; and
16 (B) by inserting after subparagraph (B),
17 the following:
18 ''(C) PROHIBITION ON GROUP PURCHASING
19 ARRANGEMENTS.—
20 ''(i) IN GENERAL.—A hospital de-
21 scribed in subparagraph (L), (M), (N), or
22 (O) of paragraph (4) shall not obtain cov-
23 ered outpatient drugs through a group
24 purchasing organization or other group
25 purchasing arrangement, except as per-

1 mitted or provided for pursuant to clauses
2 (ii) or (iii).
3 "(ii) INPATIENT DRUGS.—Clause (i)
4 shall not apply to drugs purchased for in-
5 patient use.
6 "(iii) EXCEPTIONS.—The Secretary
7 shall establish reasonable exceptions to
8 clause (i)—
9 "(I) with respect to a covered
10 outpatient drug that is unavailable to
11 be purchased through the program
12 under this section due to a drug
13 shortage problem, manufacturer non-
14 compliance, or any other circumstance
15 beyond the hospital's control;
16 "(II) to facilitate generic substi-
17 tution when a generic covered out-
18 patient drug is available at a lower
19 price; or
20 "(III) to reduce in other ways
21 the administrative burdens of man-
22 aging both inventories of drugs sub-
23 ject to this section and inventories of
24 drugs that are not subject to this sec-
25 tion, so long as the exceptions do not

1 create a duplicate discount problem in
2 violation of subparagraph (A) or a di-
3 version problem in violation of sub-
4 paragraph (B).''.
5 (d) MEDICAID CREDIT.—Section 340B of the Public
6 Health Service Act (42 U.S.C. 256b) is amended by strik-
7 ing subsection (c) and inserting the following
8 ''(c) MEDICAID CREDIT.—Not later than 90 days
9 after the date of filing of the hospitals most recently filed
10 Medicare cost report, the hospital shall issue a credit as
11 determined by the Secretary to the State Medicaid pro-
12 gram for inpatient covered drugs provided to Medicaid re-
13 cipients.''.
14 (e) EFFECTIVE DATES.—
15 (1) IN GENERAL.—The amendments made by
16 this section shall take effect on January 1, 2010,
17 and shall apply to drugs purchased on or after Jan-
18 uary 1, 2010.
19 (2) EFFECTIVENESS.—The amendments made
20 by this section shall be effective and shall be taken
21 into account in determining whether a manufacturer
22 is deemed to meet the requirements of section
23 340B(a) of the Public Health Service Act (42
24 U.S.C. 256b(a)) and of section 1927(a)(5) of the

1 Social Security Act (42 U.S.C. 1396r-8(a)(5)), not-
2 withstanding any other provision of law.
3 (f) CONFORMING AMENDMENTS.—Section 1927 of
4 the Social Security Act (42 U.S.C. 1396r–8), is amend-
5 ed—
6 (1) in subsection (a)(5)—
7 (A) in subparagraph (A), by striking ''cov-
8 ered outpatient drugs'' and inserting ''covered
9 drugs (as defined in section 340B(b)(2) of the
10 Public Health Service Act)'';
11 (B) by striking subparagraph (D); and
12 (C) by redesignating subparagraph (E) as
13 subparagraph (D);
14 (2) in subsection (c)(1)(C)(i)—
15 (A) by redesignating subclauses (II)
16 through (IV) as subclauses (III) through (V),
17 respectively; and
18 (B) by inserting after subclause (I) the fol-
19 lowing new subclause:
20 ''(II) any prices charged for a
21 covered drug as defined in section
22 340B(b)(2) of the Public Health Serv-
23 ice Act;''; and
24 (3) in subsection (k)(1)—

1 (A) in subparagraph (A), by striking "sub-
2 paragraph (B)" and inserting "subparagraphs
3 (B) and (D)"; and
4 (B) by adding at the end the following new
5 subparagraph:
6 "(D) CALCULATION FOR COVERED
7 DRUGS.—With respect to a covered drug (as de-
8 fined in section 340B(b)(2) of the Public
9 Health Service Act), the average manufacturer
10 price shall be determined in accordance with
11 subparagraph (A) except that, in the event a
12 covered drug is not distributed to the retail
13 pharmacy class of trade, it shall mean the aver-
14 age price paid to the manufacturer for the drug
15 in the United States by wholesalers for drugs
16 distributed to the acute care class of trade,
17 after deducting customary prompt pay dis-
18 counts. The Secretary shall establish a mecha-
19 nism for collecting the necessary data for the
20 acute care class of trade from manufacturers.".
21 **SEC. 612. IMPROVEMENTS TO 340B PROGRAM INTEGRITY.**
22 (a) INTEGRITY IMPROVEMENTS.—Subsection (d) of
23 section 340B of the Public Health Service Act (42 U.S.C.
24 256b) is amended to read as follows:
25 "(d) IMPROVEMENTS IN PROGRAM INTEGRITY.—

1 "(1) MANUFACTURER COMPLIANCE.—
2 "(A) IN GENERAL.—From amounts appro-
3 priated under paragraph (4), the Secretary
4 shall provide for improvements in compliance by
5 manufacturers with the requirements of this
6 section in order to prevent overcharges and
7 other violations of the discounted pricing re-
8 quirements specified in this section.
9 "(B) IMPROVEMENTS.—The improvements
10 described in subparagraph (A) shall include the
11 following:
12 "(i) The development of a system to
13 enable the Secretary to verify the accuracy
14 of ceiling prices calculated by manufactur-
15 ers under subsection (a)(1) and charged to
16 covered entities, which shall include the
17 following:
18 "(I) Developing and publishing
19 through an appropriate policy or regu-
20 latory issuance, precisely defined
21 standards and methodology for the
22 calculation of ceiling prices under
23 such subsection.
24 "(II) Comparing regularly the
25 ceiling prices calculated by the Sec-

1 retary with the quarterly pricing data
2 that is reported by manufacturers to
3 the Secretary.
4 ''(III) Performing spot checks of
5 sales transactions by covered entities.
6 ''(IV) Inquiring into the cause of
7 any pricing discrepancies that may be
8 identified and either taking, or requir-
9 ing manufacturers to take, such cor-
10 rective action as is appropriate in re-
11 sponse to such price discrepancies.
12 ''(ii) The establishment of procedures
13 for manufacturers to issue refunds to cov-
14 ered entities in the event that there is an
15 overcharge by the manufacturers, including
16 the following:
17 ''(I) Providing the Secretary with
18 an explanation of why and how the
19 overcharge occurred, how the refunds
20 will be calculated, and to whom the
21 refunds will be issued.
22 ''(II) Oversight by the Secretary
23 to ensure that the refunds are issued
24 accurately and within a reasonable pe-
25 riod of time, both in routine instances

1 of retroactive adjustment to relevant
2 pricing data and exceptional cir-
3 cumstances such as erroneous or in-
4 tentional overcharging for covered
5 drugs.
6 "(iii) The provision of access through
7 the Internet website of the Department of
8 Health and Human Services to the applica-
9 ble ceiling prices for covered drugs as cal-
10 culated and verified by the Secretary in ac-
11 cordance with this section, in a manner
12 (such as through the use of password pro-
13 tection) that limits such access to covered
14 entities and adequately assures security
15 and protection of privileged pricing data
16 from unauthorized re-disclosure.
17 "(iv) The development of a mecha-
18 nism by which—
19 "(I) rebates and other discounts
20 provided by manufacturers to other
21 purchasers subsequent to the sale of
22 covered drugs to covered entities are
23 reported to the Secretary; and
24 "(II) appropriate credits and re-
25 funds are issued to covered entities if

1 such discounts or rebates have the ef-
2 fect of lowering the applicable ceiling
3 price for the relevant quarter for the
4 drugs involved.
5 ''(v) Selective auditing of manufactur-
6 ers and wholesalers to ensure the integrity
7 of the drug discount program under this
8 section.
9 ''(vi) The imposition of sanctions in
10 the form of civil monetary penalties,
11 which—
12 ''(I) shall be assessed according
13 to standards established in regulations
14 to be promulgated by the Secretary
15 not later than 180 days after the date
16 of enactment of Affordable Health
17 Choices Act;
18 ''(II) shall not exceed $5,000 for
19 each instance of overcharging a cov-
20 ered entity that may have occurred;
21 and
22 ''(III) shall apply to any manu-
23 facturer with an agreement under this
24 section that knowingly and inten-
25 tionally charges a covered entity a

1 price for purchase of a drug that ex-
2 ceeds the maximum applicable price
3 under subsection (a)(1).
4 "(2) COVERED ENTITY COMPLIANCE.—
5 "(A) IN GENERAL.—From amounts appro-
6 priated under paragraph (4), the Secretary
7 shall provide for improvements in compliance by
8 covered entities with the requirements of this
9 section in order to prevent diversion and viola-
10 tions of the duplicate discount provision and
11 other requirements specified under subsection
12 (a)(5).
13 "(B) IMPROVEMENTS.—The improvements
14 described in subparagraph (A) shall include the
15 following:
16 "(i) The development of procedures to
17 enable and require covered entities to regu-
18 larly update (at least annually) the infor-
19 mation on the Internet website of the De-
20 partment of Health and Human Services
21 relating to this section.
22 "(ii) The development of a system for
23 the Secretary to verify the accuracy of in-
24 formation regarding covered entities that is

1 listed on the website described in clause
2 (i).
3 ''(iii) The development of more de-
4 tailed guidance describing methodologies
5 and options available to covered entities for
6 billing covered drugs to State Medicaid
7 agencies in a manner that avoids duplicate
8 discounts pursuant to subsection (a)(5)(A).
9 ''(iv) The establishment of a single,
10 universal, and standardized identification
11 system by which each covered entity site
12 can be identified by manufacturers, dis-
13 tributors, covered entities, and the Sec-
14 retary for purposes of facilitating the or-
15 dering, purchasing, and delivery of covered
16 drugs under this section, including the
17 processing of chargebacks for such drugs.
18 ''(v) The imposition of sanctions, in
19 appropriate cases as determined by the
20 Secretary, additional to those to which cov-
21 ered entities are subject under subpara-
22 graph (a)(5)(E), through one or more of
23 the following actions:
24 ''(I) Where a covered entity
25 knowingly and intentionally violates

1 subparagraph (a)(5)(B), the covered
2 entity shall be required to pay a mon-
3 etary penalty to a manufacturer or
4 manufacturers in the form of interest
5 on sums for which the covered entity
6 is found liable under paragraph
7 (a)(5)(E), such interest to be com-
8 pounded monthly and equal to the
9 current short term interest rate as de-
10 termined by the Federal Reserve for
11 the time period for which the covered
12 entity is liable.

13 ‘‘(II) Where the Secretary deter-
14 mines a violation of subparagraph
15 (a)(5)(B) was systematic and egre-
16 gious as well as knowing and inten-
17 tional, removing the covered entity
18 from the drug discount program
19 under this section and disqualifying
20 the entity from re-entry into such pro-
21 gram for a reasonable period of time
22 to be determined by the Secretary.

23 ‘‘(III) Referring matters to ap-
24 propriate Federal authorities within
25 the Food and Drug Administration,

1 the Office of Inspector General of De-
2 partment of Health and Human Serv-
3 ices, or other Federal agencies for
4 consideration of appropriate action
5 under other Federal statutes, such as
6 the Prescription Drug Marketing Act
7 (21 U.S.C. 353).

8 "(3) ADMINISTRATIVE DISPUTE RESOLUTION
9 PROCESS.—

10 "(A) IN GENERAL.—Not later than 180
11 days after the date of enactment of Affordable
12 Health Choices Act, the Secretary shall promul-
13 gate regulations to establish and implement an
14 administrative process for the resolution of
15 claims by covered entities that they have been
16 overcharged for drugs purchased under this sec-
17 tion, and claims by manufacturers, after the
18 conduct of audits as authorized by subsection
19 (a)(5)(D), of violations of subsections (a)(5)(A)
20 or (a)(5)(B), including appropriate procedures
21 for the provision of remedies and enforcement
22 of determinations made pursuant to such proc-
23 ess through mechanisms and sanctions de-
24 scribed in paragraphs (1)(B) and (2)(B).

1 "(B) DEADLINES AND PROCEDURES.—
2 Regulations promulgated by the Secretary
3 under subparagraph (A) shall—
4 "(i) designate or establish a decision-
5 making official or decision-making body
6 within the Department of Health and
7 Human Services to be responsible for re-
8 viewing and finally resolving claims by cov-
9 ered entities that they have been charged
10 prices for covered drugs in excess of the
11 ceiling price described in subsection (a)(1),
12 and claims by manufacturers that viola-
13 tions of subsection (a)(5)(A) or (a)(5)(B)
14 have occurred;
15 "(ii) establish such deadlines and pro-
16 cedures as may be necessary to ensure that
17 claims shall be resolved fairly, efficiently,
18 and expeditiously;
19 "(iii) establish procedures by which a
20 covered entity may discover and obtain
21 such information and documents from
22 manufacturers and third parties as may be
23 relevant to demonstrate the merits of a
24 claim that charges for a manufacturer's
25 product have exceeded the applicable ceil-

1 ing price under this section, and may sub-
2 mit such documents and information to the
3 administrative official or body responsible
4 for adjudicating such claim;
5 ''(iv) require that a manufacturer con-
6 duct an audit of a covered entity pursuant
7 to subsection (a)(5)(D) as a prerequisite to
8 initiating administrative dispute resolution
9 proceedings against a covered entity;
10 ''(v) permit the official or body des-
11 ignated under clause (i), at the request of
12 a manufacturer or manufacturers, to con-
13 solidate claims brought by more than one
14 manufacturer against the same covered en-
15 tity where, in the judgment of such official
16 or body, consolidation is appropriate and
17 consistent with the goals of fairness and
18 economy of resources; and
19 ''(vi) include provisions and proce-
20 dures to permit multiple covered entities to
21 jointly assert claims of overcharges by the
22 same manufacturer for the same drug or
23 drugs in one administrative proceeding,
24 and permit such claims to be asserted on
25 behalf of covered entities by associations or

1 organizations representing the interests of
2 such covered entities and of which the cov-
3 ered entities are members.
4 ''(C) FINALITY OF ADMINISTRATIVE RESO-
5 LUTION.—The administrative resolution of a
6 claim or claims under the regulations promul-
7 gated under subparagraph (A) shall be a final
8 agency decision and shall be binding upon the
9 parties involved, unless invalidated by an order
10 of a court of competent jurisdiction.
11 ''(4) AUTHORIZATION OF APPROPRIATIONS.—
12 There are authorized to be appropriated to carry out
13 this subsection, such sums as may be necessary for
14 fiscal year 2010 and each succeeding fiscal year.''.
15 (b) CONFORMING AMENDMENTS.—Section 340B(a)
16 of the Public Health Service Act (42 U.S.C. 256b(a)) is
17 amended—
18 (1) in subsection (a)(1), by adding at the end
19 the following: ''Each such agreement shall require
20 that the manufacturer furnish the Secretary with re-
21 ports, on a quarterly basis, of the price for each cov-
22 ered drug subject to the agreement that, according
23 to the manufacturer, represents the maximum price
24 that covered entities may permissibly be required to
25 pay for the drug (referred to in this section as the

1 ‘ceiling price’), and shall require that the manufac-
2 turer offer each covered entity covered drugs for
3 purchase at or below the applicable ceiling price if
4 such drug is made available to any other purchaser
5 at any price.’’; and
6 (2) in the first sentence of subsection (a)(5)(E),
7 as redesignated by section 512(c), by inserting
8 ‘‘after audit as described in subparagraph (D) and’’
9 after ‘‘finds,’’.