

106TH CONGRESS  
2D SESSION

# H. R. 4927

To amend title XIX and XXI of the Social Security Act to provide for FamilyCare coverage for parents of enrolled children, and for other purposes.

---

## IN THE HOUSE OF REPRESENTATIVES

JULY 24, 2000

Mr. DINGELL (for himself, Mr. BROWN of Ohio, Mr. WAXMAN, Mr. STARK, Mr. BERRY, Mr. GEPHARDT, Mr. ABERCROMBIE, Mr. ALLEN, Mr. ANDREWS, Mr. BALDACCI, Ms. BALDWIN, Mr. CROWLEY, Ms. DELAURO, Mr. DAVIS of Illinois, Mr. DEUTSCH, Mr. DOYLE, Mr. FRANK of Massachusetts, Mr. FROST, Mr. GONZALEZ, Mr. GREEN of Texas, Ms. HOOLEY of Oregon, Ms. KILPATRICK, Mr. KLINK, Mr. MENENDEZ, Mr. MORAN of Virginia, Mr. MOORE, Mr. PALLONE, Mr. PAYNE, Ms. ROYBAL-ALLARD, Mr. RAHALL, Mr. RODRIGUEZ, Ms. SCHAKOWSKY, Mrs. LOWEY, and Mr. WEYGAND) introduced the following bill; which was referred to the Committee on Commerce

---

## A BILL

To amend title XIX and XXI of the Social Security Act to provide for FamilyCare coverage for parents of enrolled children, and for other purposes.

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

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

4 (a) SHORT TITLE.—This Act may be cited as the  
5 “FamilyCare Act of 2000”.

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

- Sec. 1. Short title; table of contents.
- Sec. 2. Renaming of title XXI program.
- Sec. 3. FamilyCare coverage of parents under the medicaid program and title XXI.
- Sec. 4. Automatic enrollment of children born to title XXI parents.
- Sec. 5. Optional coverage of legal immigrants under the medicaid program and title XXI.
- Sec. 6. Optional coverage of children through age 20 under the medicaid program and title XXI.
- Sec. 7. Application of simplified title XXI procedures under the medicaid program.
- Sec. 8. Improving welfare-to-work transition under the medicaid program.
- Sec. 9. Elimination of 100 hour rule and other AFDC-related eligibility restrictions.
- Sec. 10. State grant program for market innovation.
- Sec. 11. Limitations on conflicts of interest.
- Sec. 12. Increase in CHIP allotment for each of fiscal years 2002 through 2004.
- Sec. 13. Demonstration programs to improve medicaid and chip outreach to homeless individuals and families.
- Sec. 14. Authority to pay medicaid expansion costs from title XXI appropriation.
- Sec. 15. Creation of community access program.

3 **SEC. 2. RENAMING OF TITLE XXI PROGRAM.**

4 (a) IN GENERAL.—The heading of title XXI of the  
 5 Social Security Act (42 U.S.C. 1397aa et seq.) is amended  
 6 to read as follows:

7 “TITLE XXI—FAMILYCARE PROGRAM”.

8 (b) PROGRAM REFERENCES.—Any reference in any  
 9 provision of Federal law or regulation to “SCHIP” or  
 10 “State children’s health insurance program” under title  
 11 XXI of the Social Security Act shall be deemed a reference  
 12 to the FamilyCare program under such title.

1 **SEC. 3. FAMILYCARE COVERAGE OF PARENTS UNDER THE**  
 2 **MEDICAID PROGRAM AND TITLE XXI.**

3 (a) INCENTIVES TO IMPLEMENT FAMILYCARE COV-  
 4 ERAGE.—

5 (1) UNDER MEDICAID.—

6 (A) ESTABLISHMENT OF NEW OPTIONAL  
 7 ELIGIBILITY CATEGORY.—Section  
 8 1902(a)(10)(A)(ii) of the Social Security Act  
 9 (42 U.S.C. 1396a(a)(10)(A)(ii)) is amended—

10 (i) by striking “or” at the end of sub-  
 11 clause (XVI);

12 (ii) by adding “or” at the end of sub-  
 13 clause (XVII); and

14 (iii) by adding at the end the fol-  
 15 lowing new subclause:

16 “(XVIII) who are parents de-  
 17 scribed in subsection (k)(1), but only  
 18 if the State meets the conditions de-  
 19 scribed in subsection (k)(2);”.

20 (B) CONDITIONS FOR COVERAGE.—Section  
 21 1902 of such Act is further amended by insert-  
 22 ing after subsection (j) the following new sub-  
 23 section:

24 “(k)(1)(A) Parents described in this paragraph are  
 25 the parents of an individual who is under 19 years of age  
 26 (or such higher age as the State may have elected under

1 section 1902(l)(1)(D)) and who is eligible and enrolled for  
2 medical assistance under subsection (a)(10)(A), if—

3 “(i) such parents are not otherwise eligible for  
4 such assistance under such subsection; and

5 “(ii) the income of the family that includes such  
6 parents does not exceed an income level specified by  
7 the State consistent with paragraph (2)(B).

8 “(B) In this subsection, the term ‘parent’ has the  
9 meaning given the term ‘caretaker’ for purposes of car-  
10 rying out section 1931.

11 “(2) The conditions for a State to provide medical  
12 assistance under subsection (a)(10)(A)(ii)(XVIII) are as  
13 follows:

14 “(A) The State has a State child health plan  
15 under title XXI which (whether implemented under  
16 such title or under this title)—

17 “(i) has an income standard (or will estab-  
18 lish an income standard that is effective at the  
19 time additional allotments are available to the  
20 State under section 2104(d), as amended by the  
21 FamilyCare Act of 2000) for children that is at  
22 least 200 percent of the poverty line; and

23 “(ii) does not limit the acceptance of appli-  
24 cations, does not use a waiting list for children  
25 who meet eligibility standards to qualify for as-

1           sistance, and provides benefits to all children in  
 2           the State who apply for and meet eligibility  
 3           standards.

4           “(B) The income level specified under para-  
 5           graph (1)(A)(ii) for parents in a family exceeds the  
 6           income level applicable under section 1931 but does  
 7           not exceed the highest income level applicable to a  
 8           child in the family under this title. A State may not  
 9           cover such parents with higher family income with-  
 10          out covering parents with a lower family income.

11          “(3) In the case of a parent described in paragraph  
 12          (1) who is also the parent of a child who is eligible and  
 13          enrolled for child health assistance under title XXI, the  
 14          State may elect (on a uniform basis) to cover all such par-  
 15          ents under section 2111 or under subsection (a)(10)(A).”.

16                   (C) ENHANCED MATCHING FUNDS AVAIL-  
 17                   ABLE.—Section 1905 of such Act (42 U.S.C.  
 18                   1396d) is amended—

19                   (i) in the fourth sentence of sub-  
 20                   section (b), by striking “or subsection  
 21                   (u)(3)” and inserting “, (u)(3), or (u)(4)”;  
 22                   and

23                   (ii) in subsection (u)—

24                   (I) by redesignating paragraph  
 25                   (4) as paragraph (6), and

1 (II) by inserting after paragraph  
2 (3) the following new paragraph:

3 “(4) For purposes of subsection (b) and section  
4 2105(a)(1):

5 “(A) FAMILYCARE PARENTS.—The expendi-  
6 tures described in this subparagraph are the fol-  
7 lowing:

8 “(i) PARENTS.—Expenditures for medical  
9 assistance made available under section 1931,  
10 or under section 1902(a)(10)(A)(ii)(XVIII) for  
11 parents described in section 1902(k)(1), in a  
12 family the income of which exceeds the income  
13 level applicable under such section 1931 to a  
14 family of the size involved as of January 1,  
15 2000.

16 “(ii) CERTAIN PREGNANT WOMEN.—Ex-  
17 penditures for medical assistance for pregnant  
18 women under section 1902(l)(1)(A) in a family  
19 the income of which exceeds the income level  
20 applicable under section 1902(l)(2)(A) to a  
21 family of the size involved as of January 1,  
22 2000.”.

23 (D) APPROPRIATION FROM TITLE XXI AL-  
24 LOTMENT FOR CERTAIN MEDICAID EXPANSION  
25 COSTS.—Subparagraph (C) of section

1           2105(a)(1) of such Act, as inserted by section  
2           14(a)(3), is amended to read as follows:

3           “(C) FAMILYCARE PARENTS.—Expendi-  
4           tures for medical assistance that is attributable  
5           to expenditures described in section  
6           1905(u)(4)(A).”.

7           (E) ONLY COUNTING ENHANCED PORTION  
8           FOR COVERAGE OF ADDITIONAL PREGNANT  
9           WOMEN.—Section 1905 of such Act (42 U.S.C.  
10          1396d) is amended—

11                   (i) in the fourth sentence of sub-  
12                   section (b), by inserting “(except in the  
13                   case of expenditures described in sub-  
14                   section (u)(5))” after “do not exceed”;

15                   (ii) in subsection (u), by inserting  
16                   after paragraph (4) (as inserted by sub-  
17                   paragraph (C)), the following new para-  
18                   graph:

19          “(5) For purposes of the fourth sentence of sub-  
20          section (b) and section 2105(a), the following payments  
21          under this title do not count against a State’s allotment  
22          under section 2104:

23                   “(A) REGULAR FMAP FOR EXPENDITURES FOR  
24                   PREGNANT WOMEN WITH INCOME ABOVE JANUARY  
25                   1, 2000 INCOME LEVEL AND BELOW 185 PERCENT OF

1 POVERTY.—The portion of the payments made for  
 2 expenditures described in paragraph (4)(A)(ii) that  
 3 represents the amount that would have been paid if  
 4 the enhanced FMAP had not been substituted for  
 5 the Federal medical assistance percentage.”.

6 (2) UNDER TITLE XXI.—

7 (A) FAMILYCARE COVERAGE.—Title XXI  
 8 of such Act is amended by adding at the end  
 9 the following new section:

10 **“SEC. 2111. OPTIONAL FAMILYCARE COVERAGE OF PAR-**  
 11 **ENTS OF TARGETED LOW-INCOME CHILDREN.**

12 “(a) OPTIONAL COVERAGE.—Notwithstanding any  
 13 other provision of this title, a State child health plan may  
 14 provide for coverage, through an amendment to its State  
 15 child health plan under section 2102, of FamilyCare as-  
 16 sistance for targeted low-income parents in accordance  
 17 with this section, but only if—

18 “(1) the State meets the conditions described in  
 19 section 1902(k)(2); and

20 “(2) the State elects to provide medical assist-  
 21 ance under section 1902(a)(10)(A)(ii)(XVIII) and  
 22 elects an applicable income limit that is not lower  
 23 than the limit described in subsection (b)(2)(A).

24 “(b) DEFINITIONS.—For purposes of this section:



1           “(1) FAMILYCARE ASSISTANCE.—The term  
2           ‘FamilyCare assistance’ has the meaning given the  
3           term child health assistance in section 2110(a) as if  
4           any reference to targeted low-income children were  
5           a reference to targeted low-income parents.

6           “(2) TARGETED LOW-INCOME PARENT.—The  
7           term ‘targeted low-income parent’ has the meaning  
8           given the term targeted low-income child in section  
9           2110(b) as if the reference to a child were deemed  
10          a reference to a parent (as defined in paragraph (3))  
11          of the child; except that in applying such section—

12               “(A) there shall be substituted for the in-  
13               come limit described in paragraph (1)(B)(ii)(I)  
14               the applicable income limit in effect for a tar-  
15               geted low-income child;

16               “(B) in paragraph (3), January 1, 2000,  
17               shall be substituted for July 1, 1997; and

18               “(C) in paragraph (4), January 1, 2000,  
19               shall be substituted for March 31, 1997.

20          “(3) PARENT.—The term ‘parent’ has the  
21          meaning given the term ‘caretaker’ for purposes of  
22          carrying out section 1931.

23          “(4) OPTIONAL TREATMENT OF PREGNANT  
24          WOMEN AS PARENTS.—A State child health plan  
25          may treat a pregnant woman who is not otherwise

1 a parent as a targeted low-income parent for pur-  
2 poses of this section but only if the State has estab-  
3 lished an income level under section 1902(l)(2)(A)(i)  
4 for pregnant women that is at least 185 percent of  
5 the income official poverty line described in such sec-  
6 tion.

7 “(c) REFERENCES TO TERMS AND SPECIAL  
8 RULES.—In the case of, and with respect to, a State pro-  
9 viding for coverage of FamilyCare assistance to targeted  
10 low-income parents under subsection (a), the following  
11 special rules apply:

12 “(1) Any reference in this title (other than sub-  
13 section (b)) to a targeted low-income child is deemed  
14 to include a reference to a targeted low-income par-  
15 ent.

16 “(2) Any such reference to child health assist-  
17 ance with respect to such parents is deemed a ref-  
18 erence to FamilyCare assistance.

19 “(3) In applying section 2103(e)(3)(B) in the  
20 case of a family provided coverage under this sec-  
21 tion, the limitation on total annual aggregate cost-  
22 sharing shall be applied to the entire family.

23 “(4) In applying section 2110(b)(4), any ref-  
24 erence to ‘section 1902(l)(2) or 1905(n)(2) (as se-  
25 lected by a State)’ is deemed a reference to the in-

1       come level applicable to parents under section 1931,  
 2       or, in the case of a pregnant woman described in  
 3       subsection (b)(4), the income level established under  
 4       section 1902(l)(2)(A).”.

5                       (B) ADDITIONAL ALLOTMENT FOR STATES  
 6       PROVIDING FAMILYCARE.—

7                       (i) IN GENERAL.—Section 2104 of  
 8       such Act (42 U.S.C. 1397dd), as amended  
 9       by section 14(b), is amended by inserting  
 10       after subsection (c) the following new sub-  
 11       section:

12       “(d) ADDITIONAL ALLOTMENTS FOR STATE PRO-  
 13       VIDING FAMILYCARE.—

14                       “(1) APPROPRIATION; TOTAL ALLOTMENT.—  
 15       For the purpose of providing additional allotments  
 16       to States electing to provide FamilyCare coverage  
 17       under section 2111, there is appropriated, out of any  
 18       money in the Treasury not otherwise appropriated—

19                       “(A) for fiscal year 2002, \$2,000,000,000;

20                       “(B) for fiscal year 2003, \$2,000,000,000;

21                       “(C) for fiscal year 2004, \$3,000,000,000;

22                       “(D) for fiscal year 2005, \$3,000,000,000;

23                       “(E) for fiscal year 2006, \$6,000,000,000;

24                       “(F) for fiscal year 2007, \$7,000,000,000;

25                       “(G) for fiscal year 2008, \$8,000,000,000;

1 “(H) for fiscal year 2009, \$9,000,000,000;

2 “(I) for fiscal year 2010, \$10,000,000,000;

3 and

4 “(J) for fiscal year 2011 and each fiscal  
5 year thereafter, the amount of the allotment  
6 provided under this paragraph for the preceding  
7 fiscal year increased by the percentage increase  
8 (if any) in the medical care expenditure cat-  
9 egory of the Consumer Price Index for All  
10 Urban Consumers (United States city average).

11 “(2) STATE AND TERRITORIAL ALLOTMENTS.—

12 “(A) IN GENERAL.—In addition to the al-  
13 lotments provided under subsections (b) and  
14 (c), subject to paragraph (3), of the amount  
15 available for the additional allotments under  
16 paragraph (1) for a fiscal year, the Secretary  
17 shall allot to each State with a State child  
18 health plan approved under this title and which  
19 has elected to provide coverage under section  
20 2111 during the fiscal year—

21 “(i) in the case of such a State other  
22 than a commonwealth or territory de-  
23 scribed in clause (ii), the same proportion  
24 as the proportion of the State’s allotment  
25 under section 2104(b) (determined without

1           regard to section 2104(f)) to 98.95 percent  
2           of the total amount of the allotments  
3           under such section for such States eligible  
4           for an allotment under this subparagraph  
5           for such fiscal year; and

6           “(ii) in the case of a commonwealth or  
7           territory described in section 2104(c)(3),  
8           the same proportion as the proportion of  
9           the commonwealth’s or territory’s allot-  
10          ment under section 2104(c) (determined  
11          without regard to section 2104(f)) to 1.05  
12          percent of the total amount of the allot-  
13          ments under such section for common-  
14          wealths and territories eligible for an allot-  
15          ment under this subparagraph for such fis-  
16          cal year.

17          “(B) REDISTRIBUTION OF UNUSED ALLOT-  
18          MENTS.—In applying subsection (f) with re-  
19          spect to additional allotments made available  
20          under this subsection, the procedures estab-  
21          lished under such subsection shall ensure such  
22          additional allotments are only made available to  
23          States which have elected to provide coverage  
24          under section 2111.

1           “(3) USE OF ADDITIONAL ALLOTMENT.—Addi-  
 2           tional allotments provided under this subsection are  
 3           not available for amounts expended before October  
 4           1, 2001. Such amounts are available for amounts ex-  
 5           pended on or after such date for child health assist-  
 6           ance for targeted low-income children, as well as for  
 7           FamilyCare assistance.”.

8                       (ii) CONFORMING AMENDMENTS.—  
 9                       Section 2104 of such Act (42 U.S.C.  
 10                      1397dd), as amended by section 14(d)(3),  
 11                      is further amended—

12                      (I) in subsection (a), by inserting  
 13                      “subject to subsection (d),” after  
 14                      “under this section,”;

15                      (II) in subsection (b)(1), by in-  
 16                      serting “and subsection (d)” after  
 17                      “Subject to paragraph (4)”; and

18                      (III) in subsection (c)(1), by in-  
 19                      serting “subject to subsection (d),”  
 20                      after “for a fiscal year,”.

21                      (C) NO COST-SHARING FOR PREGNANCY-  
 22                      RELATED BENEFITS.—Section 2103(e)(2) of  
 23                      such Act (42 U.S.C. 1397cc(e)(2)) is  
 24                      amended—

1 (i) in the heading, by inserting “AND  
 2 PREGNANCY-RELATED SERVICES” after  
 3 “PREVENTIVE SERVICES”; and

4 (ii) by inserting before the period at  
 5 the end the following: “and for pregnancy-  
 6 related services”.

7 (3) EFFECTIVE DATE.—The amendments made  
 8 by this subsection apply to items and services fur-  
 9 nished on or after October 1, 2000.

10 (b) RULES FOR IMPLEMENTATION BEGINNING WITH  
 11 FISCAL YEAR 2006.—

12 (1) REQUIRED COVERAGE OF FAMILYCARE PAR-  
 13 ENTS.—Section 1902(a)(10)(A)(i) of the Social Se-  
 14 curity Act (42 U.S.C. 1396a(a)(10)(A)(i)) is  
 15 amended—

16 (A) by striking “or” at the end of sub-  
 17 clause (VI);

18 (B) by striking the semicolon at the end of  
 19 subclause (VII) and insert “, or”; and

20 (C) by adding at the end the following new  
 21 subclause:

22 “(VIII) who would be parents de-  
 23 scribed in subsection (k)(1) if the in-  
 24 come level specified in subsection  
 25 (k)(2)(B) were equal to at least 100

1 percent of the poverty line referred to  
2 in such subsection;”.

3 (2) EXPANSION OF AVAILABILITY OF EN-  
4 HANCED MATCH UNDER MEDICAID FOR PRE-CHIP  
5 EXPANSIONS.—Paragraph (4) of section 1905(u) of  
6 such Act (42 U.S.C. 1396d(u)), as inserted by sub-  
7 section (a)(1)(C), is amended—

8 (A) by amending clause (ii) of subpara-  
9 graph (A) to read as follows:

10 “(ii) CERTAIN PREGNANT WOMEN.—Ex-  
11 penditures for medical assistance for pregnant  
12 women under section 1902(l)(1)(A) in a family  
13 the income of which exceeds the 133 percent of  
14 the income official poverty line.”; and

15 (B) by adding at the end the following new  
16 subparagraphs:

17 “(B) PARENTS WITH INCOME ABOVE 100 PER-  
18 CENT OF POVERTY BUT BELOW JANUARY 1, 2000 IN-  
19 COME LEVEL.—The expenditures described in this  
20 subparagraph are expenditures for medical assist-  
21 ance made available for any parents described in  
22 section 1902(a)(10)(A)(i)(VIII), whose income ex-  
23 ceeds 100 percent of the income official poverty line  
24 applicable to a family of the size involved but does  
25 not exceed the applicable income level established



1 under this title (under section 1931 or otherwise) for  
 2 a parent in a family of the size involved as of Janu-  
 3 ary 1, 2000.

4 “(C) CHILDREN IN FAMILIES WITH INCOME  
 5 ABOVE MEDICAID MANDATORY LEVEL NOT PRE-  
 6 VIOUSLY DESCRIBED.—The expenditures described  
 7 in this subparagraph are expenditures (other than  
 8 expenditures described in paragraph (2) or (3)) for  
 9 medical assistance made available to any child who  
 10 is eligible for assistance under section  
 11 1902(a)(10)(A) and the income of whose family ex-  
 12 ceeds the minimum income level required under sub-  
 13 section 1902(l)(2) for a child of the age involved  
 14 (treating any child who is 19 or 20 years of age as  
 15 being 18 years of age).”.

16 (3) OFFSET OF ADDITIONAL EXPENDITURES  
 17 FOR ENHANCED MATCH FOR PRE-CHIP EXPANSION;  
 18 ELIMINATION OF OFFSET FOR REQUIRED COVERAGE  
 19 OF FAMILYCARE PARENTS.—

20 (A) IN GENERAL.—Section 1905(u)(5) of  
 21 such Act (42 U.S.C. 1396d(u)(5)), as added by  
 22 subsection (a)(1)(E), is amended—

23 (i) by amending subparagraph (A) to  
 24 read as follows:

1           “(A) REGULAR FMAP FOR EXPENDITURES FOR  
2       PREGNANT WOMEN WITH INCOME ABOVE 133 PER-  
3       CENT OF POVERTY.—The portion of the payments  
4       made for expenditures described in paragraph  
5       (4)(A)(ii) that represents the amount that would  
6       have been paid if the enhanced FMAP had not been  
7       substituted for the Federal medical assistance per-  
8       centage.”; and

9                               (ii) by adding at the end the following  
10                           new subparagraphs:

11           “(B) FAMILYCARE PARENTS UNDER 100 PER-  
12       CENT OF POVERTY.—Payments for expenditures de-  
13       scribed in paragraph (4)(A)(i) in the case of parents  
14       whose income does not exceed 100 percent of the in-  
15       come official poverty line applicable to a family of  
16       the size involved.

17           “(C) REGULAR FMAP FOR EXPENDITURES FOR  
18       PARENTS WITH INCOME ABOVE 100 PERCENT OF  
19       POVERTY BUT BELOW JANUARY 1, 2000 INCOME  
20       LEVEL.—The portion of the payments made for ex-  
21       penditures described in paragraph (4)(B) that rep-  
22       resents the amount that would have been paid if the  
23       enhanced FMAP had not been substituted for the  
24       Federal medical assistance percentage.

1           “(D) REGULAR FMAP FOR EXPENDITURES FOR  
2           CERTAIN CHILDREN IN FAMILIES WITH INCOME  
3           ABOVE MEDICAID MANDATORY LEVEL.—The portion  
4           of the payments made for expenditures described in  
5           paragraph (4)(C) that represents the amount that  
6           would have been paid if the enhanced FMAP had  
7           not been substituted for the Federal medical assist-  
8           ance percentage.”.

9           (B) CONFORMING AMENDMENTS.—Sub-  
10          paragraph (C) of section 2105(a)(1) of such  
11          Act, as inserted by section 14(a)(3) and as  
12          amended by subsection (a)(1)(D), is amended  
13          to read as follows:

14          “(C) CERTAIN FAMILYCARE PARENTS AND  
15          OTHERS.—Expenditures for medical assistance  
16          that is attributable to expenditures described in  
17          section 1905(u)(4), except as provided in sec-  
18          tion 1905(u)(5).”.

19          (3) EFFECTIVE DATE.—The amendments made  
20          by this subsection apply as of October 1, 2005, to  
21          fiscal years beginning on or after such date and to  
22          expenditures under the State plan on and after such  
23          date.

1       (c) MAKING TITLE XXI BASE ALLOTMENTS PERMA-  
2 NENT.—Section 2104(a) of such Act (42 U.S.C.  
3 1397dd(a)) is amended—

4           (1) by striking “and” at the end of paragraph  
5       (9);

6           (2) by striking the period at the end of para-  
7       graph (10) and inserting “; and”; and

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

10           “(11) for fiscal year 2008 and each fiscal year  
11       thereafter, the amount of the allotment provided  
12       under this subsection for the preceding fiscal year  
13       increased by the percentage increase (if any) in the  
14       medical care expenditure category of the Consumer  
15       Price Index for All Urban Consumers (United States  
16       city average).”.

17       (d) OPTIONAL APPLICATION OF PRESUMPTIVE ELI-  
18 GIBILITY PROVISIONS TO PARENTS.—Section 1920A of  
19 such Act (42 U.S.C. 1396r–1a) is amended by adding at  
20 the end the following new subsection:

21           “(e) In accordance with regulations, a State may  
22       elect to apply the previous provisions of this section to pro-  
23       vide for a period of presumptive eligibility for medical as-  
24       sistance for a parent of a child with respect to whom such  
25       a period is provided under this section.”.

1 (e) CONFORMING AMENDMENTS.—

2 (1) ELIGIBILITY CATEGORIES.—Section  
3 1905(a) of such Act (42 U.S.C. 1396d(a)) is amend-  
4 ed, in the matter before paragraph (1)—

5 (A) by striking “or” at the end of clause  
6 (xi);

7 (B) by inserting “or” at the end of clause  
8 (xii); and

9 (C) by inserting after clause (xii) the fol-  
10 lowing new clause:

11 “(xiii) who are parents described (or treated as  
12 if described) in section 1902(k)(1),”.

13 (2) INCOME LIMITATIONS.—Section 1903(f)(4)  
14 of such Act (42 U.S.C. 1396b(f)(4))—

15 (A) effective October 1, 2005, by inserting  
16 “1902(a)(10)(A)(i)(VIII),” after  
17 “1902(a)(10)(A)(i)(VII),”; and

18 (B) by inserting  
19 “1902(a)(10)(A)(ii)(XVII),  
20 1902(a)(10)(A)(ii)(XVIII),” after  
21 “1902(a)(10)(A)(ii)(XVI),”.

22 (3) CONFORMING AMENDMENT RELATING TO  
23 NO WAITING PERIOD FOR CERTAIN WOMEN.—Section  
24 2102(b)(1)(B) of such Act (42 U.S.C.  
25 1397bb(b)(1)(B)) is amended—

1 (A) by striking “, and” at the end of  
 2 clause (i) and inserting a semicolon;

3 (B) by striking the period at the end of  
 4 clause (ii) and inserting “; and”; and

5 (C) by adding at the end the following new  
 6 clause:

7 “(iii) may not apply a waiting period  
 8 (including a waiting period to carry out  
 9 paragraph (3)(C)) in the case of targeted  
 10 low-income women who are pregnant.”.

11 **SEC. 4. AUTOMATIC ENROLLMENT OF CHILDREN BORN TO**  
 12 **TITLE XXI PARENTS.**

13 Section 2102(b)(1) of the Social Security Act (42  
 14 U.S.C. 1397bb(b)(1)) is amended by adding at the end  
 15 the following new subparagraph:

16 “(C) AUTOMATIC ELIGIBILITY OF CHIL-  
 17 DREN BORN TO A PARENT BEING PROVIDED  
 18 FAMILYCARE.—Such eligibility standards shall  
 19 provide for automatic coverage of a child born  
 20 to an individual who is provided assistance  
 21 under this title in the same manner as medical  
 22 assistance would be provided under section  
 23 1902(e)(4) to a child described in such sec-  
 24 tion.”.

1 **SEC. 5. OPTIONAL COVERAGE OF LEGAL IMMIGRANTS**  
2 **UNDER THE MEDICAID PROGRAM AND TITLE**  
3 **XXI.**

4 (a) MEDICAID PROGRAM.—Section 1903(v) of the  
5 Social Security Act (42 U.S.C. 1396b(v)) is amended—

6 (1) in paragraph (1), by striking “paragraph  
7 (2)” and inserting “paragraphs (2) and (4)”; and

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

10 “(4)(A) A State may elect (in a plan amendment  
11 under this title) to provide medical assistance under this  
12 title, notwithstanding sections 401(a), 402(b), 403, and  
13 421 of the Personal Responsibility and Work Opportunity  
14 Reconciliation Act of 1996, for aliens who are lawfully re-  
15 siding in the United States (including battered aliens de-  
16 scribed in section 431(c) of such Act) and who are other-  
17 wise eligible for such assistance, within any of the fol-  
18 lowing eligibility categories:

19 “(i) PREGNANT WOMEN.—Women during preg-  
20 nancy (and during the 60-day period beginning on  
21 the last day of the pregnancy).

22 “(ii) CHILDREN.—Children (as defined under  
23 such plan), including optional targeted low-income  
24 children described in section 1905(u)(2)(B).

25 “(iii) PARENTS.—If the State has elected the  
26 eligibility category described in clause (ii), caretaker

1 relatives who are parents (as defined by the State)  
2 of children (described in such clause or otherwise)  
3 who are eligible for medical assistance under the  
4 plan.

5 “(B) In the case of a State that has elected to provide  
6 medical assistance to a category of aliens under subpara-  
7 graph (A), no action may be brought under an affidavit  
8 of support against any sponsor of such an alien on the  
9 basis of provision of assistance to such category.”.

10 (b) TITLE XXI.—Section 2107(e)(1) of such Act (42  
11 U.S.C. 1397gg(e)(1)) is amended by adding at the end  
12 the following new subparagraph:

13 “(D) Section 1903(v)(4) (relating to op-  
14 tional coverage of categories of permanent resi-  
15 dent alien children and parents), but only, with  
16 respect to an eligibility category under this title,  
17 if the same eligibility category has been elected  
18 under such section for purposes of title XIX.”.

19 (c) EFFECTIVE DATE.—The amendments made by  
20 this section take effect on October 1, 2000, and apply to  
21 medical assistance and child health assistance furnished  
22 on or after such date.



1 **SEC. 6. OPTIONAL COVERAGE OF CHILDREN THROUGH AGE**  
2 **20 UNDER THE MEDICAID PROGRAM AND**  
3 **TITLE XXI.**

4 (a) MEDICAID.—

5 (1) IN GENERAL.—Section 1902(l)(1)(D) of the  
6 Social Security Act (42 U.S.C. 1396a(l)(1)(D)) is  
7 amended by inserting “(or, at the election of a  
8 State, 20 or 21 years of age)” after “19 years of  
9 age”.

10 (2) CONFORMING AMENDMENTS.—

11 (A) Section 1902(e)(3)(A) of such Act (42  
12 U.S.C. 1396a(e)(3)(A)) is amended by inserting  
13 “(or 1 year less than the age the State has  
14 elected under subsection (l)(1)(D))” after “18  
15 years of age”.

16 (B) Section 1902(e)(12) of such Act (42  
17 U.S.C. 1396a(e)(12)) is amended by inserting  
18 “or such higher age as the State has elected  
19 under subsection (l)(1)(D)” after “19 years of  
20 age”.

21 (C) Section 1902(l)(5) of such Act (42  
22 U.S.C. 1396a(l)(5)), as added by section  
23 7(a)(2), is amended by inserting “(or such  
24 higher age as the State has elected under para-  
25 graph (1)(D))” after “19 years of age”.

1           (D) Section 1920A(b)(1) of such Act (42  
2           U.S.C. 1396r-1a(b)(1)) is amended by insert-  
3           ing “or such higher age as the State has elected  
4           under section 1902(l)(1)(D)” after “19 years of  
5           age”.

6           (E) Section 1928(h)(1) of such Act (42  
7           U.S.C. 1396s(h)(1)) is amended by inserting  
8           “or 1 year less than the age the State has elect-  
9           ed under section 1902(l)(1)(D)” before the pe-  
10          riod at the end.

11          (F) Section 1932(a)(2)(A) of such Act (42  
12          U.S.C. 1396u-2(a)(2)(A)) is amended by in-  
13          serting “(or such higher age as the State has  
14          elected under section 1902(l)(1)(D))” after “19  
15          years of age”.

16          (b) TITLE XXI.—Section 2110(c)(1) of such Act (42  
17          U.S.C. 1397jj(c)(1)) is amended by inserting “(or such  
18          higher age as the State has elected under section  
19          1902(l)(1)(D))”.

20          (c) EFFECTIVE DATE.—The amendments made by  
21          this section take effect on October 1, 2000, and apply to  
22          medical assistance and child health assistance provided on  
23          or after such date.

1 **SEC. 7. APPLICATION OF SIMPLIFIED TITLE XXI PROCE-**  
2 **DURES UNDER THE MEDICAID PROGRAM.**

3 (a) APPLICATION UNDER MEDICAID.—

4 (1) IN GENERAL.—Section 1902(l) of the Social  
5 Security Act (42 U.S.C. 1396a(l)) is amended—

6 (A) in paragraph (3), by inserting “subject  
7 to paragraph (5)”, after “Notwithstanding sub-  
8 section (a)(17),”; and

9 (B) by adding at the end the following new  
10 paragraph:

11 “(5) With respect to determining the eligibility of in-  
12 dividuals under 19 years of age (or such higher age as  
13 the State has elected under paragraph (1)(D)) for medical  
14 assistance under subsection (a)(10)(A) and, separately,  
15 with respect to determining the eligibility of individuals  
16 for medical assistance under subsection  
17 (a)(10)(A)(i)(VIII) or (a)(10)(A)(ii)(XVIII), notwith-  
18 standing any other provision of this title, if the State has  
19 established a State child health plan under title XXI—

20 “(A) the State may not apply a resource stand-  
21 ard if the State does not apply such a standard  
22 under such child health plan with respect to such in-  
23 dividuals;

24 “(B) the State shall use the same simplified eli-  
25 gibility form (including, if applicable, permitting ap-  
26 plication other than in person) as the State uses

1 under such State child health plan with respect to  
 2 such individuals;

3 “(C) the State shall provide for initial eligibility  
 4 determinations and redeterminations of eligibility  
 5 using the same verification policies, forms, and fre-  
 6 quency as the State uses for such purposes under  
 7 such State child health plan with respect to such in-  
 8 dividuals; and

9 “(D) the State shall not require a face-to-face  
 10 interview for purposes of initial eligibility determina-  
 11 tions and redeterminations unless the State requires  
 12 such an interview for such purposes under such child  
 13 health plan with respect to such individuals.”.

14 (2) EFFECTIVE DATE.—The amendments made  
 15 by paragraph (1) apply to determinations of eligi-  
 16 bility made on or after the date that is 1 year after  
 17 the date of the enactment of this Act.

18 (b) ADDITIONAL ENTITIES QUALIFIED TO DETER-  
 19 MINE MEDICAID PRESUMPTIVE ELIGIBILITY FOR LOW-IN-  
 20 COME CHILDREN.—

21 (1) IN GENERAL.—Section 1920A(b)(3)(A)(i) of  
 22 such Act (42 U.S.C. 1396r–1a(b)(3)(A)(i)) is  
 23 amended—

24 (A) by striking “or (II)” and inserting “,  
 25 (II)”; and

(B) by inserting “eligibility of a child for medical assistance under the State plan under this title, or eligibility of a child for child health assistance under the program funded under title XXI, (III) is an elementary school or secondary school, as such terms are defined in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801), an elementary or secondary school operated or supported by the Bureau of Indian Affairs, a State child support enforcement agency, a child care resource and referral agency, an organization that is providing emergency food and shelter under a grant under the Stewart B. McKinney Homeless Assistance Act, or a State office or entity involved in enrollment in the program under this title, under part A of title IV, under title XXI, or that determines eligibility for any assistance or benefits provided under any program of public or assisted housing that receives Federal funds, including the program under section 8 or any other section of the United States Housing Act of 1937 (42 U.S.C. 1437 et seq.), or (IV) any other entity the State so

1           deems, as approved by the Secretary” before  
2           the semicolon.

3           (2) TECHNICAL AMENDMENTS.—Section 1920A  
4           of such Act (42 U.S.C. 1396r-1a) is amended—

5                   (A) in subsection (b)(3)(A)(ii), by striking  
6           “paragraph (1)(A)” and inserting “paragraph  
7           (2)(A)”; and

8                   (B) in subsection (c)(2), in the matter pre-  
9           ceding subparagraph (A), by striking “sub-  
10          section (b)(1)(A)” and inserting “subsection  
11          (b)(2)(A)”.

12          (3) APPLICATION TO PRESUMPTIVE ELIGIBILITY  
13          FOR PREGNANT WOMEN UNDER MEDICAID.—Section  
14          1920(b) of such Act (42 U.S.C. 1396r-1(b)) is  
15          amended by adding at the end after and below para-  
16          graph (2) the following flush sentence:

17          “The term ‘qualified provider’ includes a qualified entity  
18          as defined in section 1920A(b)(3).”.

19          (4) APPLICATION UNDER TITLE XXI.—

20                   (A) IN GENERAL.—Section 2107(e)(1) of  
21          such Act (42 U.S.C. 1397gg(e)(1)), as amended  
22          by section 5(b), is amended by adding at the  
23          end the following new subparagraph:

24                   “(E) Sections 1920 and 1920A (relating to  
25          presumptive eligibility).”.

(B) EXCEPTION FROM LIMITATION ON ADMINISTRATIVE EXPENSES.—Section 2105(c)(2) of such Act (42 U.S.C. 1397ee(c)(2)) is amended by adding at the end the following new subparagraph:

“(C) EXCEPTION FOR PRESUMPTIVE ELIGIBILITY EXPENDITURES.—The limitation under subparagraph (A) on expenditures shall not apply to expenditures attributable to the application of section 1920A (pursuant to section 2107(e)(1)(E)), regardless of whether the child is determined to be ineligible for the program under this title or title XIX.”.

(c) AUTOMATIC REASSESSMENT OF ELIGIBILITY FOR TITLE XXI AND MEDICAID BENEFITS FOR CHILDREN LOSING MEDICAID OR TITLE XXI ELIGIBILITY.—

(1) LOSS OF MEDICAID ELIGIBILITY.—Section 1902(a) of the Social Security Act (42 U.S.C. 1396a(a)) is amended—

(A) by striking the period at the end of paragraph (65) and inserting “; and”, and

(B) by inserting after paragraph (65) the following new paragraph:

“(66) provide, by not later than the first day of the first month that begins more than 1 year after

1       the date of the enactment of this paragraph and in  
2       the case of a State with a State child health plan  
3       under title XXI, that before medical assistance to a  
4       child (or a parent of a child) is discontinued under  
5       this title, a determination of whether the child (or  
6       parent) is eligible for benefits under title XXI shall  
7       be made and, if determined to be so eligible, the  
8       child (or parent) shall be automatically enrolled in  
9       the program under such title without the need for a  
10      new application.”.

11           (2) LOSS OF TITLE XXI ELIGIBILITY.—Section  
12      2102(b)(3) (42 U.S.C. 1397bb(b)(3)) is amended by  
13      redesignating subparagraphs (D) and (E) as sub-  
14      paragraphs (E) and (F), respectively, and by insert-  
15      ing after subparagraph (C) the following new sub-  
16      paragraph:

17           “(D) that before health assistance to a  
18      child (or a parent of a child) is discontinued  
19      under this title, a determination of whether the  
20      child (or parent) is eligible for benefits under  
21      title XIX is made and, if determined to be so  
22      eligible, the child (or parent) is automatically  
23      enrolled in the program under such title with-  
24      out the need for a new application;”.



1           (3) EFFECTIVE DATE.—The amendments made  
2       by paragraphs (1) and (2) apply to individuals who  
3       lose eligibility under the medicaid program under  
4       title XIX, or under a State child health insurance  
5       plan under title XXI, respectively, of the Social Se-  
6       curity Act on or after the date that is 60 days after  
7       the date of the enactment of this Act.

8       (d) PROVISION OF MEDICAID AND CHIP APPLICA-  
9       TIONS AND INFORMATION UNDER THE SCHOOL LUNCH  
10      PROGRAM.—Section 9(b)(2)(B) of the Richard B. Russell  
11      National School Lunch Act (42 U.S.C. 1758(b)(2)(B) is  
12      amended—

13           (1) by striking “(B) Applications” and inserting  
14       “(B)(i) Applications”; and

15           (2) by adding at the end the following new  
16       clause:

17       “(ii)(I) Applications for free and reduced price  
18       lunches that are distributed pursuant to clause (i) to par-  
19       ents or guardians of children in attendance at schools par-  
20       ticipating in the school lunch program under this Act shall  
21       also contain information on the availability of medical as-  
22       sistance under title XIX of the Social Security Act (42  
23       U.S.C. 1396 et seq.) (commonly referred to as the ‘med-  
24       icaid program’) and of child health assistance under title  
25       XXI of such Act (commonly referred to as ‘CHIP’), in-

cluding information on how to obtain an application for assistance under such program.

“(II) Information on the medicaid program and CHIP under subclause (I) shall be provided on a form separate from the application form for free and reduced price lunches under clause (i).”.

**SEC. 8. IMPROVING WELFARE-TO-WORK TRANSITION UNDER THE MEDICAID PROGRAM.**

(a) MAKING PROVISION PERMANENT.—

(1) IN GENERAL.—Subsection (f) of section 1925 of the Social Security Act (42 U.S.C. 1396r–6) is repealed.

(2) CONFORMING AMENDMENT.—Section 1902(e)(1) of such Act (42 U.S.C. 1396a(e)(1)) is repealed.

(b) STATE OPTION OF INITIAL 12-MONTH ELIGIBILITY.—Section 1925 of such Act (42 U.S.C. 1396r–6) is amended—

(1) in subsection (a), by adding at the end the following new paragraph:

“(5) OPTION OF 12-MONTH INITIAL ELIGIBILITY PERIOD.—A State may elect to treat any reference in this subsection to a 6-month period (or 6 months) as a reference to a 12-month period (or 12 months).

1 In the case of such an election, subsection (b) shall  
 2 not apply.”; and

3 (2) in subsection (b)(1), by inserting “and sub-  
 4 section (a)(5)” after “paragraph (3)”.

5 (c) SIMPLIFICATION OPTIONS.—

6 (1) REMOVAL OF ADMINISTRATIVE REPORTING  
 7 REQUIREMENTS FOR ADDITIONAL 6-MONTH EXTEN-  
 8 SION.—Section 1925(b)(2) of such Act (42 U.S.C.  
 9 1396r-6(b)(2)) is amended—

10 (A) by striking subparagraph (B);

11 (B) in subparagraph (A)(i)—

12 (i) by striking “(I)” and all that fol-  
 13 lows through “(II)” and inserting “(i)”;

14 (ii) by striking “, and (III)” and in-  
 15 serting “and (ii)”;

16 (iii) by redesignating such subpara-  
 17 graph as subparagraph (A) (with appro-  
 18 priate indentation); and

19 (C) in subparagraph (A)(ii)—

20 (i) by striking “notify the family of  
 21 the reporting requirement under subpara-  
 22 graph (B)(ii) and” and inserting “provide  
 23 the family with notification of”; and

1 (ii) by redesignating such subpara-  
 2 graph as subparagraph (B) (with appro-  
 3 priate indentation).

4 (2) REMOVAL OF REQUIREMENT FOR PREVIOUS  
 5 RECEIPT OF MEDICAL ASSISTANCE.—Section  
 6 1925(a)(1) of such Act (42 U.S.C. 1396r–6(a)(1)) is  
 7 amended—

8 (A) by redesignating the matter after “RE-  
 9 QUIREMENT.—” as a subparagraph (A) with  
 10 the heading “IN GENERAL.—” and with appro-  
 11 priate indentation; and

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

14 “(B) STATE OPTION TO WAIVE REQUIRE-  
 15 MENT FOR PREVIOUS RECEIPT OF MEDICAL AS-  
 16 SISTANCE.—A State may elect to apply sub-  
 17 paragraph (A) to any family whose eligibility  
 18 for assistance under section 1931 would other-  
 19 wise terminate because of hours of, or income  
 20 from, employment, without regard to the period  
 21 of previous receipt of assistance or aid.”.

22 (3) PERMITTING INCREASE OR WAIVER OF 185  
 23 PERCENT OF POVERTY EARNING LIMIT.—Section  
 24 1925(b)(3)(A)(iii)(III) of such Act (42 U.S.C.  
 25 1396r–6(b)(3)(A)(iii)(III)) is amended—

1 (A) by inserting “(at its option)” after  
 2 “the State”; and

3 (B) by inserting “(or such higher percent  
 4 as the State may specify)” after “185 percent”.

5 (4) EXEMPTION FOR STATES COVERING NEEDY  
 6 FAMILIES UP TO 185 PERCENT OF POVERTY.—Sec-  
 7 tion 1925 of such Act (42 U.S.C. 1396r-6), as  
 8 amended by subsection (a), is amended—

9 (A) in each of subsections (a)(1) and  
 10 (b)(1), by inserting “but subject to subsection  
 11 (f),” after “Notwithstanding any other provi-  
 12 sion of this title,”; and

13 (B) by adding at the end the following new  
 14 subsection:

15 “(f) EXEMPTION FOR STATE COVERING NEEDY  
 16 FAMILIES UP TO 185 PERCENT OF POVERTY.—

17 “(1) IN GENERAL.—At State option, the provi-  
 18 sions of this section shall not apply to a State that  
 19 uses the authority under section 1931(b)(2)(C) to  
 20 make medical assistance available under the State  
 21 plan under this title, at a minimum, to all individ-  
 22 uals described in section 1931(b)(1) in families with  
 23 gross incomes (determined without regard to work-  
 24 related child care expenses of such individuals) at or  
 25 below 185 percent of the income official poverty line

1 (as defined by the Office of Management and Budg-  
 2 et, and revised annually in accordance with section  
 3 673(2) of the Omnibus Budget Reconciliation Act of  
 4 1981) applicable to a family of the size involved.

5 “(2) APPLICATION TO OTHER PROVISIONS OF  
 6 THIS TITLE.—The State plan of a State described in  
 7 paragraph (1) shall be deemed to meet the require-  
 8 ments of sections 1902(a)(10)(A)(i)(I) and  
 9 1902(e)(1).”.

10 (d) EFFECTIVE DATE.—The amendments made by  
 11 this section take effect on October 1, 2000.

12 **SEC. 9. ELIMINATION OF 100 HOUR RULE AND OTHER**  
 13 **AFDC-RELATED ELIGIBILITY RESTRICTIONS.**

14 (a) IN GENERAL.—Section 1931(b)(1)(A)(ii) of the  
 15 Social Security Act (42 U.S.C. 1396u–1(b)(1)(A)(ii)) is  
 16 amended by inserting “other than the requirement that  
 17 the child be deprived of parental support or care by reason  
 18 of the death, continued absence from the home, incapacity,  
 19 or unemployment of a parent,” after “section 407(a),”.

20 (b) CONFORMING AMENDMENT.—Section 1905(a) of  
 21 such Act (42 U.S.C. 1396d(a)) is amended, in the matter  
 22 before paragraph (1), in clause (ii), by striking “if such  
 23 child is (or would, if needy, be) a dependent child under  
 24 part A of title IV”.

1 (c) EFFECTIVE DATE.—The amendments made by  
 2 this section apply to eligibility determinations made on or  
 3 after October 1, 2000.

4 **SEC. 10. STATE GRANT PROGRAM FOR MARKET INNOVA-**  
 5 **TION.**

6 (a) IN GENERAL.—The Secretary of Health and  
 7 Human Services (in this section referred to as the “Sec-  
 8 retary”) shall establish a program (in this section referred  
 9 to as the “program”) to award demonstration grants  
 10 under this section to States to allow States to demonstrate  
 11 the effectiveness of innovative ways to increase access to  
 12 health insurance through market reforms and other inno-  
 13 vative means. Such innovative means may include any of  
 14 the following:

15 (1) Alternative group purchasing or pooling ar-  
 16 rangements, such as a purchasing cooperatives for  
 17 small businesses, reinsurance pools, or high risk  
 18 pools.

19 (2) Individual or small group market reforms.

20 (3) Consumer education and outreach.

21 (4) Subsidies to individuals, employers, or both,  
 22 in obtaining health insurance.

23 (b) SCOPE; DURATION.—The program shall be lim-  
 24 ited to not more than 10 States and to a total period of

1 5 years, beginning on the date the first demonstration  
2 grant is made.

3 (c) CONDITIONS FOR DEMONSTRATION GRANTS.—

4 (1) IN GENERAL.—The Secretary may not pro-  
5 vide for a demonstration grant to a State under the  
6 program unless the Secretary finds that under the  
7 proposed demonstration grant—

8 (A) the State will provide for demonstrated  
9 increase of access for some portion of the exist-  
10 ing uninsured population through a market in-  
11 novation (other than merely through a financial  
12 expansion of a program initiated before the  
13 date of the enactment of this Act);

14 (B) the State will comply with applicable  
15 Federal laws;

16 (C) the State will not discriminate among  
17 participants on the basis of any health status-  
18 related factor (as defined in section 2791(d)(9)  
19 of the Public Health Service Act), except to the  
20 extent a State wishes to focus on populations  
21 that otherwise would not obtain health insur-  
22 ance because of such factors; and

23 (D) the State will provide for such evalua-  
24 tion, in coordination with the evaluation re-



1           quired under subsection (d), as the Secretary  
2           may specify.

3           (2) APPLICATION.—The Secretary shall not  
4           provide a demonstration grant under the program to  
5           a State unless—

6                   (A) the State submits to the Secretary  
7                   such an application, in such a form and man-  
8                   ner, as the Secretary specifies;

9                   (B) the application includes information  
10                  regarding how the demonstration grant will ad-  
11                  dress issues such as governance, targeted popu-  
12                  lation, expected cost, and the continuation after  
13                  the completion of the demonstration grant pe-  
14                  riod; and

15                  (B) the Secretary determines that the  
16                  demonstration grant will be used consistent  
17                  with this section.

18           (3) FOCUS.—A demonstration grant proposal  
19           under section need not cover all uninsured individ-  
20           uals in a State or all health care benefits with re-  
21           spect to such individuals.

22           (d) EVALUATION.—The Secretary shall enter into a  
23           contract with an appropriate entity outside the Depart-  
24           ment of Health and Human Services to conduct an overall  
25           evaluation of the program at the end of the program pe-

1 riod. Such evaluation shall include an analysis of improve-  
 2 ments in access, costs, quality of care, or choice of cov-  
 3 erage, under different demonstration grants.

4 (e) OPTION TO PROVIDE FOR INITIAL PLANNING  
 5 GRANTS.—Notwithstanding the previous provisions of this  
 6 section, under the program the Secretary may provide for  
 7 a portion of the amounts appropriated under subsection  
 8 (f) (not to exceed \$5,000,000) to be made available to any  
 9 State for initial planning grants to permit States to de-  
 10 velop demonstration grant proposals under the previous  
 11 provisions of this section.

12 (f) AUTHORIZATION OF APPROPRIATIONS.—There  
 13 are authorized to be appropriated \$100,000,000 for each  
 14 fiscal year to carry out this section. Amounts appropriated  
 15 under this subsection shall remain available until ex-  
 16 pended.

17 (g) STATE DEFINED.—For purposes of this section,  
 18 the term “State” has the meaning given such term for  
 19 purposes of title XIX of the Social Security Act.

20 **SEC. 11. LIMITATIONS ON CONFLICTS OF INTEREST.**

21 (a) LIMITATION ON CONFLICTS OF INTEREST IN  
 22 MARKETING ACTIVITIES.—

23 (1) TITLE XXI.—Section 2105(c) of the Social  
 24 Security Act (42 U.S.C. 300aa–5(c)) is amended by  
 25 adding at the end the following new paragraph:

1           “(8) LIMITATION ON EXPENDITURES FOR MAR-  
2           KETING ACTIVITIES.—Amounts expended by a State  
3           for the use of an administrative vendor in marketing  
4           health benefits coverage to low-income children  
5           under this title shall not be considered, for purposes  
6           of subsection (a)(2)(D), to be reasonable costs to ad-  
7           minister the plan unless the following conditions are  
8           met with respect to the vendor:

9                   “(A) The vendor is independent of any en-  
10           tity offering the coverage in the same area of  
11           the State in which the vendor is conducting  
12           marketing activities.

13                   “(B) No person who is an owner, em-  
14           ployee, consultant, or has a contract with the  
15           vendor either has any direct or indirect finan-  
16           cial interest with such an entity or has been ex-  
17           cluded from participation in the program under  
18           this title or title XVIII or XIX or debarred by  
19           any Federal agency, or subject to a civil money  
20           penalty under this Act.”.

21           (b) PROHIBITION OF AFFILIATION WITH DEBARRED  
22           INDIVIDUALS.—

23                   (1) MEDICAID.—Section 1903(i) of such Act  
24           (42 U.S.C. 1396b(i))is amended—

1 (A) by striking the period at the end of  
2 paragraph (20) and inserting “; or”; and

3 (B) by inserting after paragraph (20) the  
4 following new paragraph:

5 “(21) with respect to any amounts expended for  
6 an entity that receives payments under the plan  
7 unless—

8 “(A) no person with an ownership or con-  
9 trol interest (as defined in section 1124(a)(3))  
10 in the entity is a person that is debarred, sus-  
11 pended, or otherwise excluded from partici-  
12 pating in procurement or non-procurement ac-  
13 tivities under the Federal Acquisition Regula-  
14 tion; and

15 “(B) such entity has not entered into an  
16 employment, consulting, or other agreement for  
17 the provision of items or services that are mate-  
18 rial to such entity’s obligations under the plan  
19 with a person described in subparagraph (A).”.

20 (2) TITLE XXI.—Section 2107(e)(1) of such Act  
21 (42 U.S.C. 1397gg(e)(1)), as amended by sections  
22 5(b) and 7(c)(3), is further amended by adding at  
23 the end the following new subparagraph:

1           “(F) Section 1902(a)(67) (relating to pro-  
 2           hibition of affiliation with debarred individ-  
 3           uals).”.

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

7   **SEC. 12. INCREASE IN CHIP ALLOTMENT FOR EACH OF FIS-**  
 8                           **CAL YEARS 2002 THROUGH 2004.**

9           Paragraphs (5), (6), and (7) of Section 2104(a) of  
 10 the Social Security Act (42 U.S.C. 1397dd(a)) are amend-  
 11 ed by striking “\$3,150,000,000” each place it appears and  
 12 inserting “\$4,150,000,000”.

13   **SEC. 13. DEMONSTRATION PROGRAMS TO IMPROVE MED-**  
 14                           **ICAID AND CHIP OUTREACH TO HOMELESS**  
 15                           **INDIVIDUALS AND FAMILIES.**

16           (a) AUTHORITY.—The Secretary of Health and  
 17 Human Services may award demonstration grants to not  
 18 more than 7 States (or other qualified entities) to conduct  
 19 innovative programs that are designed to improve out-  
 20 reach to homeless individuals and families under the pro-  
 21 grams described in subsection (b) with respect to enroll-  
 22 ment of such individuals and families under such pro-  
 23 grams and the provision of services (and coordinating the  
 24 provision of such services) under such programs.

1 (b) PROGRAMS FOR HOMELESS DESCRIBED.—The  
2 programs described in this subsection are as follows:

3 (1) MEDICAID.—The program under title XIX  
4 of the Social Security Act (42 U.S.C. 1396 et seq.).

5 (2) CHIP.—The program under title XXI of  
6 such Act (42 U.S.C. 1397aa et seq.).

7 (3) TANF.—The program under part of A of  
8 title IV of such Act (42 U.S.C. 601 et seq.).

9 (4) SAMHSA BLOCK GRANTS.—The program  
10 of grants under part B of title XIX of the Public  
11 Health Service Act (42 U.S.C. 300x–1 et seq.).

12 (5) FOOD STAMP PROGRAM.—The program  
13 under the Food Stamp Act of 1977 (7 U.S.C. 2011  
14 et seq.).

15 (6) WORKFORCE INVESTMENT ACT.—The pro-  
16 gram under the Workforce Investment Act of 1999  
17 (29 U.S.C. 2801 et seq.).

18 (7) WELFARE-TO-WORK.—The welfare-to-work  
19 program under section 403(a)(5) of the Social Secu-  
20 rity Act (42 U.S.C. 603(a)(5)).

21 (8) OTHER PROGRAMS.—Other public and pri-  
22 vate benefit programs that serve low-income individ-  
23 uals.

24 (c) APPROPRIATIONS.—For the purposes of carrying  
25 out this section, there is appropriated, out of any funds

1 in the Treasury not otherwise appropriated, \$10,000,000,  
 2 to remain available until expended.

3 **SEC. 14. AUTHORITY TO PAY MEDICAID EXPANSION COSTS**  
 4 **FROM TITLE XXI APPROPRIATION.**

5 (a) AUTHORITY TO PAY MEDICAID EXPANSION  
 6 COSTS FROM TITLE XXI APPROPRIATION.—Section  
 7 2105(a) of the Social Security Act (42 U.S.C. 1397ee(a))  
 8 is amended—

9 (1) in paragraph (1)—

10 (A) by inserting “CHILD HEALTH ASSIST-  
 11 ANCE UNDER THIS TITLE.—Expenditures” be-  
 12 fore “for child health assistance”;

13 (B) by striking “; and” at the end and in-  
 14 serting a period; and

15 (C) by redesignating such paragraph as  
 16 subparagraph (D) and indenting appropriately;

17 (2) in paragraph (2)—

18 (A) in subparagraph (A), by striking “for  
 19 payment”;

20 (B) by inserting “ASSISTANCE AND ADMIN-  
 21 ISTRATIVE EXPENDITURES SUBJECT TO  
 22 LIMIT.—Expenditures” before “only to the ex-  
 23 tent”;

1 (C) by redesignating subparagraphs (A)  
 2 through (D) as clauses (i) through (iv), respec-  
 3 tively, and indenting appropriately; and

4 (D) by redesignating such paragraph as  
 5 subparagraph (E) and indenting appropriately;

6 (3) by striking “(a) IN GENERAL.—” and all  
 7 that follows up to subparagraph (D), as so redesign-  
 8 nated, and inserting the following:

9 “(a) ALLOWABLE EXPENDITURES.—

10 “(1) IN GENERAL.—Subject to the succeeding  
 11 provisions of this section, the Secretary shall pay to  
 12 each State with a plan approved under this title,  
 13 from its allotment under section 2104, an amount  
 14 for each quarter equal to the enhanced FMAP (or,  
 15 in the case of expenditures described in subpara-  
 16 graph (B), the Federal medical assistance percent-  
 17 age (as defined in the first sentence of section  
 18 1905(b))) of the following expenditures in the quar-  
 19 ter:

20 “(A) CHILD HEALTH ASSISTANCE UNDER  
 21 MEDICAID.—Expenditures for child health as-  
 22 sistance under the plan for targeted low-income  
 23 children in the form of providing medical assist-  
 24 ance for expenditures described in the fourth  
 25 sentence of section 1905(b).



1                   “(B) MEDICAID PRESUMPTIVE ELIGIBILITY  
 2                   FOR CHILDREN.—Expenditures for the provi-  
 3                   sion of medical assistance on behalf of a child  
 4                   during a presumptive eligibility period under  
 5                   section 1920A.

6                   “(C) RESERVED.—[reserved].”; and  
 7                   (4) by adding at the end the following new  
 8                   paragraphs:

9                   “(2) ORDER OF PAYMENTS.—Payments under a  
 10                  subparagraph of paragraph (1) from a State’s allot-  
 11                  ment for expenditures described in each such sub-  
 12                  paragraph shall be made on a quarterly basis in the  
 13                  order of such subparagraph in such paragraph.

14                  “(3) NO DUPLICATIVE PAYMENT.—In the case  
 15                  of expenditures for which payment is made under  
 16                  paragraph (1), no payment shall be made under title  
 17                  XIX.”.

18                  (b) ELIMINATION OF REQUIREMENT TO REDUCE  
 19                  TITLE XXI ALLOTMENT BY MEDICAID EXPANSION  
 20                  COSTS.—Section 2104 of such Act (42 U.S.C. 1397dd)  
 21                  is amended by striking subsection (d).

22                  (c) AUTHORITY TO TRANSFER TITLE XXI APPRO-  
 23                  PRIATIONS TO TITLE XIX APPROPRIATION ACCOUNT AS  
 24                  REIMBURSEMENT FOR MEDICAID EXPENDITURES FOR  
 25                  MEDICAID EXPANSION SERVICES.—Notwithstanding any

1 other provision of law, all amounts appropriated under  
2 title XXI of the Social Security Act and allotted to a State  
3 pursuant to subsection (b) or (c) of section 2104 of such  
4 Act (42 U.S.C. 1397dd) for fiscal years 1998 through  
5 2000 (including any amounts that, but for this provision,  
6 would be considered to no longer be available) and not ex-  
7 pended in providing child health assistance or related serv-  
8 ices for which payment may be made pursuant to subpara-  
9 graph (D) or (E) of section 2105(a)(1) of such Act (42  
10 U.S.C. 1397ee(a)(1)), as redesignated by subsection (a),  
11 shall be available to reimburse the Grants to States for  
12 Medicaid account in an amount equal to the total pay-  
13 ments made to such State under section 1903(a) of such  
14 Act (42 U.S.C. 1396b(a)) for expenditures in such years  
15 for medical assistance described in subparagraphs (A) and  
16 (B) of section 2105(a)(1) of such Act (42 U.S.C.  
17 1397ee(a)(1)), as so amended.

18 (d) CONFORMING AMENDMENTS.—

19 (1) SECTION 1905(b).—Section 1905(b) of such  
20 Act (42 U.S.C. 1396d(b)) is amended in the fourth  
21 sentence by striking “the State’s allotment under  
22 section 2104 (not taking into account reductions  
23 under section 2104(d)(2)) for the fiscal year reduced  
24 by the amount of any payments made under section  
25 2105 to the State from such allotment for such fis-

1 cal year” and inserting “the State’s allotment under  
2 section 2104”.

3 (2) SECTION 1905(u).—Section 1905(u)(1)(B)  
4 of such Act (42 U.S.C. 1396d(u)(1)(B)) is amended  
5 by striking “and section 2104(d)” and inserting  
6 “and section 2105(a)(1)”.

7 (3) SECTION 2104.—Section 2104 of such Act  
8 (42 U.S.C. 1397dd), as amended by subsection (b),  
9 is further amended—

10 (A) in subsection (b)(1), by striking “and  
11 subsection (d)”;

12 (B) in subsection (c)(1), by striking “sub-  
13 ject to subsection (d),”.

14 (4) SECTION 2105(c).—Section 2105(c) of such  
15 Act (42 U.S.C. 1397ee(c)) is amended—

16 (A) in paragraph (2)(A), by striking all  
17 that follows “Except as provided in this para-  
18 graph,” and inserting “the amount of payment  
19 that may be made under subsection (a) for a  
20 fiscal year for expenditures for items described  
21 in paragraph (1)(E) of such subsection shall  
22 not exceed 10 percent of the total amount of ex-  
23 penditures for which payment is made under  
24 paragraph (1) of such subsection (other than  
25 subparagraph (B)).”;

1 (B) in paragraph (2)(B), by striking “de-  
 2 scribed in subsection (a)(2)” and inserting “de-  
 3 scribed in subsection (a)(1)(E)”; and

4 (C) in paragraph (6)(B), by striking “Ex-  
 5 cept as otherwise provided by law,” and insert-  
 6 ing “Except as provided in subparagraph (A) or  
 7 (B) of subsection (a)(1) or any other provision  
 8 of law,”.

9 (5) SECTION 2110(a).—Section 2110(a) of such  
 10 Act (42 U.S.C. 1397jj) is amended by striking “sec-  
 11 tion 2105(a)(2)(A)” and inserting “section  
 12 2105(a)(1)(E)(i)”.

13 (e) TECHNICAL AMENDMENT.—Section  
 14 2105(d)(2)(B)(ii) of such Act (42 U.S.C.  
 15 1397ee(d)(2)(B)(ii)) is amended by striking “enhanced  
 16 FMAP under section 1905(u)” and inserting “enhanced  
 17 FMAP under the fourth sentence of section 1905(b)”.

18 (f) EFFECTIVE DATE.—The amendments made by  
 19 this section shall be effective as if included in the enact-  
 20 ment of the Balanced Budget Act of 1997.

21 **SEC. 15. CREATION OF COMMUNITY ACCESS PROGRAM.**

22 Part D of title III of the Public Health Service Act  
 23 (42 U.S.C. 254b et seq.) is amended by inserting after  
 24 subpart IV the following new subpart:

1 “Subpart V—Community Access Program

2 **“SEC. 340. GRANTS TO STRENGTHEN THE EFFECTIVENESS,**  
3 **EFFICIENCY, AND COORDINATION OF SERV-**  
4 **ICES FOR THE UNINSURED AND UNDER-**  
5 **INSURED.**

6 “(a) IN GENERAL.—The Secretary may make grants  
7 for the purpose of assisting the development of integrated  
8 health care delivery systems—

9 “(1) to serve communities of individuals who  
10 are uninsured and individuals who are underinsured;

11 “(2) to expand the scope of services provided;  
12 and

13 “(3) to improve the efficiency and coordination  
14 among the providers of such services.

15 “(b) ELIGIBLE ENTITIES.—To be eligible to receive  
16 a grant under this section, an entity must—

17 “(1) be a public or nonprofit private entity such  
18 as—

19 “(A) a Federally qualified health center  
20 (as defined under section 1861(aa)(4) of the  
21 Social Security Act);

22 “(B) a hospital that meets the require-  
23 ments of section 340B(a)(4)(L) (or, if none are  
24 available in the area, a hospital that is a pro-  
25 vider of a substantial volume of non-emergency

1 health services to uninsured individuals and  
2 families without regard to their ability to pay)  
3 without regard to 340B (a)(4)(L)(iii); or

4 “(C) a public health department; and  
5 “(2) represent a consortium of providers and,  
6 as appropriate, related agencies or entities—

7 “(A) whose principal purpose is to provide  
8 a broad range of coordinated health care serv-  
9 ices for a community defined in the entity’s  
10 grant application (which may be a special popu-  
11 lation group such as migrant and seasonal farm  
12 workers, homeless persons or individuals with  
13 disabilities);

14 “(B) that includes all health care providers  
15 that serve the community and that have tradi-  
16 tionally provided care (beyond emergency serv-  
17 ices) to uninsured and underinsured individuals  
18 without regard to the individuals’ ability to pay  
19 (if there are any such providers) unless any  
20 such provider or providers declines to partici-  
21 pate; and

22 “(C) that may include other health care  
23 providers and related agencies and organiza-  
24 tions; except that preference shall be given to

1 applicants that are health care providers identi-  
2 fied in paragraph (1).

3 “(c) APPLICATIONS.—To be eligible to receive a grant  
4 under this section, an eligible entity shall submit to the  
5 Secretary an application, in such form and manner as the  
6 Secretary shall prescribe, that shall—

7 “(1) define a community of uninsured and  
8 underinsured individuals that consists of all such  
9 individuals—

10 “(A) in a specified geographical area; or

11 “(B) in a specified population within such  
12 an area;

13 “(2) identify the providers who will participate  
14 in the consortium’s program under the grant, and  
15 specify each one’s contribution to the care of unin-  
16 sured and underinsured individuals in the commu-  
17 nity, including the volume of care it provides to  
18 medicare and medicaid beneficiaries and to privately  
19 paid patients;

20 “(3) describe the activities that the applicant  
21 and the consortium propose to perform under the  
22 grant to further the purposes of this section;

23 “(4) demonstrate the consortium’s ability to  
24 build on the current system for serving uninsured  
25 and underinsured individuals by involving providers

1       who have traditionally provided a significant volume  
2       of care for that community;

3               “(5) demonstrate the consortium’s ability to de-  
4       velop coordinated systems of care that either directly  
5       provide or ensure the prompt provision of a broad  
6       range of high-quality, accessible services, including,  
7       as appropriate, primary, secondary, and tertiary  
8       services, as well as substance abuse treatment and  
9       mental health services in a manner which assures  
10      continuity of care in the community;

11              “(6) provide evidence of community involvement  
12      in the development, implementation, and direction of  
13      the program that it proposes to operate;

14              “(7) demonstrate the consortium’s ability to en-  
15      sure that individuals participating in the program  
16      are enrolled in public insurance programs for which  
17      they are eligible;

18              “(8) present a plan for leveraging other sources  
19      of revenue, which may include State and local  
20      sources and private grant funds, and integrating  
21      current and proposed new funding sources in a way  
22      to assure long-term sustainability;

23              “(9) describe a plan for evaluation of the activi-  
24      ties carried out under the grant, including measure-



1       ment of progress toward the goals and objectives of  
2       the program;

3           “(10) demonstrate fiscal responsibility through  
4       the use of appropriate accounting procedures and  
5       appropriate management systems;

6           “(11) include such other information as the  
7       Secretary may prescribe; and

8           “(12) demonstrate the commitment to serve the  
9       community without regard to the ability of the indi-  
10      vidual or family to pay by arranging for or providing  
11      free or reduced charge care for the poor.

12       “(d) PRIORITIES.—In awarding grants under this  
13      section, the Secretary may accord priority to applicants—

14           “(1) whose consortium includes public hospitals,  
15      Federally qualified health centers (as defined in sec-  
16      tion 1905(l)(2)(B) of the Social Security Act), and  
17      other providers that are covered entities as defined  
18      by section 340B(a)(4) of this Act (or that would be  
19      covered entities as so defined but for subparagraph  
20      (L)(iii) of such section);

21           “(2) that identify a community whose geo-  
22      graphical area has a high or increasing percentage  
23      of individuals who are uninsured;

24           “(3) whose consortium includes other health  
25      care providers that have a tradition of serving unin-

1       sured individuals and underinsured individuals in  
2       the community;

3               “(4) who show evidence that the program would  
4       expand utilization of preventive and primary care  
5       services for uninsured and underinsured individuals  
6       and families in the community, including mental  
7       health services or substance abuse services;

8               “(5) whose proposed program would improve  
9       coordination between health care providers and ap-  
10      propriate social service providers, including local and  
11      regional human services agencies, school systems,  
12      and agencies on aging;

13              “(6) that demonstrate collaboration with State  
14      and local governments;

15              “(7) that make use of non-Federal contribu-  
16      tions to the greatest extent possible; or

17              “(8) that demonstrate a likelihood that the pro-  
18      posed program will continue after support under this  
19      section ceases.

20      “(e) USE OF FUNDS.—

21              “(1) USE BY GRANTEES.—

22                      “(A) IN GENERAL.—Except as provided in  
23              paragraphs (2) and (3), a grantee may use  
24              amounts provided under this section only for—

1 “(i) direct expenses associated with  
2 planning, developing, and operating the  
3 greater integration of a health care deliv-  
4 ery system so that it either directly pro-  
5 vides or ensures the provision of a broad  
6 range of services, as appropriate, including  
7 primary, secondary, and tertiary services,  
8 as well as substance abuse treatment and  
9 mental health services; and

10 “(ii) direct patient care and service  
11 expansions to fill identified or documented  
12 gaps within an integrated delivery system.

13 “(B) SPECIFIC USES.—The following are  
14 examples of purposes for which a grantee may  
15 use grant funds, when such use meets the con-  
16 ditions stated in subparagraph (A):

17 “(i) Increase in outreach activities.

18 “(ii) Improvements to case manage-  
19 ment.

20 “(iii) Improvements to coordination of  
21 transportation to health care facilities.

22 “(iv) Development of provider net-  
23 works.

24 “(v) Recruitment, training, and com-  
25 pensation of necessary personnel.

1 “(vi) Acquisition of technology.

2 “(vii) Identifying and closing gaps in  
3 services being provided.

4 “(viii) Improvements to provider com-  
5 munication, including implementation of  
6 shared information systems or shared clin-  
7 ical systems.

8 “(ix) Other activities that may be ap-  
9 propriate to a community that would in-  
10 crease access to the uninsured.

11 “(2) DIRECT PATIENT CARE LIMITATION.—No  
12 more than 15 percent of the funds provided under  
13 a grant may be used for providing direct patient  
14 care and services.

15 “(3) RESERVATION OF FUNDS FOR NATIONAL  
16 PROGRAM PURPOSES.—The Secretary may use not  
17 more than 3 percent of funds appropriated to carry  
18 out this section for technical assistance to grantees,  
19 obtaining assistance of experts and consultants,  
20 meetings, dissemination of information, evaluation,  
21 and activities that will extend the benefits of funded  
22 programs to communities other than the one funded.

23 “(f) MAINTENANCE OF EFFORT.—With respect to  
24 activities for which a grant under this section is author-  
25 ized, the Secretary may award such a grant only if the

1 recipient of the grant and each of the participating pro-  
2 viders agree that each one will maintain its expenditures  
3 of non-Federal funds for such activities at a level that is  
4 not less than the level of such expenditures during the year  
5 immediately preceding the fiscal year for which the appli-  
6 cant is applying to receive such grant.

7 “(g) REPORTS TO THE SECRETARY.—The recipient  
8 of a grant under this section shall report to the Secretary  
9 annually regarding—

10 “(1) progress in meeting the goals stated in its  
11 grant application; and

12 “(2) such additional information as the Sec-  
13 retary may require.

14 The Secretary may not renew an annual grant under this  
15 section unless the Secretary is satisfied that the consor-  
16 tium has made reasonable and demonstrable progress in  
17 meeting the goals set forth in its grant application for the  
18 preceding year.

19 “(h) AUDITS.—Each entity which receives a grant  
20 under this section shall provide for an independent annual  
21 financial audit of all records that relate to the disposition  
22 of funds received through this grant.

23 “(i) TECHNICAL ASSISTANCE.—The Secretary may,  
24 either directly or by grant or contract, provide any funded

1 entity with technical and other non-financial assistance  
2 necessary to meet the requirements of this section.

3 “(j) AUTHORIZATION OF APPROPRIATIONS.—For the  
4 purpose of carrying out this section, there are authorized  
5 to be appropriated \$125,000,000 in fiscal year 2001 and  
6 such sums as may be necessary for each of fiscal years  
7 2002 through 2005.”.

○