

107TH CONGRESS  
1ST SESSION

# H. R. 2627

To amend title XIX of the Social Security Act to permit uninsured families and individuals to obtain coverage under the medicaid program, to assure coverage of doctor's visits, prescription drugs, mental health services, long-term care services, alcohol and drug abuse treatment services, and all other medically necessary services, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

JULY 25, 2001

Mr. CONYERS (for himself, Mrs. CHRISTENSEN, Mr. BONIOR, Mrs. JONES of Ohio, Ms. SOLIS, Mr. DAVIS of Illinois, Ms. LEE, Ms. SCHAKOWSKY, Mr. THOMPSON of Mississippi, and Mr. RUSH) introduced the following bill; which was referred to the Committee on Energy and Commerce

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## A BILL

To amend title XIX of the Social Security Act to permit uninsured families and individuals to obtain coverage under the medicaid program, to assure coverage of doctor's visits, prescription drugs, mental health services, long-term care services, alcohol and drug abuse treatment services, and all other medically necessary services, 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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Working American  
3 Families Access to Health Care Act of 2001” or “Medi-  
4 Access Act of 2001”.

5 **SEC. 2. MEDI-ACCESS PROGRAM PROVIDING INSURANCE**  
6 **COVERAGE FOR LOW TO MODERATE INCOME**  
7 **UNINSURED WORKING FAMILIES .**

8 (a) AVAILABILITY OF MEDICAID COVERAGE FOR UN-  
9 INSURED FAMILIES UNDER MEDI-ACCESS.—

10 (1) IN GENERAL.—

11 (A) COVERAGE FOR FAMILIES WITH IN-  
12 COME BELOW 200 PERCENT OF THE POVERTY  
13 LINE WITH NO PREMIUM REQUIRED.—Section  
14 1916 of the Social Security Act (42 U.S.C.  
15 1396o) is amended—

16 (i) in subsection (a), by striking “Sub-  
17 ject to subsection (g)” and inserting “Sub-  
18 ject to subsections (g) and (h)”; and

19 (ii) by adding at the end the fol-  
20 lowing:

21 “(h)(1) With respect to an individual provided med-  
22 ical assistance only under subclause (VIII) of section  
23 1902(a)(10)(A)(i), if the individual’s family income—

24 “(A) does not exceed 200 percent of the poverty  
25 line (as defined in section 2110(c)(5)) applicable to

1 a family of the size involved, a State shall not re-  
2 quire payment of any monthly premium;”.

3 (B) COVERAGE FOR UNINSURED LOWER  
4 MIDDLE CLASS FAMILIES.—Section 1916(h) of  
5 such Act, as so added, is amended—

6 (i) by adding at the end of paragraph  
7 (1) the following new subparagraphs:

8 “(B) exceeds 200 percent (but does not exceed  
9 250 percent) of such poverty line applicable to a  
10 family of the size involved, a State shall require such  
11 individuals to pay a monthly premium equal to \$15  
12 per month for each individual in the family so cov-  
13 ered, but not to exceed \$25 per month for all indi-  
14 viduals in the family;

15 “(C) exceeds 250 percent (but does not exceed  
16 300 percent) of such poverty line applicable to a  
17 family of the size involved, a State shall require such  
18 individuals to pay a monthly premium equal to \$25  
19 per month for each individual in the family so cov-  
20 ered, but not to exceed \$50 per month for all indi-  
21 viduals in the family;

22 “(D) exceeds 300 percent (but does not exceed  
23 350 percent) of such poverty line, the State shall re-  
24 quire such individuals to pay a monthly premium  
25 equal to \$50 per month for each individual in the

1 family so covered, but not to exceed \$150 per month  
2 for all individuals in the family;” and

3 (ii) by adding at the end the following  
4 new paragraphs:

5 “(2) A State may enter into an arrangement with an  
6 employer that employs at least 2, but fewer than 51, em-  
7 ployees under which the employer will pay directly for pre-  
8 miums established under this subsection.

9 “(3) A State shall provide for billing for premiums  
10 under this subsection once every month. The State shall  
11 include in such a billing information on any changes or  
12 information alerts relevant to coverage under this title.  
13 The State shall have a toll-free number where an enrollee  
14 may call for any information about the Medi-Access pro-  
15 gram or in the event that the State seeks to terminate  
16 coverage of a family or individual under this title due to  
17 nonpayment of a premium or any other reason.

18 “(4) Nothing in this subsection shall be construed as  
19 authorizing the use of premiums collected under this sub-  
20 section for vouchers for the purchase of private health in-  
21 surance.”.

22 (C) EXPANSION OF ELIGIBILITY FOR UNIN-  
23 SURED MIDDLE CLASS FAMILIES WITH INCOME  
24 BETWEEN 350 AND 600 PERCENT OF THE POV-

ERTY LINE.—Section 1902 of such Act (42 U.S.C. 1396a) is amended—

(i) in subsection (a)(10)(A)(i)—

(I) by striking “or” at the end of subclause (VI);

(II) by striking the semicolon at the end of subclause (VII) and inserting “, or”; and

(III) by adding at the end the following new subclause:

“(VIII) described in subsection (cc);” and

(ii) by adding at the end, as amended by section 2(a) of the Breast and Cervical Cancer Prevention and Treatment Act of 2000 (Public Law 106–354; 114 Stat. 1381) and section 702(b) of the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 (as enacted into law by section 1(a)(6) of Public Law 106–554), the following new subsection:

“(cc)(1) For purposes of (a)(10)(A)(i)(VIII), individuals described in this subsection are individuals who meet the following requirements:

1           “(A) The income of the individual’s family does  
2           not exceed 350 percent of the poverty line (as de-  
3           fined in section 2110(c)(5)) applicable to a family of  
4           the size involved; except that beginning on January  
5           1, 2004, the requirement of this subparagraph shall  
6           or may be waived under paragraph (2).

7           “(B) The individual is not otherwise described  
8           or covered under this title under any other provision.

9           “(C) Subject to paragraph (2), the individual  
10          does not have creditable coverage (described in sec-  
11          tion 2701(c)(1) of the Public Health Service Act,  
12          but not taking into account subparagraph (F) of  
13          that section or eligibility for benefits under title  
14          XXI).

15          “(2) The requirements of subparagraphs (A) and (C)  
16          of paragraph (1) shall not apply, on or after January 1,  
17          2004, in the case of a family or individual the income of  
18          which does not exceed 600 percent of the poverty line (as  
19          defined in section 2110(c)(5)), if any of the following is  
20          demonstrated with respect to that family or individual:

21               “(A) The family or individual has applied for  
22               and been denied in writing coverage under private  
23               health insurance coverage for reasons relating to  
24               medical underwriting.

1           “(B) The family or individual is covered under  
2           private health insurance coverage, has sought bene-  
3           fits under the coverage for specific procedures, medi-  
4           cations, or tests recommended by a physician, but  
5           has been denied in writing such benefits, whether or  
6           not such denial is due to limitations of such cov-  
7           erage, the application of any pre-existing condition  
8           exclusion, or any other reason.

9           “(C) Because of pre-existing conditions or risks  
10          of the family, the premiums for coverage of the fam-  
11          ily or individual under private health insurance cov-  
12          erage are at least 200 percent of the average private  
13          market premium rate for the same or similar cov-  
14          erage of such a family or individual in the area in-  
15          volved.

16          “(3) An individual who is described in this subsection  
17          is eligible for medical assistance without regard to the  
18          value of the individual’s or individual family’s automobiles,  
19          land, or home or the amount of any other assets or re-  
20          sources of the individual or the individual’s family.”.

21                       (D)   EXPANSION   OF   ELIGIBILITY   ON   A  
22                       CASE-BY-CASE   HARDSHIP   BASIS   FOR   UNIN-  
23                       SURED FAMILIES WITH INCOME ABOVE 600 PER-  
24                       CENT OF THE POVERTY LINE WHO CANNOT  
25                       OTHERWISE ACCESS HEALTH INSURANCE COV-

1 ERAGE AND WHO HAVE SERIOUS OR LIFE-  
 2 THREATENING ILLNESSES.—Section  
 3 1902(cc)(1) of such Act, as added by subpara-  
 4 graph (C)(ii), is amended—

5 (i) in subparagraph (A) by inserting  
 6 “or (4)” after “paragraph (2)”; and

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

9 “(4) A State may, in the State’s discretion and effec-  
 10 tive on and after January 1, 2004, waive the requirements  
 11 of subparagraphs (A) and (C) on a case-by-case basis  
 12 based on hardship for individuals and families the income  
 13 of which exceeds 600 percent of the poverty line (as de-  
 14 fined in section 2110(c)(5)) and who meet any of the con-  
 15 ditions described in paragraph (2).”.

16 (E) PREMIUMS FOR UNINSURED INDIVID-  
 17 UALS WITH INCOMES HIGHER THAN 350 PER-  
 18 CENT OF THE POVERTY LINE.—Effective Janu-  
 19 ary 1, 2004, section 1916(h)(1) of the Social  
 20 Security Act, as added by subparagraph (A), is  
 21 further amended by adding at the end the fol-  
 22 lowing:

23 “(E) exceeds 350 percent (but does not exceed  
 24 400 percent) of such poverty line, the State shall re-  
 25 quire such individuals to pay a monthly premium



1 equal to \$50 per month for each individual in the  
 2 family so covered, but not to exceed \$150 per month  
 3 for all individuals in the family;

4 “(F) exceeds 400 percent (but does not exceed  
 5 500 percent) of such poverty line, the State shall re-  
 6 quire such individuals to pay a monthly premium  
 7 equal to \$100 per month for each individual in the  
 8 family so covered, but not to exceed \$250 per month  
 9 for all individuals in the family;

10 “(G) exceeds 500 percent (but does not exceed  
 11 600 percent) of such poverty line, the State shall re-  
 12 quire such individuals to pay a monthly premium  
 13 equal to \$150 per month for each individual in the  
 14 family so covered, but not to exceed \$350 per month  
 15 for all individuals in the family; or

16 “(H) exceeds 600 percent of such poverty line,  
 17 the State shall require such individuals to pay a  
 18 monthly premium equal to \$200 per month for each  
 19 individual in the family so covered, but not to exceed  
 20 \$550 per month for all individuals in the family.”.

21 (F) MISCELLANEOUS CONFORMING  
 22 AMENDMENT.—(i) Section 1903(f)(4) of such  
 23 Act (42 U.S.C. 1396b(f)(4)) is amended by in-  
 24 serting “1902(a)(10)(A)(i)(VIII),” after  
 25 “1902(a)(10)(A)(i)(VII),”.

1 (G) TECHNICAL AMENDMENTS.—(i) Sec-  
2 tion 1902 of such Act (42 U.S.C. 1396a), as  
3 amended by section 702(b) of the Medicare,  
4 Medicaid, and SCHIP Benefits Improvement  
5 and Protection Act of 2000 (as enacted into law  
6 by section 1(a)(6) of Public Law 106–554), is  
7 amended by redesignating the subsection (aa)  
8 added by such section as subsection (bb).

9 (ii) Section 1902(a)(15) of such Act (42  
10 U.S.C. 1396a(a)(15)), as added by section  
11 702(a)(2) of the Medicare, Medicaid, and  
12 SCHIP Benefits Improvement and Protection  
13 Act of 2000 (as so enacted into law), is amend-  
14 ed by striking “subsection (aa)” and inserting  
15 “subsection (bb)”.

16 (iii) Section 1915(b) of such Act (42  
17 U.S.C. 1396n(b)), as amended by section  
18 702(c)(2) of the Medicare, Medicaid, and  
19 SCHIP Benefits Improvement and Protection  
20 Act of 2000 (as so enacted into law), is amend-  
21 ed by striking “1902(aa)” and inserting  
22 “1902(bb)”.

23 (2) CLARIFICATION OF COVERAGE OF UNIN-  
24 SURED MEN AND WOMEN, REGARDLESS OF MARITAL  
25 STATUS.—Section 1905(a) of such Act (42 U.S.C.

1       1396d(a)) is amended, in the matter before para-  
2       graph (1)—

3               (A) by striking “or” at the end of clause  
4       (xi);

5               (B) by adding “or” at the end of clause  
6       (xii); and

7               (C) by inserting after clause (xii) the fol-  
8       lowing new clause:

9       “(xiii) individuals described in section 1902(cc)  
10      (which includes uninsured men and women, regard-  
11      less of marital status),”.

12              (3) MAKING PRESUMPTIVE ELIGIBILITY MANDA-  
13      TORY.—

14              (A) IN GENERAL.—Sections 1920 and  
15              1920A of such Act (42 U.S.C. 1396r–1, 1396r–  
16              1a) are each amended by striking “may pro-  
17              vide” and inserting “shall provide”.

18              (B) EXPANSION OF PRESUMPTIVE ELIGI-  
19              BILITY TO ALL INDIVIDUALS.—Title XIX of the  
20              Act is amended by inserting after section  
21              1920A the following new section:

22      “PRESUMPTIVE ELIGIBILITY FOR OTHER INDIVIDUALS  
23      “SEC. 1920B. (a) A State plan approved under sec-  
24      tion 1902 shall provide for making medical assistance with  
25      respect to health care items and services covered under

1 the State plan available to all individuals during a pre-  
2 sumptive eligibility period.

3 “(b) For purposes of this section:

4 “(1) The term ‘presumptive eligibility period’  
5 means, with respect to an individual, the period  
6 that—

7 “(A) begins with the date on which a  
8 qualified entity determines, on the basis of pre-  
9 liminary information, that the family income of  
10 the individual does not exceed the applicable in-  
11 come level of eligibility under the State plan,  
12 and

13 “(B) ends with (and includes) the earlier  
14 of—

15 “(i) the day on which a determination  
16 is made with respect to the eligibility of  
17 the individual for medical assistance under  
18 the State plan, or

19 “(ii) in the case of an individual on  
20 whose behalf an application is not filed by  
21 the last day of the month following the  
22 month during which the entity makes the  
23 determination referred to in subparagraph  
24 (A), such last day.

1           “(2)(A) Subject to subparagraph (B), the term  
2           ‘qualified entity’ means any entity that—

3                   “(i)(I) is eligible for payments under a  
4           State plan approved under this title and pro-  
5           vides items and services described in subsection  
6           (a) or (II) is a qualified provider described in  
7           section 1920(b)(2); and

8                   “(ii) is determined by the State agency to  
9           be capable of making determinations of the type  
10          described in paragraph (1)(A).

11          “(B) The Secretary may issue regulations fur-  
12          ther limiting those entities that may become quali-  
13          fied entities in order to prevent fraud and abuse and  
14          for other reasons.

15          “(C) Nothing in this section shall be construed  
16          as preventing a State from limiting the classes of en-  
17          tities that may become qualified entities, consistent  
18          with any limitations imposed under subparagraph  
19          (B).

20          “(c)(1) The State agency shall provide qualified enti-  
21          ties with—

22                   “(A) such forms as are necessary for an appli-  
23          cation to be made on behalf of a child for medical  
24          assistance under the State plan, and

1           “(B) information on how to assist parents,  
2           guardians, and other persons in completing and fil-  
3           ing such forms.

4           “(2) A qualified entity that determines under sub-  
5           section (b)(1)(A) that an individual is presumptively eligi-  
6           ble for medical assistance under a State plan shall—

7           “(A) notify the State agency of the determina-  
8           tion within 5 working days after the date on which  
9           determination is made, and

10           “(B) inform the individual at the time the de-  
11           termination is made that an application for medical  
12           assistance under the State plan is required to be  
13           made by not later than the last day of the month  
14           following the month during which the determination  
15           is made.

16           “(3) In the case of an individual who is determined  
17           by a qualified entity to be presumptively eligible for med-  
18           ical assistance under a State plan, the individual shall  
19           make application for medical assistance under such plan  
20           by not later than the last day of the month following the  
21           month during which the determination is made.

22           “(d) Notwithstanding any other provision of this title,  
23           medical assistance for items and services described in sub-  
24           section (a) that—

25           “(1) are furnished to an individual—

1                   “(A) during a presumptive eligibility pe-  
2                   riod,

3                   “(B) by an entity that is eligible for pay-  
4                   ments under the State plan; and

5                   “(2) are included in the care and services cov-  
6                   ered by a State plan;

7 shall be treated as medical assistance provided by such  
8 plan for purposes of section 1903.”.

9                   (C) CONFORMING AMENDMENT.—Section  
10                  1902(a)(47) of such Act (42 U.S.C.  
11                  1396a(a)(47)) is amended by striking “at the  
12                  option of the State,”.

13                  (4) MINIMUM ELIGIBILITY PERIOD FOR CAT-  
14                  EGORICALLY NEEDY.—Section 1902(e) of such Act  
15                  (42 U.S.C. 1396a(e)) is amended by adding at the  
16                  end the following new paragraph:

17                  “(13) The State plan shall provide that an individual  
18 who is determined to be eligible for benefits under a State  
19 plan approved under this title under subsection (a)(10)(A)  
20 shall remain eligible for those benefits until the end of the  
21 12-month period following the date of such determina-  
22 tion.”.

23                  (5) COVERAGE OF LEGAL IMMIGRANTS.—Sec-  
24                  tion 1902 of such Act (42 U.S.C. 1396a), as amend-

1 ed by paragraph (1)(C)(ii), is amended by adding at  
2 the end the following new subsection:

3 “(dd) Notwithstanding any other provision of law, the  
4 provisions of title IV of the Personal Responsibility and  
5 Work Opportunity Reconciliation Act of 1996 (and of sec-  
6 tion 213A of the Immigration and Nationality Act) shall  
7 not apply to eligibility for medical assistance under this  
8 title for individuals who are lawful permanent residents  
9 of the United States.”.

10 (6) MAIL-IN AND ON-LINE APPLICATION PROC-  
11 ESS.—Section 1902(a)(8) of such Act (42 U.S.C.  
12 1396a(a)(8)) is amended after “opportunity to do  
13 so” the following: “and may do so through an appli-  
14 cation submitted by mail or through electronic  
15 means through the Internet, provide that applica-  
16 tions are not longer than 2 pages and are made  
17 available in different languages in order to provide  
18 a fair and accessible application process,”.

19 (7) LIMITATIONS ON OTHER COST-SHARING.—  
20 Section 1916 of such Act (42 U.S.C. 1396o), as  
21 amended by paragraph (1)(A), is further amended—

22 (A) in subsection (a), by striking “(g) and  
23 (h)” and inserting “(g), (h), and (i)”; and

24 (B) by adding at the end the following new  
25 subsection:



1       “(i) With respect to an individual provided medical  
 2 assistance only under subclause (VIII) of section  
 3 1902(a)(10)(A)(i), notwithstanding the preceding provi-  
 4 sions of this section, if the individual’s family income—

5               “(1) does not exceed 200 percent of the poverty  
 6 line (as defined in section 2110(c)(5)) applicable to  
 7 a family of the size involved, a State shall not im-  
 8 pose any deduction, cost sharing or similar charge;  
 9 or

10              “(2) exceeds 200 percent of such poverty line,  
 11 a State shall impose—

12                      “(A) a copayment of \$10 for each chiro-  
 13 practic service visit; and

14                      “(B) \$5 for each doctor’s visit, prescrip-  
 15 tion dispensed, laboratory test, or other item or  
 16 service;

17 except that no copayment shall be imposed under  
 18 this paragraph with respect to preventive services  
 19 (including pap smears, immunizations, vaccinations,  
 20 flu shots, annual check-ups, screening mammog-  
 21 raphy, and pre-natal and post-natal care), or with  
 22 respect to early and periodic screening, diagnosis,  
 23 and treatment services under section 1905(a)(4)(B)  
 24 and the total of such copayments may not exceed  
 25 \$30 in a month for a family the income of which

1 does not exceed 300 percent of such poverty line. No  
2 individual may be denied benefits under this title by  
3 virtue of a failure to pay a copayment under this  
4 section.”.

5 (8) CONFORMING TERMINATION OF SCHIP.—  
6 With respect to items and services furnished on or  
7 after October 1, 2002, no Federal payments shall be  
8 made under section 2105(a) of the Social Security  
9 Act (42 U.S.C. 1397ee(a)).

10 (9) REQUIRING CROWD-OUT PLAN.—No pay-  
11 ment may be made to a State under title XIX of the  
12 Social Security Act under the amendments made by  
13 this subsection unless the State has developed and  
14 implemented a plan that, to the maximum extent  
15 possible, would minimize businesses terminating pri-  
16 vate group health coverage for employees who would  
17 be eligible for medical assistance under the Medi-Ac-  
18 cess program provided under such amendments.

19 (b) REQUIRING COVERAGE OF EARLY AND PERIODIC  
20 SCREENING, DIAGNOSTIC, AND TREATMENT SERVICES  
21 (EPSDT), COVERAGE OF REHABILITATIVE SERVICES  
22 FOR DISABLED OR DEVELOPMENTALLY DELAYED CHIL-  
23 DREN, PRESCRIPTION DRUGS, MENTAL HEALTH AND  
24 PSYCHIATRIC SERVICES, ASSISTIVE TECHNOLOGY DE-  
25 VICES AND SERVICES, DURABLE MEDICAL EQUIPMENT,

1 DRUG AND ALCOHOL TREATMENT SERVICES FOR ALL  
 2 MEDICAID ELIGIBLE INDIVIDUALS, ASSISTIVE TECH-  
 3 NOLOGY DEVICES AND SERVICES, DURABLE MEDICAL  
 4 EQUIPMENT, PRENATAL AND POSTNATAL CARE, REPRO-  
 5 DUCTIVE HEALTH SERVICES, AND PERSONAL ASSISTIVE  
 6 SERVICES.—

7 (1) REQUIRING COVERAGE OF SCREENING,  
 8 DENTAL, VISION, HEARING, AND FOLLOWUP SERV-  
 9 ICES (EPSDT) FOR INDIVIDUALS OF ALL AGES.—

10 (A) IN GENERAL.—Section 1905(a)(4)(B)  
 11 of such Act (42 U.S.C. 1396d(a)(4)(B)) is  
 12 amended by striking “ and are under the age  
 13 of 21”.

14 (B) CONFORMING AMENDMENTS.—Section  
 15 1905(r) of such Act (42 U.S.C. 1396d(r)) is  
 16 amended, in each of paragraphs (1)(A)(i),  
 17 (2)(A)(i), (3)(A)(i), and (4)(A)(i), by inserting  
 18 “, including for children, organizations” after  
 19 “organizations”.

20 (2) REQUIRING COVERAGE OF REHABILITATIVE  
 21 SERVICES AND ASSISTIVE TECHNOLOGIES FOR DIS-  
 22 ABLED OR DEVELOPMENTALLY DELAYED CHIL-  
 23 DREN.—Section 1905(r)(5) of such Act (42 U.S.C.  
 24 1396d(r)(5)) is amended by inserting before the pe-  
 25 riod at the end the following: “, and including reha-

1        bilitative services and assistive technologies for dis-  
 2        abled or developmentally disabled children, regard-  
 3        less of whether the disability was discovered by the  
 4        screening services”.

5            (3) REQUIRING COVERAGE OF PRESCRIPTION  
 6        DRUGS, INCLUDING DRUGS AND SERVICES FOR  
 7        TREATMENT OF HIV INFECTION OR AIDS.—Section  
 8        1902(a)(10) of such Act (42 U.S.C. 1396a(a)(10))  
 9        is amended—

10            (A) in subparagraph (A), by inserting  
 11            “(12),” after “(5),”;

12            (B) in subparagraph (D)(iv), by inserting  
 13            “, (12),” after “(5)”;

14            (C) by striking “and” at the end of sub-  
 15            paragraph (F);

16            (D) by adding “and” at the end of sub-  
 17            paragraph (G); and

18            (E) by inserting after subparagraph (G)  
 19            the following new subparagraph:

20            “(H) that the plan shall not deny medical  
 21            assistance for prescribed drugs for individuals  
 22            described in subparagraph (A)(i) if the drugs  
 23            have been prescribed by a treating physician (or  
 24            any other treating health care professional au-  
 25            thorized under law to prescribe the drugs), in-

cluding drugs and services prescribed for treatment of HIV infection or AIDS;”.

(4) REQUIRING COVERAGE OF DRUG AND ALCOHOL TREATMENT SERVICES.—

(A) REQUIREMENT.—Section 1902(a)(10) of such Act (42 U.S.C. 1396a(a)(10)) is amended—

(i) in subparagraph (A), by striking “(17) and (21)” and inserting “(10), (17), (21), and (27)”; and

(ii) in subparagraph (D)(iv), by striking “and (17)” and inserting “(10), (17), and (27)” and by striking “through (24)” and inserting “through (27)”.

(B) DRUG AND ALCOHOL TREATMENT SERVICES DESCRIBED.—Section 1905(a) of such Act (42 U.S.C. 1396d(a)) is amended—

(i) by striking “and” at the end of paragraph (26);

(ii) by redesignating paragraph (27) as paragraph (28); and

(iii) by inserting after paragraph (26) the following new paragraph:

1 “(27) alcohol and drug treatment services, in-  
2 cluding coverage of inpatient and outpatient treat-  
3 ment without durational restriction; and”.

4 (5) REQUIRING COVERAGE OF INPATIENT AND  
5 OUTPATIENT MENTAL HEALTH AND PSYCHIATRIC  
6 SERVICES.—Section 1905(a)(5) of such Act (42  
7 U.S.C. 1396d(a)(5)) is amended—

8 (A) by striking “and” before “(B)”; and

9 (B) by inserting before the semicolon at  
10 the end the following: “, and (C) mental health  
11 services and psychiatric services furnished by a  
12 physician or other qualified mental health pro-  
13 fessional, whether furnished on an inpatient or  
14 outpatient basis”.

15 (6) REQUIRING COVERAGE OF MENTAL HEALTH  
16 SERVICES WITHOUT DURATIONAL RESTRICTION.—  
17 Section 1902(a)(10) of such Act (42 U.S.C.  
18 1396a(a)(10)) is amended—

19 (A) by striking “and” at the end of sub-  
20 paragraph (F);

21 (B) by adding “and” at the end of sub-  
22 paragraph (G); and

23 (C) by inserting after subparagraph (G)  
24 the following new subparagraph:

1           “(H) that does not impose durational lim-  
2           its with respect to medical assistance for mental  
3           health services;”.

4           (7) REQUIRING COVERAGE OF SOME CHIRO-  
5           PRACTIC SERVICES.—Section 1902(a)(10)(A) of such  
6           Act (42 U.S.C. 1396a(a)(10)(A)) is amended, in the  
7           matter before clause (i), by inserting “and profes-  
8           sional services of chiropractors (other than electrical  
9           stimulation and for up to 2 visits per month)” after  
10          “(21) of section 1905(a)”.

11          (8) REQUIRING COVERAGE OF ASSISTIVE TECH-  
12          NOLOGY DEVICES AND SERVICES, DURABLE MEDICAL  
13          EQUIPMENT, SEXUALLY-TRANSMITTED DISEASE  
14          (STD) DIAGNOSIS AND TREATMENT, AND PRENATAL  
15          AND POST-NATAL CARE.—Section 1905(a)(3) of such  
16          Act (42 U.S.C. 1396d(a)(3)) is amended by insert-  
17          ing before the semicolon at the end the following: “,  
18          assistive technology devices and services, durable  
19          medical equipment, diagnosis and treatment for sex-  
20          ually-transmitted disease, and prenatal and post-  
21          natal care”.

22          (9) REQUIRING COVERAGE OF REPRODUCTIVE  
23          HEALTH SERVICES.—Section 1905(a)(4)(C) of such  
24          Act (42 U.S.C. 1396d(a)(4)(C)) is amended by in-  
25          serting “, including reproductive health services such

as fertility drugs and contraceptives” after “such services and supplies”.

(10) REQUIRING COVERAGE FOR LICENSED PERSONAL ASSISTIVE SERVICES (HOME HEALTH AIDES) FOR THE PHYSICALLY OR MENTALLY DISABLED WHO NEED ASSISTANCE WITH DAILY LIVING CHORES.—

(A) REQUIREMENT.—Section 1902(a)(10) of such Act (42 U.S.C. 1396a(a)(10)), as amended by paragraph (4)(A), is amended—

(i) in subparagraph (A), by striking “and (27)” and inserting “(27), and (28); and

(ii) in subparagraph (D)(iv), by striking “and (27)” and inserting “(27), and (28)” and by striking “through (27)” and inserting “through (28)”.

(B) PERSONAL ASSISTIVE SERVICES DESCRIBED.—Section 1905(a) of such Act (42 U.S.C. 1396d(a)), as amended by paragraph (4)(B), is amended—

(i) by striking “and” at the end of paragraph (27);

(ii) by redesignating paragraph (28) as paragraph (29); and



1 (iii) by inserting after paragraph (27)  
2 the following new paragraph:

3 “(28) licensed personal assistive services pro-  
4 vided by a home health aide or similarly trained in-  
5 dividual for the physically or mentally disabled who  
6 need assistance with daily living chores; and”.

7 (c) FMAP.—

8 (1) FEDERAL ASSUMPTION OF INCREASED EX-  
9 PENSES.—Section 1903 of such Act (42 U.S.C.  
10 1396b) is amended by inserting after subsection (g)  
11 the following new subsection:

12 “(h) Notwithstanding subsection (a), with respect to  
13 expenditures incurred under the plan which are attrib-  
14 utable to additional populations, or services, covered as a  
15 result of the implementation of the amendments made by  
16 the Working American Families Access to Health Care  
17 Act of 2001 (including administrative costs related to such  
18 implementation), the percentages otherwise specified  
19 under such subsection with respect to such expenditures  
20 shall be increased to 100 percent. For purposes of apply-  
21 ing the previous sentence, the fact that a population or  
22 service was covered under this title under a waiver under  
23 section 1115 shall not be taken into account and shall not  
24 prevent such sentence applying to such population or serv-  
25 ice.”.

1           (2) SPECIAL RULES IN APPLYING TO TERRI-  
2           TORIES.—(A) Section 1905(b)(2) of such Act (42  
3           U.S.C. 1396d(b)(2)) is amended by striking “50  
4           percent” and inserting “70 percent”.

5           (B) Section 1108 of such Act (42 U.S.C. 1308)  
6           is amended—

7                   (i) in subsection (f), by striking “sub-  
8                   section (g)” and inserting “subsections (g) and  
9                   (h)”; and

10                   (ii) by adding at the end the following new  
11                   subsection:

12           “(h) The limitations under subsection (f)—

13                   “(1) shall not apply with respect to expendi-  
14                   tures described in section 1903(h); and

15                   “(2) with respect to other expenditures made  
16                   for fiscal years beginning with fiscal year 2002 with  
17                   respect to a territory shall be 250 percent of the  
18                   amount otherwise permitted under such subsection  
19                   and subsection (g) with respect to such territory.”.

20           (d) STATE-LIKE TREATMENT OF TERRITORIES.—  
21           Section 1108 of such Act (42 U.S.C. 1308) is amended—

22                   (1) in subsection (f), by striking “subsection  
23                   (g)” and inserting “subsections (g) and (h)”; and

24                   (2) by adding at the end the following new sub-  
25                   section:

1       “(h) EXEMPTION OF CERTAIN EXPENDITURES FROM  
 2 LIMITATION.—Amounts of expenditures attributable to  
 3 medical assistance provided under section  
 4 1902(a)(10)(A)(i)(VIII) (or otherwise required to carry  
 5 out the amendments made by the Working American  
 6 Families Access to Health Care Act of 2001) shall not  
 7 be taken into account in applying subsections (f) and  
 8 (g).”.

9       (e) REQUIRED USE OF COMMUNITY-BASED ORGANI-  
 10 ZATIONS IN EXPENDITURES FOR OUTREACH AND  
 11 MEDIA.—Section 1903(i) of such Act (42 U.S.C.  
 12 1396b(i)) is amended by inserting after paragraph (8) the  
 13 following new paragraph:

14               “(9) with respect to amounts expended for out-  
 15 reach and media education campaigns (including  
 16 amounts expended for assistance to those applying  
 17 for medical assistance), unless at least 25 percent of  
 18 such amounts are made available for such expendi-  
 19 tures through community-based organizations; or”.

20       (f) FLOOR FOR MEDICAID HMO PAYMENT FOR ALL  
 21 SERVICES; ACCESS TO SPECIALISTS.—Section 1932(b) of  
 22 such Act (42 U.S.C. 1396u–2(b)) is amended by adding  
 23 at the end the following new paragraphs:

24               “(9) PAYMENT FLOOR FOR ALL SERVICES.—A  
 25 medicaid managed care organization shall not reim-

1       burse a hospital or other health care provider or pro-  
2       fessional for the provision of services under this sec-  
3       tion at a rate that is less the fee-for-service rate pro-  
4       vided by the State for payment for such a hospital,  
5       provider, or professional for such services under this  
6       title in the case of individuals who are not enrolled  
7       with such an organization under this section.

8               “(10) ACCESS TO SPECIALISTS.—A medicaid  
9       managed care organization shall assure access to  
10      specialty care with appropriate competence and ex-  
11      pertise to provide all specialty care required by mem-  
12      bers enrolled under this section. The State shall es-  
13      tablish safeguards and access to specialists of an en-  
14      rollee’s choice in case of a failure to provide timely  
15      access through the organization.”.

16      (g) TOLL-FREE NUMBER.—Section 1902 of such Act  
17      (42 U.S.C. 1396a) is amended by inserting after sub-  
18      section (j) the following new subsection:

19              “(k) The Secretary shall establish a toll-free tele-  
20      phone number at which individuals who are eligible for  
21      medical assistance under this title may file complaints con-  
22      cerning health care providers who do not accept medical  
23      assistance under this title for services they provide or con-  
24      cerning other problems they have with the program under  
25      this title.”.

- 1       (h) COLLECTION OF DATA BY RACE AND ETH-  
2       NICITY.—The Secretary of Health and Human Services  
3       shall provide for the collection of data on enrollment, re-  
4       ceipt of services, and health outcomes under the medicaid  
5       program under title XIX of the Social Security Act, bro-  
6       ken down at least by the race and ethnicity of medicaid  
7       recipients. The Director of the Office of Management and  
8       Budget shall make such revisions in data collection stand-  
9       ards as may be necessary to carry out this subsection.
- 10       (i) EFFECTIVE DATE.—The amendments made by  
11       this section shall take effect on January 1, 2002.

