H. R. 1298

To amend title XVIII of the Social Security Act to improve the benefits under the Medicare Program for beneficiaries with kidney disease, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MARCH 15, 2005

Mr. Camp introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To amend title XVIII of the Social Security Act to improve the benefits under the Medicare Program for beneficiaries with kidney disease, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) Short Title.—This Act may be cited as the “Kidney Care Quality and Improvement Act of 2005”.

(b) Table of Contents.—The table of contents for this Act is as follows:

Sec. 1. Short title.
TITLE I—RECOGNIZING AND IMPROVING QUALITY FOR PATIENTS

Sec. 101. Modification of physician surgical reimbursement for dialysis access procedures to align incentives for cost and quality.

Sec. 102. Demonstration project for outcomes-based ESRD reimbursement system.

Sec. 103. Required training for patient care dialysis technicians.

TITLE II—ENSURING QUALITY THROUGH IMPROVEMENTS IN THE ESRD PAYMENT SYSTEM

Sec. 201. Establishment of annual update framework for the medicare ESRD composite rate.


Sec. 203. GAO study and report on impact of G-codes.

TITLE III—IMPROVING QUALITY THROUGH PATIENT EDUCATION, ACCESS, AND SAFETY INITIATIVES

Sec. 301. Support of public and patient education initiatives regarding kidney disease.

Sec. 302. Medicare coverage of kidney disease patient education services.

Sec. 303. Blood flow monitoring demonstration projects.

TITLE IV—IMPROVING QUALITY THROUGH IMPROVED COVERAGE

Sec. 401. Improving the home dialysis benefit.

Sec. 402. Institute of Medicine evaluation and report on home dialysis.

Sec. 403. Establishment of an End-Stage Renal Disease (ESRD) Advisory committee.

1 TITLE I—RECOGNIZING AND IMPROVING QUALITY FOR PATIENTS

2 SEC. 101. MODIFICATION OF PHYSICIAN SURGICAL REIMBURSEMENT FOR DIALYSIS ACCESS PROCEDURES TO ALIGN INCENTIVES FOR COST AND QUALITY.

3 (a) FULL COVERAGE OF DIALYSIS ACCESS PROCEDURES IN THE AMBULATORY SURGICAL CENTER SETTING.—The Secretary of Health and Human Services shall include in the surgical procedures specified under section 1833(i)(1) of the Social Security Act (42 U.S.C.
the full range of dialysis access procedures when provided to individuals with end-stage renal disease who are entitled to benefits under part A and enrolled under part B of title XVIII of the Social Security Act pursuant to section 226A of that Act (42 U.S.C. 426). For purposes of the preceding sentence, the full range of dialysis services includes all reasonable and necessary intervention procedures for the creation, repair, and maintenance of an individual’s dialysis access, such as the placement, insertion, and maintenance services related to fistulas, synthetic grafts, tunnel catheters, and peritoneal dialysis catheters.

(b) Revision of RBRVS to Reflect the Difficulty of Vascular Access Procedures.—The Secretary of Health and Human Services shall structure the relative value units determined under section 1848(c)(2) of the Social Security Act (42 U.S.C. 1395w–4(c)(2)) that are applicable with respect to physicians’ services for vascular access procedures to encourage clinically appropriate placement of natural vascular access for dialysis patients.

SEC. 102. DEMONSTRATION PROJECT FOR OUTCOMES-BASED ESRD REIMBURSEMENT SYSTEM.

(a) Establishment.—Subject to the succeeding provisions of this section, the Secretary of Health and Human Services (in this section referred to as the “Sec-
(b) OUTCOMES-BASED ESRD REIMBURSEMENT SYSTEM.—

(1) IN GENERAL.—Under the demonstration projects, the Secretary shall provide financial incentives to providers of services and renal dialysis facilities that demonstrate improved quality of care to such beneficiaries.

(2) CONSIDERATION OF OUTCOMES AND CASE-MIX.—In determining whether a provider or facility has demonstrated an improved quality of care under paragraph (1), the Secretary shall take into account the outcomes of individuals receiving services from the provider or facility and the case-mix of the provider or facility, paying particular attention to improved patient safety, better vaccination rates, and improved care for diabetics.

(3) INCENTIVES DESCRIBED.—The financial incentives provided under paragraph (1) shall—

(A) reflect the interactions of payments under parts A and B of title XVIII of the Social Security Act; and
(B) recognize improvements based on high quality outcomes during previous periods as well as recent changes in performance to reward long-term improvements.

(c) DURATION.—The Secretary shall conduct the demonstration project under this section for a period that is not longer than 5 years that begins on January 1, 2007.

(d) EVALUATION AND REPORT.—

(1) EVALUATION.—The Secretary shall conduct an evaluation of the demonstration projects conducted under this section.

(2) REPORT.—Not later than 6 months after the date on which the demonstration projects are completed, the Secretary shall submit to Congress a report on the evaluation conducted under paragraph (1) together with recommendations for such legislation and administrative action as the Secretary determines appropriate.

(e) WAIVER AUTHORITY.—The Secretary shall waive compliance with the requirements of title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) to such extent and for such period as the Secretary determines is necessary to conduct the demonstration projects.

(f) AUTHORIZATION OF APPROPRIATIONS.—
(1) IN GENERAL.—Payments for the costs of carrying out the demonstration project under this section shall be made from the Federal Supplementary Medical Insurance Trust Fund under section 1841 of such Act (42 U.S.C. 1395t).

(2) AMOUNT.—There are authorized to be appropriated from such Trust Fund such sums as may be necessary to carry out this section.

SEC. 103. REQUIRED TRAINING FOR PATIENT CARE DIALYSIS TECHNICIANS.

(a) IN GENERAL.—Section 1881 of the Social Security Act (42 U.S.C. 1395rr) is amended by adding the following:

“(h)(1) Except as provided in paragraph (3), beginning January 1, 2007, a provider of services or a renal dialysis facility may not use any individual as a patient care dialysis technician for more than 4 months unless the individual—

“(A) has completed a training program in the care and treatment of an individual with chronic kidney failure who is undergoing dialysis treatment;

“(B) has been certified by a nationally recognized certification entity for dialysis technicians; and

“(C) is competent to provide dialysis-related services.
“(2) Beginning January 1, 2008, a provider of services or a renal dialysis facility may not use on a temporary, per diem, leased, or on any basis other than as a permanent employee, any individual as a patient care dialysis technician unless the individual meets the requirements described in subparagraphs (A), (B), and (C) of paragraph (1).

“(3) A provider of services or a renal dialysis facility may permit an individual enrolled in a training program described in paragraph (1)(A) to serve as a patient care dialysis technician while they are so enrolled.

“(4) For purposes of paragraph (1), if, since the most recent completion by an individual of a training program described in paragraph (1)(A), there has been a period of 24 consecutive months during which the individual has not performed dialysis-related services for monetary compensation, such individual shall be required to complete a new training program or become re-certified as described in paragraph (1)(B).

“(5) A provider of services or a renal dialysis facility shall provide such regular performance review and regular in-service education as assures that individuals serving as patient care dialysis technicians for the provider or facility are competent to perform dialysis-related services.”.
TITLE II—ENSURING QUALITY THROUGH IMPROVEMENTS IN THE ESRD PAYMENT SYSTEM

SEC. 201. ESTABLISHMENT OF ANNUAL UPDATE FRAMEWORK FOR THE MEDICARE ESRD COMPOSITE RATE.

(a) IN GENERAL.—Section 1881(b)(12)(F) of the Social Security Act (42 U.S.C. 1395rr(b)(12)(F)) is amended to read as follows:

“(F) Beginning with 2006, the Secretary shall annually increase the basic case-mix adjusted payment amounts established under this paragraph—

“(i) with respect to the component of the basic case-mix adjusted system described in clause (ii) of subparagraph (B), by—

“(I) applying the estimated growth in expenditures for drugs and biologicals (including erythropoietin) that are separately billable to such component; and

“(II) converting the amount determined in subclause (I) to an increase applicable to the basic case-mix adjusted payment amounts established under such subparagraph; and

“(ii) with respect to the composite rate component of the basic case-mix adjusted system described
in subparagraph (B)(i), for dialysis services furnished—

“(I) during 2006, by 2.5 percent above such payment amounts for such services furnished on December 31, 2005;

“(II) during 2007 through 2014, by an amount equal to 1 percent of the ESRD market basket percentage increase (as defined in paragraph (14)(A) and including any additional factors that may increase costs described in paragraph (14)(B)) above such composite rate payment amounts for such services furnished on December 31 of the previous year; and

“(III) during 2015 and subsequent years, by the ESRD market basket percentage increase (as defined in paragraph (14)(A) and including any additional factors that may increase costs described in paragraph (14)(B)) above such composite rate payment amounts for such services furnished on December 31 of the previous year.”.

(b) ESRD Market Basket Percentage Increase Defined.—Section 1881(b) of the Social Security Act (42 U.S.C. 1395rr(b)) is amended by adding at the end the following new paragraph:
“(14)(A) For purposes of this title, the term ‘ESRD market basket percentage increase’ means, with respect to a calendar year, the percentage (estimated by the Secretary before the beginning of such year) by which—

“(i) the cost of the mix of goods and services included in the provision of dialysis services (including the costs described in subparagraph (D)) that is determined based on an index of appropriately weighted indicators of changes in wages and prices which are representative of the mix of goods and services included in such dialysis services for the calendar year; exceeds

“(ii) the cost of such mix of goods and services for the preceding calendar year.

“(B) In addition to determining the percentage update under subparagraph (A), the Secretary shall also take into account any change in the costs of furnishing the mix of goods and services described in such subparagraph resulting from—

“(i) the adoption of scientific and technological innovations used to provide dialysis services;

“(ii) changes in the manner or method of delivering dialysis services;

“(iii) productivity improvements in the provision of dialysis services; and
“(iv) any other relevant factor.

“(C) The Secretary shall annually review and update the items and services included in the mix of goods and services used to determine the percentage under subparagraph (A).

“(D) The costs described in this subparagraph include—

“(i) labor costs, including direct patient care costs and administrative labor costs, vacation and holiday pay, payroll taxes, and employee benefits;

“(ii) other direct costs, including drugs, supplies, and laboratory fees;

“(iii) overhead costs, including medical director fees, temporary services, general and administrative costs, interest expenses, and bad debt;

“(iv) capital costs, including rent, real estate taxes, depreciation, utilities, repairs, and maintenance; and

“(v) such other allowable costs as the Secretary may specify.”.

SEC. 202. EXTENSION OF MEDICARE SECONDARY PAYER.

Section 1862(b)(1)(C) of the Social Security Act (42 U.S.C. 1395y(b)(1)(C)) is amended—
(1) in the last sentence, by inserting ‘‘, and before January 1, 2006’’ after ‘‘prior to such date’’;
and
(2) by adding at the end the following new sentence: ‘‘Effective for items and services furnished on
or after January 1, 2006 (with respect to periods beginning on or after the date that is 30 months
prior to such date), clauses (i) and (ii) shall be applied by substituting ‘‘33-month’’ for ‘‘12-month’’ each
place it appears in the first sentence.’’.

SEC. 203. GAO STUDY AND REPORT ON IMPACT OF G-CODES.

(a) STUDY.—The Comptroller General of the United States shall conduct a study on the impact of the tem-
porary codes for nephrologists’ services applicable under the fee schedule for physicians’ services under section
1848 of the Social Security Act (42 U.S.C. 1395w-4) (commonly known as ‘‘G-codes’’).

(b) REPORT.—Not later than the date that is 6 months after the date of enactment of this Act, the Com-
troller General shall submit to Congress a report on the study conducted under subsection (a) together with rec-
ommendations for such legislation and administrative ac-
tion as the Comptroller General determines appropriate.
TITLE III—IMPROVING QUALITY THROUGH PATIENT EDUCATION, ACCESS, AND SAFETY INITIATIVES

SEC. 301. SUPPORT OF PUBLIC AND PATIENT EDUCATION INITIATIVES REGARDING KIDNEY DISEASE.

(a) Chronic Kidney Disease Demonstration Projects.—

(1) In general.—The Secretary of Health and Human Services (in this section referred to as the “Secretary”) shall establish demonstration projects to—

(A) increase public awareness about the factors that lead to chronic kidney disease, how to prevent it, how to treat it, and how to avoid kidney failure; and

(B) enhance surveillance systems and expand research to better assess the prevalence and incidence of chronic kidney disease.

(2) Scope and duration.—

(A) Scope.—The Secretary shall select at least 3 States in which to conduct demonstration projects under this subsection. In selecting the States under this subparagraph, the Secretary shall take into account the size of the
population of medicare beneficiaries with end-
stage renal disease and ensure the participation
of individuals who reside in rural and urban
areas.

(B) DURATION.—The demonstration
projects under this subsection shall be con-
ducted for a period that is not longer than 5
years that begins on January 1, 2007.

(3) EVALUATION AND REPORT.—

(A) EVALUATION.—The Secretary shall
conduct an evaluation of the demonstration
projects conducted under this subsection.

(B) REPORT.—Not later than 6 months
after the date on which the demonstration
projects under this subsection are completed,
the Secretary shall submit to Congress a report
on the evaluation conducted under subpara-
graph (A) together with recommendations for
such legislation and administrative action as the
Secretary determines appropriate.

(4) AUTHORIZATION OF APPROPRIATIONS.—
There are authorized to be appropriated to carry out
this subsection $2,000,000 for each of fiscal years
2007 through 2011.
(b) ESRD Self-Management Demonstration Projects.—

(1) IN GENERAL.—The Secretary shall establish demonstration projects to enable individuals with end-stage renal disease to develop self-management skills.

(2) SCOPE AND DURATION.—

(A) SCOPE.—The Secretary shall select at least 3 States in which to conduct demonstration projects under this subsection. In selecting the States under this subparagraph, the Secretary shall take into account the size of the population of Medicare beneficiaries with end-stage renal disease and ensure the participation of individuals who reside in rural and urban areas.

(B) DURATION.—The demonstration projects under this section shall be conducted for a period that is not longer than 5 years that begins on January 1, 2007.

(3) EVALUATION AND REPORT.—

(A) EVALUATION.—The Secretary shall conduct an evaluation of the demonstration projects conducted under this subsection.
(B) REPORT.—Not later than 6 months after the date on which the demonstration projects under this subsection are completed, the Secretary shall submit to Congress a report on the evaluation conducted under subparagraph (A) together with recommendations for such legislation and administrative action as the Secretary determines appropriate.

(4) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this subsection $2,000,000 for each of fiscal years 2007 through 2011.

SEC. 302. MEDICARE COVERAGE OF KIDNEY DISEASE PATIENT EDUCATION SERVICES.

(a) COVERAGE OF KIDNEY DISEASE EDUCATION SERVICES.—

(1) COVERAGE.—Section 1861(s)(2) of the Social Security Act (42 U.S.C. 1395x(s)(2)) is amended—

(A) in subparagraph (Y), by striking “and” after the semicolon at the end;

(B) in subparagraph (Z), by adding “and” after the semicolon at the end; and

(C) by adding at the end the following new subparagraph:
“(AA) kidney disease education services (as defined in subsection (bbb));”.

(2) SERVICES DESCRIBED.—Section 1861 of the Social Security Act (42 U.S.C. 1395x) is amended by adding at the end the following new subsection:

“Kidney Disease Education Services
“(bbb)(1) The term ‘kidney disease education services’ means educational services that are—

“(A) furnished to an individual with kidney disease who, according to accepted clinical guidelines identified by the Secretary, will require dialysis or a kidney transplant;

“(B) furnished, upon the referral of the physician managing the individual’s kidney condition, by a qualified person (as defined in paragraph (2)); and

“(C) designed—

“(i) to provide comprehensive information regarding—

“(I) the management of comorbidities;

“(II) the prevention of uremic complications; and

“(III) each option for renal replacement therapy (including home and in-cen-
ter as well as vascular access options and transplantation); and

“(ii) to ensure that the individual has the opportunity to actively participate in the choice of therapy.

“(2) The term ‘qualified person’ means—

“(A) a physician (as described in subsection (r)(1));

“(B) an individual who—

“(i) is—

“(I) a registered nurse;

“(II) a registered dietitian or nutrition professional (as defined in subsection (vv)(2));

“(III) a clinical social worker (as defined in subsection (hh)(1));

“(IV) a physician assistant, nurse practitioner, or clinical nurse specialist (as those terms are defined in subsection (aa)(5)); or

“(V) a transplant coordinator; and

“(ii) meets such requirements related to experience and other qualifications that the Secretary finds necessary and appropriate for
furnishing the services described in paragraph (1); or

“(C) a renal dialysis facility subject to the requirements of section 1881(b)(1) with personnel who—

“(i) provide the services described in paragraph (1); and

“(ii) meet the requirements of subparagraph (A) or (B).

“(3) The Secretary shall develop the requirements under paragraphs (1)(C)(i) and (2)(B)(ii) after consulting with physicians, health educators, professional organizations, accrediting organizations, kidney patient organizations, dialysis facilities, transplant centers, network organizations described in section 1881(c)(2), and other knowledgeable persons.

“(4) In promulgating regulations to carry out this subsection, the Secretary shall ensure that each beneficiary who is entitled to kidney disease education services under this title receives such services in a timely manner to maximize the benefit of those services.

“(5) The Secretary shall monitor the implementation of this subsection to ensure that beneficiaries who are eligible for kidney disease education services receive such services in the manner described in paragraph (4).
“(6) No individual shall be eligible to be provided more than 6 sessions of kidney disease education services under this title.”.

(3) Payment under the physician fee schedule.—Section 1848(j)(3) of the Social Security Act (42 U.S.C. 1395w–4(j)(3)) is amended by inserting “(2)(AA),” after “(2)(W),”.

(4) Payment to renal dialysis facilities.—Section 1881(b) of the Social Security Act (42 U.S.C. 1395rr(b)), as amended by section 201(b), is amended by adding at the end the following new paragraph:

“(15) For purposes of paragraph (12), the single composite weighted formulas determined under such paragraph shall not take into account the amount of payment for kidney disease education services (as defined in section 1861(bbb)). Instead, payment for such services shall be made to the renal dialysis facility on an assignment-related basis under section 1848.”.

(5) Limitation on number of sessions.—Section 1862(a)(1) of the Social Security Act (42 U.S.C. 1395y(a)(1)) is amended—

(A) by striking “and” at the end of sub-paragraph (L);
(B) by striking the semicolon at the end of
subparagraph (M) and inserting “, and”; and

(C) by adding at the end the following new
subparagraph:

“(N) in the case of kidney disease education
services (as defined in section 1861(bbb)), which are
performed in excess of the number of sessions cov-
ered under such section;”.

(6) ANNUAL REPORT TO CONGRESS.—Not later
than April 1, 2007, and annually thereafter, the
Secretary of Health and Human Services (in this
section referred to as the “Secretary”) shall submit
to Congress a report on the number of medicare
beneficiaries who are entitled to kidney disease edu-
cation services (as defined in section 1861(bbb) of
the Social Security Act, as added by paragraph (2))
under title XVIII of such Act and who receive such
services, together with such recommendations for
legislative and administrative action as the Secretary
determines to be appropriate to fulfill the legislative
intent that resulted in the enactment of that sub-
section.

(b) EFFECTIVE DATE.—The amendments made by
this section shall apply to services furnished on and after
SEC. 303. BLOOD FLOW MONITORING DEMONSTRATION PROJECTS.

(a) Establishment.—The Secretary of Health and Human Services (in this section referred to as the ‘‘Secretary’’) shall establish demonstration projects to evaluate how blood flow monitoring affects the quality and cost of care for medicare beneficiaries with end-stage renal disease.

(b) Duration.—The demonstration projects under this section shall be conducted for a period of not longer than 5 years that begins on January 1, 2007.

(c) Evaluation and Report.—

(1) Evaluation.—The Secretary shall conduct an evaluation of the demonstration projects conducted under this section.

(2) Report.—Not later than 6 months after the date on which the demonstration projects under this section are completed, the Secretary shall submit to Congress a report on the evaluation conducted under paragraph (1) together with recommendations for such legislation and administrative action as the Secretary determines appropriate.

(d) Waiver Authority.—The Secretary shall waive compliance with the requirements of title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) to such extent
and for such period as the Secretary determines is necessary to conduct the demonstration projects.

(c) Authorization of Appropriations.—

(1) In General.—Payments for the costs of carrying out the demonstration project under this section shall be made from the Federal Supplementary Medical Insurance Trust Fund under section 1841 of such Act (42 U.S.C. 1395t).

(2) Amount.—There are authorized to be appropriated from such Trust Fund $1,000,000 for each of fiscal years 2007 through 2011 to carry out this section.

TITLE IV—IMPROVING QUALITY THROUGH IMPROVED COVERAGE

SEC. 401. IMPROVING THE HOME DIALYSIS BENEFIT.

(a) In General.—The Secretary of Health and Human Services (in this section referred to as the “Secretary”) shall provide appropriate incentives to improve the home dialysis benefit for individuals on behalf of whom payment may be made under section 1881 of the Social Security Act (42 U.S.C. 1395rr).

(b) Considerations.—In developing the incentives under subsection (a), the Secretary shall consider revising the fee schedule for physicians’ services under section 1395rr of that Act.
1848 of the Social Security Act (42 U.S.C. 1395w–4) so that the amount paid for services related to end-stage renal disease furnished to home dialysis patients is equal to the amount paid for services related to end-stage renal disease furnished to other patients with 4 or more face-to-face physician visits per month.

SEC. 402. INSTITUTE OF MEDICINE EVALUATION AND REPORT ON HOME DIALYSIS.

(a) Evaluation.—

(1) In general.—Not later than the date that is 2 months after the date of enactment of this Act, the Secretary of Health and Human Services (in this section referred to as the “Secretary”) shall enter into an arrangement under which the Institute of Medicine of the National Academy of Sciences (in this section referred to as the “Institute”) shall conduct an evaluation of the barriers that exist to increasing the number of individuals with end-stage renal disease who elect to receive home dialysis services under the medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.).

(2) Specific matters evaluated.—In conducting the evaluation under paragraph (1), the Institute shall—
(A) compare current medicare home dialysis costs and payments with current in-center and hospital dialysis costs and payments;

(B) catalogue and evaluate the incentives and disincentives in the current reimbursement system that influence whether patients receive home dialysis services;

(C) evaluate patient education services and how such services impact the treatment choices made by patients; and

(D) consider such other matters as the Institute determines appropriate.

(3) Scope of review.—The Institute shall consider a variety of perspectives, including the perspectives of physicians, other health care professionals, hospitals, dialysis facilities, health plans, purchasers, and patients.

(b) Report.—Not later than the date that is 18 months after the date of enactment of this Act, the Institute shall submit to the Secretary and appropriate committees of Congress a report on the evaluation conducted under subsection (a)(1) describing the findings of such evaluation and recommendations for implementing incentives to encourage patients to elect to receive home dialysis services under the medicare program.
(c) Authorization of Appropriations.—There are authorized to be appropriated such sums as may be necessary for the purposes of conducting the evaluation and preparing the report required by this section.

SEC. 403. END-STAGE RENAL DISEASE (ESRD) ADVISORY COMMITTEE.

(a) Establishment.—Pursuant to section 222 of the Public Health Service Act (42 U.S.C. 217a), the Secretary of Health and Human Services shall establish within 1 year of the date of enactment of this Act an independent, multidisciplinary, nonpartisan End-Stage Renal Disease Advisory Committee (in this section referred to as the “Committee”).

(b) Membership.—The Committee shall consist of such members as the Secretary may appoint who shall serve for such term as the Secretary may specify. In appointing members of the Committee, the Secretary shall consult with the dialysis community and shall include individuals drawn from diverse backgrounds, such as medicine, nursing, health care policy, the dialysis patient community, the dialysis provider community, and health economics.

(e) Purpose of the Committee.—

(1) Duties.—The Committee shall provide a forum for expert discussion and deliberation and the
formulation of advice and recommendations to the Secretary about medicare coverage for End-Stage Renal Disease patients, as described under section 1881 of the Social Security Act (42 U.S.C. 1395rr).

(2) REPORT.—The Committee shall provide the Secretary with periodic reports that summarize the Committee’s activities and its recommendations for such legislation and administrative action as it considers appropriate.

(d) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated such sums as may be necessary to carry out the purposes of this section.