

115TH CONGRESS
2D SESSION

H. R. 4820

To extend funding for certain public health programs, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JANUARY 18, 2018

Mr. MCEACHIN (for himself, Ms. ROYBAL-ALLARD, Mr. CLAY, Mr. SERRANO, Mr. ESPAILLAT, Mr. DEUTCH, Mrs. NAPOLITANO, Mr. POCAN, Mr. LANGEVIN, Mr. RICHMOND, Mr. HUFFMAN, Mr. SCHRADER, Ms. ADAMS, Mr. MCNERNEY, Mr. GRIJALVA, Mr. BRENDAN F. BOYLE of Pennsylvania, Mr. CARSON of Indiana, Mr. SABLAN, Ms. BONAMICI, Mr. LARSON of Connecticut, Ms. JUDY CHU of California, Ms. DELBENE, Ms. NORTON, Mr. SCOTT of Virginia, Mr. COHEN, Mr. SEAN PATRICK MALONEY of New York, Ms. BARRAGÁN, Ms. MATSUI, Ms. SCHAKOWSKY, Mr. VEASEY, Mr. SOTO, Ms. JAYAPAL, Mr. KEATING, Mr. AL GREEN of Texas, Mr. LOWENTHAL, Ms. WILSON of Florida, Ms. HANABUSA, Ms. CASTOR of Florida, Ms. SEWELL of Alabama, Mr. GOMEZ, Mr. LOEBSACK, Ms. WASSERMAN SCHULTZ, Mrs. WATSON COLEMAN, Mr. THOMPSON of California, Mr. COURTNEY, Ms. ROSEN, Mr. TAKANO, Ms. PINGREE, Ms. KUSTER of New Hampshire, Mr. KHANNA, Mr. PANETTA, and Mr. KIHUEN) 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 extend funding for certain public health programs, 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 “Advancing Seniors and
3 Kids Act” or the “ASK Act”.

4 **SEC. 2. TABLE OF CONTENTS.**

5 The table of contents of this Act is as follows:

Sec. 1. Short title.

Sec. 2. Table of contents.

TITLE I—CHILDREN’S HEALTH INSURANCE PROGRAM

Sec. 100. Short title.

Sec. 101. Permanent extension of the Children’s Health Insurance Program.

Sec. 102. Extension of certain programs and demonstration projects.

Sec. 103. Extension of outreach and enrollment program.

Sec. 104. Extension and reduction of additional Federal financial participation
for CHIP.

TITLE II—MEDICARE AND OTHER HEALTH EXTENDERS

Subtitle A—Medicare Extenders and Related Policies

Sec. 201. Extension of work GPCI floor.

Sec. 202. Permanent repeal of the therapy caps.

Sec. 203. Ground ambulance services cost reporting requirement.

Sec. 204. Ground ambulance services cost reporting study.

Sec. 205. Extension of ground ambulance services extenders.

Sec. 206. Extension of increased inpatient hospital payment adjustment for cer-
tain low-volume hospitals.

Sec. 207. Extension of the Medicare-Dependent Hospital (MDH) program.

Sec. 208. Specialized Medicare Advantage plans for special needs individuals.

Sec. 209. Expanding supplemental benefits to meet the needs of chronically ill
Medicare Advantage enrollees.

Sec. 210. Extension of consensus-based entity funding.

Sec. 211. Extension of certain MIPPA funding provisions.

Sec. 212. Extension of home health rural add-on.

Subtitle B—Medicaid and Public Health Extenders

Sec. 221. Extension for community health centers and the National Health
Service Corps.

Sec. 222. Extension for special diabetes programs.

Sec. 223. Reauthorization of program of payments to teaching health centers
that operate graduate medical education programs.

Sec. 224. Extension for family-to-family health information centers.

Sec. 225. Extension of abstinence education; extension of personal responsi-
bility education program.

Sec. 226. Extension of health workforce demonstration projects for low-income
individuals.

Sec. 227. Delay of reduction to Medicaid DSH allotments.

Sec. 228. Delay of Bipartisan Budget Act of 2013 third-party liability provi-
sions.

Subtitle C—Continuing the Maternal, Infant, and Early Childhood Home Visiting Program

- Sec. 231. Continuing evidence-based home visiting program.
- Sec. 232. Continuing to demonstrate results to help families.
- Sec. 233. Reviewing statewide needs to target resources.
- Sec. 234. Improving the likelihood of success in high-risk communities.
- Sec. 235. Option to fund evidence-based home visiting on a pay for outcome basis.
- Sec. 236. Data exchange standards for improved interoperability.
- Sec. 237. Allocation of funds.

TITLE III—STRENGTHENING PROTECTIONS FOR SOCIAL SECURITY BENEFICIARIES ACT OF 2018

- Sec. 300. Short title.

Subtitle A—Strengthening Oversight and Beneficiary Protection

- Sec. 301. Stronger monitoring of representative payees.
- Sec. 302. Reducing the burden on families.
- Sec. 303. Protecting beneficiaries through information sharing.
- Sec. 304. Clarifying overpayment liability for child in child welfare system.
- Sec. 305. Reports.

Subtitle B—Improving Payee Selection and Quality

- Sec. 311. Advance designation of representative payees.
- Sec. 312. Prohibition on individuals convicted of certain crimes serving as representative payees.
- Sec. 313. Prohibition on individuals with representative payees serving as representative payees.
- Sec. 314. Reassessment of payee selection and replacement policies.

1 **TITLE I—CHILDREN’S HEALTH**
 2 **INSURANCE PROGRAM**

3 **SEC. 100. SHORT TITLE.**

4 This title may be cited as the “Keeping Kids’ Insur-
 5 ance Delivery Stable Act” or the “KIDS Act”.

6 **SEC. 101. PERMANENT EXTENSION OF THE CHILDREN’S**
 7 **HEALTH INSURANCE PROGRAM.**

8 (a) FUNDING.—

9 (1) IN GENERAL.—Section 2104(a) of the So-
 10 cial Security Act (42 U.S.C. 1397dd(a)), as amend-
 11 ed by section 3201(a) of the CHIP and Public

1 Health Funding Extension Act (division C of Public
2 Law 115–96), is amended—

3 (A) in paragraph (20)(B), by striking “;
4 and” and inserting a semicolon; and

5 (B) by striking paragraph (21) and insert-
6 ing the following new paragraphs:

7 “(21) for fiscal year 2018, \$21,500,000,000;

8 “(22) for fiscal year 2019, \$22,600,000,000;

9 “(23) for fiscal year 2020, \$23,700,000,000;

10 “(24) for fiscal year 2021, \$24,800,000,000;

11 “(25) for fiscal year 2022, \$25,900,000,000;

12 “(26) for fiscal year 2023, \$27,000,000,000;

13 “(27) for fiscal year 2024, \$28,100,000,000;

14 “(28) for fiscal year 2025, \$29,200,000,000;

15 “(29) for fiscal year 2026, \$30,300,000,000;

16 “(30) for fiscal year 2027, \$31,400,000,000;

17 and

18 “(31) for fiscal year 2028 and each subsequent
19 fiscal year, the amount provided for the previous fis-
20 cal year, increased by the product of—

21 “(A) 1 plus the percentage increase in the
22 projected per capita amount of National Health
23 Expenditures from the calendar year in which
24 the previous fiscal year ends to the calendar
25 year in which the fiscal year involved ends, as

1 most recently published by the Secretary before
2 the beginning of the fiscal year; and

3 “(B) 1 plus the percentage increase (if
4 any) in the national population of children from
5 July 1 in the previous fiscal year to July 1 in
6 the fiscal year involved, as determined by the
7 Secretary based on the most recent published
8 estimates of the Bureau of the Census before
9 the beginning of the fiscal year involved, plus 1
10 percentage point.”.

11 (2) PREVENTION OF DUPLICATE APPROPRIA-
12 TIONS FOR FISCAL YEAR 2018.—Notwithstanding any
13 other provision of law, insofar as funds have been
14 appropriated under subsection (a)(21) of section
15 2104 of the Social Security Act (42 U.S.C. 1397dd),
16 as such subsection is in effect on the day before the
17 date of the enactment of this Act, to provide allot-
18 ments to States under the State Children’s Health
19 Insurance Program established under title XXI of
20 the Social Security Act (42 U.S.C. 1397aa et seq.)
21 (whether implemented under title XIX, XXI, or
22 both, of the Social Security Act) for fiscal year
23 2018—

24 (A) any amounts that are so appropriated
25 that are not so allotted and obligated before the

1 date of the enactment of this Act, are re-
2 scinded; and

3 (B) any amount provided for CHIP allot-
4 ments to a State under this section (and the
5 amendments made by this section) for such fis-
6 cal year shall be reduced by the amount of such
7 appropriations so allotted and obligated before
8 such date.

9 (b) ALLOTMENTS.—Section 2104(m) of the Social
10 Security Act (42 U.S.C. 1397dd(m)), as amended by sec-
11 tion 3201(b) of the CHIP and Public Health Funding Ex-
12 tension Act (division C of Public Law 115–96), is amend-
13 ed—

14 (1) in paragraph (2)(B)—

15 (A) in the matter preceding clause (i), by
16 striking “(19)” and inserting “(31)”; and

17 (B) in clause (ii)—

18 (i) in the matter preceding subclause
19 (I), by striking “and paragraph (10)”; and

20 (ii) in subclause (I), by inserting “(or,
21 in the case of fiscal year 2018, under para-
22 graph (4))” after “clause (i)”; and

23 (2) in paragraph (5), by striking “, 2017, or
24 2018” and inserting “or 2017”; and

25 (3) in paragraph (7)—

1 (A) in subparagraph (A), by striking “and
2 ending with fiscal year 2017”;

3 (B) in subparagraph (B), in the matter
4 preceding clause (i), by inserting “(or, in the
5 case of fiscal year 2018, by not later than the
6 date that is 60 days after the date of the enact-
7 ment of the KIDS Act)” after “before the Au-
8 gust 31 preceding the beginning of the fiscal
9 year”; and

10 (C) in the matter following subparagraph
11 (B), by striking “or fiscal year 2016” and in-
12 serting “fiscal year 2016, or any succeeding
13 even-numbered fiscal year”;

14 (4) in paragraph (9), by striking “, 2017, or
15 2018” and inserting “or 2017”; and

16 (5) by striking paragraph (10).

17 (c) EXTENSION OF THE CHILD ENROLLMENT CON-
18 TINGENCY FUND.—Section 2104(n) of the Social Security
19 Act (42 U.S.C. 1397dd(n)) is amended—

20 (1) in paragraph (2)—

21 (A) in subparagraph (A)(ii), by striking
22 “2010, 2011, 2012, 2013, 2014, and 2016”
23 and inserting “2010 through 2014, 2016, 2018,
24 and each subsequent fiscal year”; and

1 (B) in subparagraph (B), by striking
 2 “2010, 2011, 2012, 2013, 2014, and 2016”
 3 and inserting “2010 through 2014, 2016, 2018,
 4 and each subsequent fiscal year”; and

5 (2) in paragraph (3)(A), in the matter pre-
 6 ceding clause (i), by striking “or a semi-annual allot-
 7 ment period for fiscal year 2015 or 2017” and in-
 8 serting “or in fiscal year 2018 or any subsequent
 9 fiscal year (or a semi-annual allotment period for
 10 fiscal year 2015, or 2017)”.

11 (d) EXTENSION OF QUALIFYING STATES OPTION.—

12 (1) IN GENERAL.—Section 2105(g)(4) of the
 13 Social Security Act (42 U.S.C. 1397ee(g)(4)) is
 14 amended—

15 (A) in the heading, by striking “THROUGH
 16 2017” and inserting “AND SUBSEQUENT FISCAL
 17 YEARS”; and

18 (B) in subparagraph (A), by striking “for
 19 any of fiscal years 2009 through 2017” and in-
 20 serting “for fiscal year 2009 or any subsequent
 21 fiscal year”.

22 (2) TECHNICAL AMENDMENTS.—Section
 23 2104(f)(2)(B)(ii) of the Social Security Act (42
 24 U.S.C. 1397dd(f)(2)(B)(ii)), as amended by section
 25 3201(c) of the CHIP and Public Health Funding

1 Extension Act (division C of Public Law 115–96), is
2 amended—

3 (A) in subclause (I), by striking “for the
4 month (as defined in subclause (II))” and in-
5 serting “(as defined in subclause (II)) for the
6 month”;

7 (B) in subclause (II), by inserting “, as in
8 effect on the day before the date of the enact-
9 ment of the KIDS Act,” after “section
10 2105(g)(4)(A)”;

11 (C) in subclause (VI)—

12 (i) by inserting “, as in effect on the
13 day before the date of the enactment of the
14 KIDS Act” after “, section 2105(g)(4)”;
15 and

16 (ii) by inserting “, as so in effect”
17 after “under section 2105(g)(4)”.

18 (e) EXTENSION OF EXPRESS LANE ELIGIBILITY OP-
19 TION.—Section 1902(e)(13) of the Social Security Act (42
20 U.S.C. 1396a(e)(13)) is amended by striking subpara-
21 graph (I).

22 (f) ASSURANCE OF AFFORDABILITY STANDARD FOR
23 CHILDREN AND FAMILIES.—

1 (1) IN GENERAL.—Section 2105(d)(3) of the
2 Social Security Act (42 U.S.C. 1397ee(d)(3)) is
3 amended—

4 (A) in the paragraph heading, by striking
5 “UNTIL OCTOBER 1, 2019”; and

6 (B) in subparagraph (A), in the matter
7 preceding clause (i)—

8 (i) by striking “During the period
9 that begins on” and inserting “Beginning
10 on”;

11 (ii) by striking “and ends on Sep-
12 tember 30, 2019”; and

13 (iii) by striking “The preceding sen-
14 tence shall not be construed as preventing
15 a State during such period” and inserting
16 “Beginning on October 1, 2019, the pre-
17 ceding sentence shall only apply with re-
18 spect to children in families whose income
19 does not exceed 300 percent of the poverty
20 line (as defined in section 2110(c)(5)) ap-
21 plicable to a family of the size involved.
22 The preceding sentences shall not be con-
23 strued as preventing a State during any
24 such periods”.

1 (2) CONFORMING AMENDMENTS.—Section
2 1902(gg)(2) of the Social Security Act (42 U.S.C.
3 1396a(gg)(2)) is amended—

4 (A) in the paragraph heading, by striking
5 “UNTIL OCTOBER 1, 2019”; and

6 (B) by striking “through September 30,
7 2019,” and inserting “(but beginning on Octo-
8 ber 1, 2019, only with respect to children in
9 families whose income does not exceed 300 per-
10 cent of the poverty line (as defined in section
11 2110(c)(5)) applicable to a family of the size in-
12 volved)”.

13 (g) CHIP LOOK-ALIKE PLANS.—

14 (1) BLENDING RISK POOLS.—Section 2107 of
15 the Social Security Act (42 U.S.C. 1397gg) is
16 amended by adding at the end the following:

17 “(g) USE OF BLENDED RISK POOLS.—

18 “(1) IN GENERAL.—Nothing in this title (or
19 any other provision of Federal law) shall be con-
20 strued as preventing a State from considering chil-
21 dren enrolled in a qualified CHIP look-alike pro-
22 gram and children enrolled in a State child health
23 plan under this title (or a waiver of such plan) as
24 members of a single risk pool.

1 “(2) QUALIFIED CHIP LOOK-ALIKE PROGRAM.—

2 In this subsection, the term ‘qualified CHIP look-
3 alike program’ means a State program—

4 “(A) under which children who are under
5 the age of 19 and are not eligible to receive
6 medical assistance under title XIX or child
7 health assistance under this title may purchase
8 coverage through the State that provides bene-
9 fits that are at least identical to the benefits
10 provided under the State child health plan
11 under this title (or a waiver of such plan); and

12 “(B) that is funded exclusively through
13 non-Federal funds, including funds received by
14 the State in the form of premiums for the pur-
15 chase of such coverage.”.

16 (2) COVERAGE RULE.—

17 (A) IN GENERAL.—Section 5000A(f)(1) of
18 the Internal Revenue Code of 1986 is amended
19 in subparagraph (A)(iii), by inserting “or under
20 a qualified CHIP look-alike program (as de-
21 fined in section 2107(g) of the Social Security
22 Act)” before the comma at the end.

23 (B) EFFECTIVE DATE.—The amendment
24 made by subparagraph (A) shall apply with re-

1 spect to taxable years beginning after December
2 31, 2017.

3 (h) AVAILABILITY OF UNUSED FISCAL YEAR 2018
4 REDISTRIBUTION AMOUNTS.—Any amounts that have
5 been redistributed to States under subsection (f) of section
6 2104 of the Social Security Act (42 U.S.C. 1397dd) for
7 fiscal year 2018 that are not, or will not be, expended by
8 the end of that fiscal year shall be—

9 (1) adjusted by the Secretary before the end of
10 fiscal year 2018 to reflect an updated estimate of
11 shortfalls under subsection (f)(2)(A) of such section;
12 and

13 (2) available for redistribution under subsection
14 (f) of such section for subsequent fiscal years.

15 **SEC. 102. EXTENSION OF CERTAIN PROGRAMS AND DEM-**
16 **ONSTRATION PROJECTS.**

17 (a) CHILDHOOD OBESITY DEMONSTRATION
18 PROJECT.—Section 1139A(e)(8) of the Social Security
19 Act (42 U.S.C. 1320b–9a(e)(8)) is amended—

20 (1) by striking “and \$10,000,000” and insert-
21 ing “, \$10,000,000”; and

22 (2) by inserting after “2017” the following: “,
23 and \$5,000,000 for fiscal year 2018 and each subse-
24 quent fiscal year”.

1 (b) PEDIATRIC QUALITY MEASURES PROGRAM.—
2 Section 1139A(i) of the Social Security Act (42 U.S.C.
3 1320b–9a(i)) is amended—

4 (1) by striking “Out of any” and inserting the
5 following:

6 “(1) IN GENERAL.—Out of any”;

7 (2) by striking “there is appropriated for each”
8 and inserting “there is appropriated—

9 “(A) for each”;

10 (3) by striking “, and there is appropriated for
11 the period” and inserting “;

12 “(B) for the period”;

13 (4) by striking “. Funds appropriated under
14 this subsection shall remain available until ex-
15 pended.” and inserting “; and”; and

16 (5) by adding at the end the following:

17 “(C) for fiscal year 2018 and each subse-
18 quent fiscal year, \$15,000,000 for the purpose
19 of carrying out this section (other than sub-
20 sections (e), (f), and (g)).

21 “(2) AVAILABILITY.—Funds appropriated
22 under this subsection shall remain available until ex-
23 pended.”.

1 **SEC. 103. EXTENSION OF OUTREACH AND ENROLLMENT**
2 **PROGRAM.**

3 (a) IN GENERAL.—Section 2113 of the Social Secu-
4 rity Act (42 U.S.C. 1397mm) is amended—

5 (1) in subsection (a)(1), by striking “during the
6 period of fiscal years 2009 through 2017”; and

7 (2) in subsection (g)—

8 (A) by striking “and \$40,000,000” and in-
9 serting “, \$40,000,000”; and

10 (B) by inserting after “2017” the fol-
11 lowing: “, and \$20,000,000 for fiscal year 2018
12 and each subsequent fiscal year”.

13 (b) MAKING ORGANIZATIONS THAT USE PARENT
14 MENTORS ELIGIBLE TO RECEIVE GRANTS.—Section
15 2113(f) of the Social Security Act (42 U.S.C. 1397mm(f))
16 is amended—

17 (1) in paragraph (1)(E), by striking “or com-
18 munity-based doula programs” and inserting “, com-
19 munity-based doula programs, or parent mentors”;
20 and

21 (2) by adding at the end the following new
22 paragraph:

23 “(5) PARENT MENTOR.—The term ‘parent
24 mentor’ means an individual who—

1 “(A) is a parent or guardian of at least
2 one child who is an eligible child under this title
3 or title XIX; and

4 “(B) is trained to assist families with chil-
5 dren who have no health insurance coverage
6 with respect to improving the social deter-
7 minants of the health of such children, includ-
8 ing by providing—

9 “(i) education about health insurance
10 coverage, including, with respect to obtain-
11 ing such coverage, eligibility criteria and
12 application and renewal processes;

13 “(ii) assistance with completing and
14 submitting applications for health insur-
15 ance coverage;

16 “(iii) a liaison between families and
17 representatives of State plans under title
18 XIX or State child health plans under this
19 title;

20 “(iv) guidance on identifying medical
21 and dental homes and community phar-
22 macies for children; and

23 “(v) assistance and referrals to suc-
24 cessfully address social determinants of

1 children's health, including poverty, food
2 insufficiency, and housing.”.

3 (c) EXCLUSION FROM MODIFIED ADJUSTED GROSS
4 INCOME.—Section 1902(e) of the Social Security Act (42
5 U.S.C. 1396a(e)) is amended—

6 (1) in the first paragraph (14), relating to in-
7 come determined using modified adjusted gross in-
8 come, by adding at the end the following new sub-
9 paragraph:

10 “(J) EXCLUSION OF PARENT MENTOR
11 COMPENSATION FROM INCOME DETERMINA-
12 TION.—Any nominal amount received by an in-
13 dividual as compensation, including a stipend,
14 for participation as a parent mentor (as defined
15 in paragraph (5) of section 2113(f)) in an activ-
16 ity or program funded through a grant under
17 such section shall be disregarded for purposes
18 of determining the income eligibility of such in-
19 dividual for medical assistance under the State
20 plan or any waiver of such plan.”; and

21 (2) by striking “(14) EXCLUSION” and insert-
22 ing “(15) EXCLUSION”.

1 **SEC. 104. EXTENSION AND REDUCTION OF ADDITIONAL**
 2 **FEDERAL FINANCIAL PARTICIPATION FOR**
 3 **CHIP.**

4 Section 2105(b) of the Social Security Act (42 U.S.C.
 5 1397ee(b)) is amended in the second sentence by inserting
 6 “and during the period that begins on October 1, 2019,
 7 and ends on September 30, 2020, the enhanced FMAP
 8 determined for a State for a fiscal year (or for any portion
 9 of a fiscal year occurring during such period) shall be in-
 10 creased by 11.5 percentage points” after “23 percentage
 11 points,”.

12 **TITLE II—MEDICARE AND**
 13 **OTHER HEALTH EXTENDERS**
 14 **Subtitle A—Medicare Extenders**
 15 **and Related Policies**

16 **SEC. 201. EXTENSION OF WORK GPCI FLOOR.**

17 Section 1848(e)(1)(E) of the Social Security Act (42
 18 U.S.C. 1395w–4(e)(1)(E)) is amended by striking “Janu-
 19 ary 1, 2018” and inserting “January 1, 2020”.

20 **SEC. 202. PERMANENT REPEAL OF THE THERAPY CAPS.**

21 Section 1833(g) of the Social Security Act (42 U.S.C.
 22 1395l(g)) is amended—

23 (1) in paragraph (1)—

24 (A) by striking “Subject to paragraphs (4)
 25 and (5)” and inserting “(A) Subject to para-
 26 graphs (4) and (5)”;

1 (B) in the subparagraph (A), as inserted
2 and designated by subparagraph (A) of this
3 paragraph, by adding at the end the following
4 new sentence: “The preceding sentence shall
5 not apply to expenses incurred with respect to
6 services furnished after December 31, 2017.”;
7 and

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

10 “(B) With respect to services furnished during 2018
11 or a subsequent year, in the case of physical therapy serv-
12 ices of the type described in section 1861(p), speech-lan-
13 guage pathology services of the type described in such sec-
14 tion through the application of section 1861(ll)(2), and
15 physical therapy services and speech-language pathology
16 services of such type which are furnished by a physician
17 or as incident to physicians’ services, with respect to ex-
18 penses incurred in any calendar year, any amount that
19 is more than the amount specified in paragraph (2) for
20 the year shall not be considered as incurred expenses for
21 purposes of subsections (a) and (b) unless the applicable
22 requirements of paragraph (7) are met.”;

23 (2) in paragraph (3)—

1 (A) by striking “Subject to paragraphs (4)
2 and (5)” and inserting “(A) Subject to para-
3 graphs (4) and (5)”;

4 (B) in the subparagraph (A), as inserted
5 and designated by subparagraph (A) of this
6 paragraph, by adding at the end the following
7 new sentence: “The preceding sentence shall
8 not apply to expenses incurred with respect to
9 services furnished after December 31, 2017.”;
10 and

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

13 “(B) With respect to services furnished during 2018
14 or a subsequent year, in the case of occupational therapy
15 services (of the type that are described in section 1861(p)
16 through the operation of section 1861(g) and of such type
17 which are furnished by a physician or as incident to physi-
18 cians’ services), with respect to expenses incurred in any
19 calendar year, any amount that is more than the amount
20 specified in paragraph (2) for the year shall not be consid-
21 ered as incurred expenses for purposes of subsections (a)
22 and (b) unless the applicable requirements of paragraph
23 (7) are met.”;

24 (3) in paragraph (5)—

1 (A) by redesignating subparagraph (D) as
2 paragraph (8) and moving such paragraph to
3 immediately follow paragraph (7), as added by
4 paragraph (4) of this section; and

5 (B) in subparagraph (E)(iv), by inserting
6 “, except as such process is applied under para-
7 graph (7)(B)” before the period at the end; and
8 (4) by adding at the end the following new
9 paragraph:

10 “(7) For purposes of paragraphs (1)(B) and (3)(B),
11 with respect to services described in such paragraphs, the
12 requirements described in this paragraph are as follows:

13 “(A) INCLUSION OF APPROPRIATE MODIFIER.—
14 The claim for such services contains an appropriate
15 modifier (such as the KX modifier described in para-
16 graph (5)(B)) indicating that such services are medi-
17 cally necessary as justified by appropriate docu-
18 mentation in the medical record involved.

19 “(B) TARGETED MEDICAL REVIEW FOR CER-
20 TAIN SERVICES ABOVE THRESHOLD.—

21 “(i) IN GENERAL.—In the case where ex-
22 penses that would be incurred for such services
23 would exceed the threshold described in clause
24 (ii) for the year, such services shall be subject

1 to the process for medical review implemented
2 under paragraph (5)(E).

3 “(ii) THRESHOLD.—The threshold under
4 this clause for—

5 “(I) a year before 2028, is \$3,000;

6 “(II) 2028, is the amount specified in
7 subclause (I) increased by the percentage
8 increase in the MEI (as defined in section
9 1842(i)(3)) for 2028; and

10 “(III) a subsequent year, is the
11 amount specified in this clause for the pre-
12 ceding year increased by the percentage in-
13 crease in the MEI (as defined in section
14 1842(i)(3)) for such subsequent year,
15 except that if an increase under subclause (II)
16 or (III) for a year is not a multiple of \$10, it
17 shall be rounded to the nearest multiple of \$10.

18 “(iii) APPLICATION.—The threshold under
19 clause (ii) shall be applied separately—

20 “(I) for physical therapy services and
21 speech-language pathology services; and

22 “(II) for occupational therapy serv-
23 ices.

24 “(iv) FUNDING.—For purposes of carrying
25 out this subparagraph, the Secretary shall pro-

1 vide for the transfer, from the Federal Supple-
2 mentary Medical Insurance Trust Fund under
3 section 1841 to the Centers for Medicare &
4 Medicaid Services Program Management Ac-
5 count, of \$5,000,000 for each fiscal year begin-
6 ning with fiscal year 2018, to remain available
7 until expended. Such funds may not be used by
8 a contractor under section 1893(h) for medical
9 reviews under this subparagraph.”.

10 **SEC. 203. GROUND AMBULANCE SERVICES COST REPORT-**
11 **ING REQUIREMENT.**

12 (a) IN GENERAL.—Section 1121 of the Social Secu-
13 rity Act (42 U.S.C. 1320a) is amended—

14 (1) in subsection (a)—

15 (A) by striking “For the purposes of” and
16 inserting “Subject to subsection (d), for the
17 purposes of”;

18 (B) by inserting “suppliers of ground am-
19 bulance services,” after “health maintenance or-
20 ganizations,”; and

21 (C) in the matter following paragraph (5),
22 by adding the following new sentence: “Not
23 later than December 31, 2019, the Secretary
24 shall modify the uniform reporting system for
25 providers of services with respect to ambulance

1 services to ensure that such system contains in-
2 formation similar (as determined by the Sec-
3 retary) to information required under the uni-
4 form reporting system for suppliers of ground
5 ambulance services.”; and

6 (2) by adding at the end the following new sub-
7 section:

8 “(d) In the case of a supplier of ground ambulance
9 services that furnishes such services for fewer than 20 in-
10 dividuals entitled to benefits under part A of title XVIII
11 and enrolled under part B of such title in a cost reporting
12 period (as defined by the Secretary), the Secretary may
13 modify the requirements for inclusion of any information
14 specified in subsection (a) in reports made in accordance
15 with the uniform reporting systems established under this
16 section with respect to such services.”.

17 (b) SUSPENSION OF PAYMENT FOR GROUND AMBU-
18 LANCE SERVICES; DEEMING CERTAIN PAYMENTS OVER-
19 PAYMENTS.—Section 1834(l) of the Social Security Act
20 (42 U.S.C. 1395m(l)) is amended by adding at the end
21 the following new paragraph:

22 “(17) REQUIREMENT TO SUBMIT COST REPORT
23 AND AUTHORITY TO SUSPEND PAYMENTS AND DEEM
24 CERTAIN PAYMENTS OVERPAYMENTS FOR GROUND
25 AMBULANCE SERVICES.—

1 “(A) IN GENERAL.—With respect to
2 ground ambulance services furnished by a sup-
3 plier of such services during cost reporting peri-
4 ods (as defined in subparagraph (I)) beginning
5 on or after January 1, 2020, such supplier shall
6 make reports to the Secretary of information
7 described in section 1121(a) in accordance with
8 the uniform reporting system established under
9 such section for such suppliers and, as may be
10 required by the Secretary, of any of the infor-
11 mation described in subparagraph (B).

12 “(B) ADDITIONAL INFORMATION.—The
13 Secretary may, with respect to a supplier of
14 ground ambulance services, require the fol-
15 lowing information (to be reported to the extent
16 practicable under the uniform reporting system
17 established under section 1121(a) for such sup-
18 pliers):

19 “(i) Whether the supplier is part of
20 an emergency services department, a gov-
21 ernmental organization, or another type of
22 entity (as described by the Secretary).

23 “(ii) The number of hours in a week
24 during which the supplier is available for
25 furnishing ground ambulance services.

1 “(iii) The average number of volun-
2 teer hours a week used by the supplier.

3 “(C) SUSPENSION OF PAYMENT.—Subject
4 to subparagraph (E), in the case that the Sec-
5 retary determines that a supplier of ground am-
6 bulance services has not made to the Secretary
7 a timely report described in subparagraph (A)
8 with respect to a cost reporting period begin-
9 ning on or after January 1, 2020, and before
10 January 1, 2022, the Secretary may suspend
11 payments made under this subsection, in whole
12 or in part, to such supplier until the Secretary
13 finds that such supplier has made such a re-
14 port.

15 “(D) DEEMING CERTAIN PAYMENTS OVER-
16 PAYMENTS.—Subject to subparagraphs (E) and
17 (F), in the case that the Secretary determines
18 that a supplier of ground ambulance services
19 has not made to the Secretary a complete, accu-
20 rate, and timely report described in subpara-
21 graph (A) with respect to a cost reporting pe-
22 riod beginning on or after January 1, 2022, the
23 Secretary may deem payments made under this
24 subsection to such supplier for such period to

1 be overpayments and recoup such overpay-
2 ments.

3 “(E) HARDSHIP DELAY.—The Secretary
4 shall establish a process whereby a supplier of
5 ground ambulance services may request a delay
6 in making a report described in subparagraph
7 (A) with respect to a cost reporting period for
8 reason of significant hardship (as determined
9 by the Secretary).

10 “(F) AUTHORITY TO MODIFY COST RE-
11 PORTING ELEMENTS AND ENFORCEMENT.—Not
12 earlier than January 1, 2024, the Secretary
13 may provide that subparagraph (D) no longer
14 applies to ground ambulance services suppliers
15 or a category of such suppliers after—

16 “(i) taking into account the rec-
17 ommendation of the Medicare Payment
18 Advisory Commission in the most recent
19 report available to the Secretary submitted
20 under section 204 of the Advancing Sen-
21 iors and Kids Act regarding whether cost
22 reports made by suppliers or a category of
23 suppliers (as specified for purposes of the
24 report submitted under such section)
25 should be required or modified; and

1 “(ii) undertaking notice and comment
2 rulemaking.

3 “(G) AUDIT OF COST REPORTS.—The Sec-
4 retary shall audit reports described in subpara-
5 graph (A) made with respect to cost reporting
6 periods beginning on or after January 1, 2021.

7 “(H) APPEALS.—The Secretary shall es-
8 tablish a process whereby a supplier of ground
9 ambulance services may appeal a determination
10 described in subparagraph (C) or (D) made
11 with respect to a cost report required to be
12 made by such supplier under subparagraph (A).

13 “(I) DEFINITION.—In this paragraph, the
14 term ‘cost reporting period’ means, with respect
15 to a year, the 12-month period beginning on
16 January 1 of such year.”.

17 (c) STAKEHOLDER FEEDBACK.—

18 (1) IN GENERAL.—The Secretary of Health and
19 Human Services shall implement the provisions of
20 this section, including the amendments made by this
21 section, through notice and comment rulemaking
22 and seek input from stakeholders.

23 (2) NONAPPLICATION OF PAPERWORK REDUC-
24 TION ACT.—Chapter 35 of title 44, United States
25 Code, shall not apply with respect to—

1 (A) the development and implementation of
2 the uniform reporting system required under
3 section 1121(a) of the Social Security Act (42
4 U.S.C. 1320a(a)) for suppliers of ground ambu-
5 lance services and reports required to be made
6 under section 1834(l)(17) of such Act (42
7 U.S.C. 1395m(l)(17)), as added by subsection
8 (b) of this section; and

9 (B) the modification of the uniform report-
10 ing systems under such section 1121(a) of such
11 Act for providers of such services and reports
12 required to be made under section
13 1861(v)(1)(F) of such Act (42 U.S.C.
14 1395x(v)(1)(F)).

15 (d) IMPLEMENTATION RESOURCES.—

16 (1) IN GENERAL.—There are hereby appro-
17 priated to the Secretary from the Federal Hospital
18 Insurance Trust Fund under section 1817 of the So-
19 cial Security Act (42 U.S.C. 1395i) \$8,000,000 and
20 from the Federal Supplementary Medical Insurance
21 Trust Fund under section 1841 of such Act (42
22 U.S.C. 1395t) \$92,000,000 (of which not less than
23 \$10,000,000 shall be used to fulfill the auditing re-
24 quirement under section 1834(l)(17)(G) of such Act,
25 as added by subsection (b) of this section) to carry

1 out the provisions of this section, including the
2 amendments made by this section, to remain avail-
3 able through December 31, 2022.

4 (2) FUNDING FOR EMPLOYEES.—The Secretary
5 of Health and Human Services shall provide for the
6 transfer to the Centers for Medicare & Medicaid
7 Services Program Management Account, from the
8 Federal Supplementary Medical Insurance Trust
9 Fund under section 1841 of the Social Security Act
10 (42 U.S.C. 1395t), of such sums as may be nec-
11 essary in order to directly hire no more than 2 full-
12 time employees to carry out the provisions of this
13 section, including the amendments made by this sec-
14 tion.

15 (e) SENSE OF CONGRESS.—It is the sense of Con-
16 gress that—

17 (1) a cost report made by a supplier of ground
18 ambulance services with respect to a cost reporting
19 period beginning before January 1, 2022, may not
20 contain complete and accurate information on
21 ground ambulance services furnished during such a
22 period by the supplier; and

23 (2) the Secretary should take into account only
24 the timeliness of such a report made with respect to
25 such a period when determining whether to suspend

1 payments to a supplier under section 1834(l) of the
2 Social Security Act (42 U.S.C. 1395m(l)).

3 **SEC. 204. GROUND AMBULANCE SERVICES COST REPORT-**
4 **ING STUDY.**

5 (a) IN GENERAL.—Not later than March 15, 2023,
6 and as determined necessary by the Medicare Payment
7 Advisory Commission thereafter, such Commission shall
8 assess and submit to Congress a report on cost reports
9 carried out in accordance with sections 1121(a) and
10 1834(l) of the Social Security Act (42 U.S.C. 1320a(a),
11 1395m(l)), the adequacy of payments for such services
12 made under section 1834(l) of such Act, and geographic
13 variations in the cost of providing such services.

14 (b) CONTENTS.—The report described in subsection
15 (a) shall contain the following:

16 (1) An analysis of cost report data submitted in
17 accordance with such sections.

18 (2) An analysis of any burden on providers and
19 suppliers of such services associated with reporting
20 such data.

21 (3) A recommendation on whether or not cost
22 reports of ambulance services made by suppliers or
23 a category of suppliers (as specified by the Sec-
24 retary) of such services, or the ground ambulance
25 portion of cost reports made by providers of such

1 services, should be required or modified, taking into
2 account the analyses described in paragraphs (1)
3 and (2).

4 **SEC. 205. EXTENSION OF GROUND AMBULANCE SERVICES**
5 **EXTENDERS.**

6 Section 1834(l) of the Social Security Act (42 U.S.C.
7 1395m(l)) is amended—

8 (1) in paragraph (12)(A), by striking “2018”
9 and inserting “2023”; and

10 (2) in paragraph (13)(A), by striking “2018”
11 each place it appears and inserting “2023”.

12 **SEC. 206. EXTENSION OF INCREASED INPATIENT HOSPITAL**
13 **PAYMENT ADJUSTMENT FOR CERTAIN LOW-**
14 **VOLUME HOSPITALS.**

15 Section 1886(d)(12) of the Social Security Act (42
16 U.S.C. 1395ww(d)(12)) is amended—

17 (1) in subparagraph (B), in the matter pre-
18 ceding clause (i), by striking “and for discharges oc-
19 ccurring in fiscal year 2020 and subsequent fiscal
20 years”;

21 (2) in subparagraph (C)(i)—

22 (A) by striking “fiscal years 2011 through
23 2017” each place it appears and inserting “fis-
24 cal years 2011 through 2019”; and

1 (B) by striking “or portion of fiscal year”;

2 and

3 (3) in subparagraph (D)—

4 (A) in the heading, by striking “TEM-
5 PORARY APPLICABLE PERCENTAGE INCREASE”

6 and inserting “APPLICABLE PERCENTAGE IN-
7 CREASE BEGINNING WITH FISCAL YEAR 2011”;

8 (B) by striking “fiscal years 2011 through
9 2017,” and inserting “fiscal years 2011
10 through 2019”; and

11 (C) by striking “or the portion of fiscal
12 year” each place it appears.

13 **SEC. 207. EXTENSION OF THE MEDICARE-DEPENDENT HOS-**
14 **PITAL (MDH) PROGRAM.**

15 (a) IN GENERAL.—Section 1886(d)(5)(G) of the So-
16 cial Security Act (42 U.S.C. 1395ww(d)(5)(G)) is amend-
17 ed—

18 (1) in clause (i), by striking “October 1, 2017”
19 and inserting “October 1, 2019”; and

20 (2) in clause (ii)(II), by striking “October 1,
21 2017” and inserting “October 1, 2019”.

22 (b) CONFORMING AMENDMENTS.—

23 (1) EXTENSION OF TARGET AMOUNT.—Section
24 1886(b)(3)(D) of the Social Security Act (42 U.S.C.
25 1395ww(b)(3)(D)) is amended—

(A) in the matter preceding clause (i), by striking “October 1, 2017” and inserting “October 1, 2019”; and

(B) in clause (iv), by striking “through fiscal year 2017” and inserting “through fiscal year 2019”.

(2) PERMITTING HOSPITALS TO DECLINE RECLASSIFICATION.—Section 13501(e)(2) of the Omnibus Budget Reconciliation Act of 1993 (42 U.S.C. 1395ww note) is amended by striking “through fiscal year 2017” and inserting “through fiscal year 2019”.

SEC. 208. SPECIALIZED MEDICARE ADVANTAGE PLANS FOR SPECIAL NEEDS INDIVIDUALS.

(a) PERMANENT EXTENSION.—Section 1859(f)(1) of the Social Security Act (42 U.S.C. 1395w–28(f)(1)) is amended by striking “and for periods before January 1, 2019”.

(b) INCREASED INTEGRATION OF DUAL SNPs.—

(1) IN GENERAL.—Section 1859(f) of the Social Security Act (42 U.S.C. 1395w–28(f)) is amended—

(A) in paragraph (3), by adding at the end the following new subparagraph:

“(F) The plan meets the requirements applicable under paragraph (8).”; and

1 (B) by adding at the end the following new
2 paragraph:

3 “(8) INCREASED INTEGRATION OF DUAL
4 SNPS.—

5 “(A) DESIGNATED CONTACT.—The Sec-
6 retary, acting through the Federal Coordinated
7 Health Care Office established under section
8 2602 of Public Law 111–148, shall serve as a
9 dedicated point of contact for States to address
10 misalignments that arise with the integration of
11 specialized MA plans for special needs individ-
12 uals described in subsection (b)(6)(B)(ii) under
13 this paragraph and, consistent with such role,
14 shall—

15 “(i) establish a uniform process for
16 disseminating to State Medicaid agencies
17 information under this title impacting con-
18 tracts between such agencies and such
19 plans under this subsection; and

20 “(ii) establish basic resources for
21 States interested in exploring such plans
22 as a platform for integration, such as a
23 model contract or other tools to achieve
24 those goals.

1 “(B) UNIFIED GRIEVANCES AND APPEALS
2 PROCESS.—

3 “(i) IN GENERAL.—Not later than
4 April 1, 2020, the Secretary shall establish
5 procedures, to the extent feasible as deter-
6 mined by the Secretary, unifying griev-
7 ances and appeals procedures under sec-
8 tions 1852(f), 1852(g), 1902(a)(3),
9 1902(a)(5), and 1932(b)(4) for items and
10 services provided by specialized MA plans
11 for special needs individuals described in
12 subsection (b)(6)(B)(ii) under this title
13 and title XIX. The Secretary shall solicit
14 comment in developing such procedures
15 from States, plans, beneficiaries and their
16 representatives, and other relevant stake-
17 holders. With respect to items and services
18 described in the previous sentence, appeals
19 procedures established under this clause
20 shall apply in place of otherwise applicable
21 appeals procedures.

22 “(ii) PROCEDURES.—The procedures
23 established under clause (i) shall be in-
24 cluded in the plan contract under para-
25 graph (3)(D) and shall—

1 “(I) adopt the provisions for the
2 enrollee that are most protective for
3 the enrollee and, to the extent feasible
4 as determined by the Secretary, are
5 compatible with unified timeframes
6 and consolidated access to external re-
7 view under an integrated process;

8 “(II) take into account dif-
9 ferences in State plans under title
10 XIX to the extent necessary;

11 “(III) be easily navigable by an
12 enrollee; and

13 “(IV) include the elements de-
14 scribed in clause (iii), as applicable.

15 “(iii) ELEMENTS DESCRIBED.—Both
16 unified appeals and unified grievance pro-
17 cedures shall include, as applicable, the fol-
18 lowing elements described in this clause:

19 “(I) Single written notification of
20 all applicable grievances and appeal
21 rights under this title and title XIX.
22 For purposes of this subparagraph,
23 the Secretary may waive the require-
24 ments under section 1852(g)(1)(B)
25 when the specialized MA plan covers

1 items or services under this part or
2 under title XIX.

3 “(II) Single pathways for resolu-
4 tion of any grievance or appeal related
5 to a particular item or service pro-
6 vided by specialized MA plans for spe-
7 cial needs individuals described in
8 subsection (b)(6)(B)(ii) under this
9 title and title XIX.

10 “(III) Notices written in plain
11 language and available in a language
12 and format that is accessible to the
13 enrollee, including in non-English lan-
14 guages that are prevalent in the serv-
15 ice area of the specialized MA plan.

16 “(IV) Unified timeframes for
17 grievances and appeals processes,
18 such as an individual’s filing of a
19 grievance or appeal, a plan’s acknowl-
20 edgment and resolution of a grievance
21 or appeal, and notification of decisions
22 with respect to a grievance or appeal.

23 “(V) Requirements for how the
24 plan must process, track, and resolve
25 grievances and appeals, to ensure

1 beneficiaries are notified on a timely
2 basis of decisions that are made
3 throughout the grievance or appeals
4 process and are able to easily deter-
5 mine the status of a grievance or ap-
6 peal.

7 “(iv) CONTINUATION OF BENEFITS
8 PENDING APPEAL.—The unified procedures
9 under clause (i) shall, with respect to all
10 benefits under parts A and B and title
11 XIX subject to appeal under such proce-
12 dures, incorporate provisions under current
13 law and implementing regulations that pro-
14 vide continuation of benefits pending ap-
15 peal under this title and title XIX.

16 “(C) REQUIREMENT FOR UNIFIED GRIEV-
17 ANCES AND APPEALS.—For 2022 and subse-
18 quent years, the contract of a specialized MA
19 plan for special needs individuals described in
20 subsection (b)(6)(B)(ii) with a State Medicaid
21 agency under paragraph (3)(D) shall require
22 the use of unified grievances and appeals proce-
23 dures as described in subparagraph (B).

24 “(D) REQUIREMENTS FOR FULL INTEGRA-
25 TION FOR CERTAIN DUAL SNPS.—

1 “(i) REQUIREMENT.—For 2021 and
2 subsequent years, a specialized MA plan
3 for special needs individuals described in
4 subsection (b)(6)(B)(ii) shall meet one or
5 more of the following requirements for in-
6 tegration of benefits under this title and
7 title XIX:

8 “(I) Meet the requirements of a
9 fully integrated plan described in sec-
10 tion 1853(a)(1)(B)(iv)(II) (other than
11 the requirement that the plan have
12 similar average levels of frailty, as de-
13 termined by the Secretary, as the
14 PACE program).

15 “(II) Enter into a capitated con-
16 tract with the State Medicaid agency
17 to provide long-term services and sup-
18 ports or behavioral health services, or
19 both.

20 “(III) To the extent the State
21 does not allow for or require such a
22 specialized MA plan to enter into a
23 capitated contract described in sub-
24 clause (II), enter into another type of
25 integration arrangement, as deter-

1 mined appropriate by the Secretary
2 after consultation with stakeholders,
3 such as by—

4 “(aa) entering into a con-
5 tract with the State that requires
6 notifying the State in a timely
7 manner of hospitalizations, emer-
8 gency room visits, and hospital or
9 nursing home discharges of en-
10 rollees or otherwise requires shar-
11 ing data that would benefit the
12 coordination of items and serv-
13 ices under this title and the State
14 plan under title XIX; or

15 “(bb) being offered by a
16 parent organization that also of-
17 fers a Medicaid managed care
18 plan that provides long-term
19 services and supports or behav-
20 ioral health services to the same
21 enrollees as under such special-
22 ized MA plan.

23 “(ii) SANCTIONS.—For 2021 and sub-
24 sequent years, if the Secretary determines
25 that a specialized MA plan fails to comply

1 with clause (i), the Secretary may provide
 2 for the application against the Medicare
 3 Advantage organization offering the plan
 4 any of the remedies described in section
 5 1857(g)(2).”.

6 (2) CONFORMING AMENDMENT TO RESPON-
 7 SIBILITIES OF FEDERAL COORDINATED HEALTH
 8 CARE OFFICE.—Section 2602(d) of Public Law 111–
 9 148 (42 U.S.C. 1315b(d)) is amended by adding at
 10 the end the following new paragraphs:

11 “(6) To act as a designated contact for States
 12 under subsection (f)(8)(A) of section 1859 of the So-
 13 cial Security Act (42 U.S.C. 1395w–28) with respect
 14 to the integration of specialized MA plans for special
 15 needs individuals described in subsection
 16 (b)(6)(B)(ii) of such section.

17 “(7) To be responsible for developing regula-
 18 tions and guidance related to the implementation of
 19 a unified grievance and appeals process as described
 20 in subparagraphs (B) and (C) of section 1859(f)(8)
 21 of the Social Security Act (42 U.S.C. 1395w–
 22 28(f)(8)).

23 “(8) To be responsible for developing regula-
 24 tions and guidance related to the integration or
 25 alignment of policy and oversight under the Medi-

1 care program under title XVIII of such Act and
 2 Medicaid program under title XIX of such Act re-
 3 garding specialized MA plans for special needs indi-
 4 viduals described in subsection (b)(6)(B)(ii) of such
 5 section 1859.”.

6 (c) IMPROVEMENTS TO SEVERE OR DISABLING
 7 CHRONIC CONDITION SNPS.—

8 (1) CARE MANAGEMENT REQUIREMENTS.—Sec-
 9 tion 1859(f)(5) of the Social Security Act (42
 10 U.S.C. 1395w–28(f)(5)) is amended—

11 (A) by redesignating subparagraphs (A)
 12 and (B) as clauses (i) and (ii), respectively, and
 13 indenting appropriately;

14 (B) in clause (ii), as redesignated by sub-
 15 paragraph (B), by redesignating clauses (i)
 16 through (iii) as subclauses (I) through (III), re-
 17 spectively, and indenting appropriately;

18 (C) by striking “ALL SNPS.—The require-
 19 ments” and inserting “ALL SNPS.—

20 “(A) IN GENERAL.—Subject to subpara-
 21 graph (B), the requirements”; and

22 (D) by adding at the end the following new
 23 subparagraph:

24 “(B) IMPROVEMENTS TO CARE MANAGE-
 25 MENT REQUIREMENTS FOR SEVERE OR DIS-

1 ABLING CHRONIC CONDITION SNPS.—For 2020
2 and subsequent years, in the case of a special-
3 ized MA plan for special needs individuals de-
4 scribed in subsection (b)(6)(B)(iii), the require-
5 ments described in this paragraph include the
6 following:

7 “(i) The interdisciplinary team under
8 subparagraph (A)(ii)(III) includes a team
9 of providers with demonstrated expertise,
10 including training in an applicable spe-
11 cialty, in treating individuals similar to the
12 targeted population of the plan.

13 “(ii) Requirements developed by the
14 Secretary to provide face-to-face encoun-
15 ters with individuals enrolled in the plan
16 not less frequently than on an annual
17 basis.

18 “(iii) As part of the model of care
19 under clause (i) of subparagraph (A), the
20 results of the initial assessment and an-
21 nual reassessment under clause (ii)(I) of
22 such subparagraph of each individual en-
23 rolled in the plan are addressed in the indi-
24 vidual’s individualized care plan under
25 clause (ii)(II) of such subparagraph.

1 “(iv) As part of the annual evaluation
 2 and approval of such model of care, the
 3 Secretary shall take into account whether
 4 the plan fulfilled the previous year’s goals
 5 (as required under the model of care).

6 “(v) The Secretary shall establish a
 7 minimum benchmark for each element of
 8 the model of care of a plan. The Secretary
 9 shall only approve a plan’s model of care
 10 under this paragraph if each element of
 11 the model of care meets the minimum
 12 benchmark applicable under the preceding
 13 sentence.”.

14 (2) REVISIONS TO THE DEFINITION OF A SE-
 15 VERE OR DISABLING CHRONIC CONDITIONS SPECIAL-
 16 IZED NEEDS INDIVIDUAL.—

17 (A) IN GENERAL.—Section
 18 1859(b)(6)(B)(iii) of the Social Security Act
 19 (42 U.S.C. 1395w–28(b)(6)(B)(iii)) is amend-
 20 ed—

21 (i) by striking “who have” and insert-
 22 ing “who—

23 “(I) before January 1, 2022,
 24 have”;

(ii) in subclause (I), as added by clause (i), by striking the period at the end and inserting “; and”; and

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

“(II) on or after January 1, 2022, have one or more capitated and medically complex chronic conditions that is life threatening or significantly limits overall health or function, have a high risk of hospitalization or other adverse health outcomes, and require intensive care coordination and that is listed under subsection (f)(9)(A).”.

(B) PANEL OF CLINICAL ADVISORS.—Section 1859(f) of the Social Security Act (42 U.S.C. 1395w–28(f)), as amended by subsection (b), is amended by adding at the end the following new paragraph:

“(9) LIST OF CONDITIONS FOR CLARIFICATION OF THE DEFINITION OF A SEVERE OR DISABLING CHRONIC CONDITIONS SPECIALIZED NEEDS INDIVIDUAL.—

“(A) IN GENERAL.—Not later than December 31, 2020, and every 5 years thereafter,

1 the Secretary shall convene a panel of clinical
2 advisors to establish and update a list of condi-
3 tions that meet each of the following criteria:

4 “(i) Conditions that meet the defini-
5 tion of a severe or disabling chronic condi-
6 tion under subsection (b)(6)(B)(iii) on or
7 after January 1, 2022.

8 “(ii) Conditions that require prescrip-
9 tion drugs, providers, and models of care
10 that are unique to the specific population
11 of enrollees in a specialized MA plan for
12 special needs individuals described in such
13 subsection on or after such date and—

14 “(I) as a result of such special
15 needs individuals with such a condi-
16 tion having access to and being en-
17 rolled in such a plan, as compared to
18 access to and enrollment in other
19 Medicare Advantage plans under this
20 part, it is projected that such individ-
21 uals would improve health outcomes
22 with respect to such condition, that
23 such individuals would have reduced
24 overall costs under this title, and that
25 there would not be any increase in ex-

1 penditures under this title for such in-
2 dividuals; or

3 “(II) have a low prevalence in the
4 general population of beneficiaries
5 under this title or a disproportionately
6 high per-beneficiary cost under this
7 title.

8 “(B) GAO STUDY ON HEALTH OUTCOMES
9 OF INDIVIDUALS ENROLLED IN SPECIALIZED
10 MA PLANS.—Not later than the date that is 3
11 years after the date of the enactment of this
12 paragraph, the Comptroller General of the
13 United States shall conduct a study and submit
14 to Congress a report on the extent to which
15 health outcomes can be compared across spe-
16 cialized MA plans for special needs individuals
17 (as defined in section 1859(b)(6)) and other
18 Medicare Advantage plans under this part
19 across similar populations, using existing meas-
20 ures and that identifies any potential limita-
21 tions where new measures may need to be de-
22 veloped for such population.”.

23 (d) QUALITY MEASUREMENT AT THE PLAN LEVEL
24 FOR SNPs AND DETERMINATION OF FEASIBILITY OF
25 QUALITY MEASUREMENT AT THE PLAN LEVEL FOR ALL

1 MA PLANS.—Section 1853(o) of the Social Security Act
2 (42 U.S.C. 1395w–23(o)) is amended by adding at the end
3 the following new paragraphs:

4 “(6) QUALITY MEASUREMENT AT THE PLAN
5 LEVEL FOR SNPS.—

6 “(A) IN GENERAL.—Subject to subpara-
7 graph (B), the Secretary may require reporting
8 of data under section 1852(e) for, and apply
9 under this subsection, quality measures at the
10 plan level for specialized MA plans for special
11 needs individuals instead of at the contract
12 level.

13 “(B) CONSIDERATIONS.—Prior to applying
14 quality measurement at the plan level under
15 this paragraph, the Secretary shall—

16 “(i) take into consideration the min-
17 imum number of enrollees in a specialized
18 MA plan for special needs individuals in
19 order to determine if a statistically signifi-
20 cant or valid measurement of quality at
21 the plan level is possible under this para-
22 graph;

23 “(ii) if quality measures are reported
24 at the plan level, ensure that MA plans are

1 not required to provide duplicative infor-
2 mation; and

3 “(iii) ensure that such reporting does
4 not interfere with the collection of encoun-
5 ter data submitted by MA organizations or
6 the administration of any changes to the
7 program under this part as a result of the
8 collection of such data.

9 “(C) APPLICATION.—If the Secretary ap-
10 plies quality measurement at the plan level
11 under this paragraph—

12 “(i) such quality measurement may
13 include Medicare Health Outcomes Survey
14 (HOS), Healthcare Effectiveness Data and
15 Information Set (HEDIS), Consumer As-
16 sessment of Healthcare Providers and Sys-
17 tems (CAHPS) measures and quality
18 measures under part D; and

19 “(ii) the Secretary shall consider ap-
20 plying administrative actions, such as rem-
21 edies described in section 1857(g)(2), to
22 the plan level.

23 “(7) DETERMINATION OF FEASIBILITY OF
24 QUALITY MEASUREMENT AT THE PLAN LEVEL FOR
25 ALL MA PLANS.—

1 “(A) DETERMINATION OF FEASIBILITY.—

2 The Secretary shall determine the feasibility of
 3 requiring reporting of data under section
 4 1852(e) for, and applying under this subsection,
 5 quality measures at the plan level for all MA
 6 plans under this part.

7 “(B) CONSIDERATION OF CHANGE.—After
 8 making a determination under subparagraph
 9 (A), the Secretary shall consider requiring such
 10 reporting and applying such quality measures
 11 at the plan level as described in such subpara-
 12 graph.”.

13 (e) GAO STUDY AND REPORT ON STATE-LEVEL IN-
 14 TEGRATION BETWEEN DUAL SNPs AND MEDICAID.—

15 (1) STUDY.—The Comptroller General of the
 16 United States (in this paragraph referred to as the
 17 “Comptroller General”) shall conduct a study on
 18 State-level integration between specialized MA plans
 19 for special needs individuals described in subsection
 20 (b)(6)(B)(ii) of section 1859 of the Social Security
 21 Act (42 U.S.C. 1395w–28) and the Medicaid pro-
 22 gram under title XIX of such Act (42 U.S.C. 1396
 23 et seq.). Such study shall include an analysis of the
 24 following:

1 (A) The characteristics of States in which
2 the State agency responsible for administering
3 the State plan under such title XIX has a con-
4 tract with such a specialized MA plan and that
5 delivers long-term services and supports under
6 the State plan under such title XIX through a
7 managed care program, including the require-
8 ments under such State plan with respect to
9 long-term services and supports.

10 (B) The types of such specialized MA
11 plans, which may include the following:

12 (i) A plan described in section
13 1853(a)(1)(B)(iv)(II) of such Act (42
14 U.S.C. 1395w-23(a)(1)(B)(iv)(II)).

15 (ii) A plan that meets the require-
16 ments described in subsection (f)(3)(D) of
17 such section 1859.

18 (iii) A plan described in clause (ii)
19 that also meets additional requirements es-
20 tablished by the State.

21 (C) The characteristics of individuals en-
22 rolled in such specialized MA plans.

23 (D) As practicable, the following with re-
24 spect to State programs for the delivery of long-

1 term services and supports under such title
2 XIX through a managed care program:

3 (i) Which populations of individuals
4 are eligible to receive such services and
5 supports.

6 (ii) Whether all such services and sup-
7 ports are provided on a capitated basis or
8 if any of such services and supports are
9 carved out and provided through fee-for-
10 service.

11 (E) As, practicable, how the availability
12 and variation of integration arrangements of
13 such specialized MA plans offered in States af-
14 fects spending, service delivery options, access
15 to community-based care, and utilization of
16 care.

17 (F) Barriers and opportunities for making
18 further progress on dual integration, as well as
19 recommend legislation to expedite or refine
20 pathways toward fully integrated care.

21 (2) REPORT.—Not later than 2 years after the
22 date of the enactment of this Act, the Comptroller
23 General shall submit to Congress a report containing
24 the results of the study conducted under paragraph
25 (1), together with recommendations for such legisla-

1 tion and administrative action as the Comptroller
2 General determines appropriate.

3 **SEC. 209. EXPANDING SUPPLEMENTAL BENEFITS TO MEET**
4 **THE NEEDS OF CHRONICALLY ILL MEDICARE**
5 **ADVANTAGE ENROLLEES.**

6 (a) IN GENERAL.—Section 1852(a)(3) of the Social
7 Security Act (42 U.S.C. 1395w–22(a)(3)) is amended—
8 (1) in subparagraph (A), by striking “Each”
9 and inserting “Subject to subparagraph (D), each”;
10 and
11 (2) by adding at the end the following new sub-
12 paragraph:

13 “(D) EXPANDING SUPPLEMENTAL BENE-
14 FITS TO MEET THE NEEDS OF CHRONICALLY
15 ILL ENROLLEES.—

16 “(i) IN GENERAL.—For plan year
17 2020 and subsequent plan years, in addi-
18 tion to any supplemental health care bene-
19 fits otherwise provided under this para-
20 graph, an MA plan, including a specialized
21 MA plan for special needs individuals de-
22 scribed in subsection (b)(6) of section
23 1859, may provide supplemental benefits
24 described in clause (ii) to a chronically ill
25 enrollee (as defined in clause (iii)).

1 “(ii) SUPPLEMENTAL BENEFITS DE-
2 SCRIBED.—

3 “(I) IN GENERAL.—Supplemental
4 benefits described in this clause are
5 supplemental benefits that, with re-
6 spect to a chronically ill enrollee, have
7 a reasonable expectation of improving
8 or maintaining the health or overall
9 function of the chronically ill enrollee
10 and may not be limited to being pri-
11 marily health related benefits.

12 “(II) AUTHORITY TO WAIVE UNI-
13 FORMITY REQUIREMENTS.—The Sec-
14 retary may, with respect to supple-
15 mental benefits provided to a chron-
16 ically ill enrollee under this subpara-
17 graph, waive the uniformity require-
18 ment, as determined appropriate by
19 the Secretary.

20 “(iii) CHRONICALLY ILL ENROLLEE
21 DEFINED.—In this subparagraph, the term
22 ‘chronically ill enrollee’ means an enrollee
23 in an MA plan that the Secretary deter-
24 mines—

1 “(I) has one or more comorbid
2 and medically complex chronic condi-
3 tions that is life threatening or signifi-
4 cantly limits the overall health or
5 function of the enrollee;

6 “(II) has a high risk of hos-
7 pitalization or other adverse health
8 outcomes; or

9 “(III) requires intensive care co-
10 ordination.”.

11 (b) GAO STUDY AND REPORT.—

12 (1) STUDY.—The Comptroller General of the
13 United States (in this subsection referred to as the
14 “Comptroller General”) shall conduct a study on
15 supplemental benefits provided to enrollees in Medi-
16 care Advantage plans under part C of title XVIII of
17 the Social Security Act, including specialized MA
18 plans for special needs individuals described in sec-
19 tion 1859(b)(6) of such Act (42 U.S.C. 1395w-
20 28(b)(6)). Such study shall be conducted in con-
21 sultation with the Centers for Medicare & Medicaid
22 Services and Medicare Advantage plans as necessary
23 and, to the extent data is available, shall include an
24 analysis of the following:

1 (A) The type of supplemental benefits pro-
2 vided to such enrollees, the total number of en-
3 rollees receiving each supplemental benefit, and
4 whether the supplemental benefit is covered by
5 the standard benchmark cost of the benefit or
6 with an additional premium.

7 (B) The frequency in which supplemental
8 benefits are utilized by such enrollees.

9 (C) The impact supplemental benefits have
10 on—

11 (i) indicators of the quality of care re-
12 ceived by such enrollees, including overall
13 health and function of the enrollees;

14 (ii) the utilization of items and serv-
15 ices for which benefits are available under
16 the original Medicare fee-for-service pro-
17 gram option under parts A and B of such
18 title XVIII by such enrollees; and

19 (iii) the amount of the bids submitted
20 by Medicare Advantage Organizations for
21 Medicare Advantage plans under such part
22 C.

23 (2) REPORT.—Not later than 5 years after the
24 date of the enactment of this Act, the Comptroller
25 General shall submit to Congress a report containing

1 the results of the study conducted under paragraph
 2 (1), together with recommendations for such legisla-
 3 tion and administrative action as the Comptroller
 4 General determines appropriate.

5 **SEC. 210. EXTENSION OF CONSENSUS-BASED ENTITY FUND-**
 6 **ING.**

7 Section 1890(d)(2) of the Social Security Act (42
 8 U.S.C. 1395aaa(d)(2)) is amended by striking “2017”
 9 and inserting “2019”.

10 **SEC. 211. EXTENSION OF CERTAIN MIPPA FUNDING PROVI-**
 11 **SIONS.**

12 Section 119 of the Medicare Improvements for Pa-
 13 tients and Providers Act of 2008 (42 U.S.C. 1395b–3
 14 note) is amended—

15 (1) in subsection (a)(1)(B)—

16 (A) in clause (vi), by striking “and” at the
 17 end;

18 (B) in clause (vii), by striking the period
 19 at the end and inserting “; and”; and

20 (C) by inserting after clause (vii) the fol-
 21 lowing new clause:

22 “(viii) for each of fiscal years 2018
 23 through 2019, of \$13,000,000.”;

24 (2) in subsection (b)(1)(B)—

1 (A) in clause (vi), by striking “and” at the
2 end;

3 (B) in clause (vii), by striking the period
4 at the end and inserting “; and”; and

5 (C) by inserting after clause (vii) the fol-
6 lowing new clause:

7 “(viii) for each of fiscal years 2018
8 through 2019, of \$7,500,000.”;

9 (3) in subsection (c)(1)(B)—

10 (A) in clause (vi), by striking “and” at the
11 end;

12 (B) in clause (vii), by striking the period
13 at the end and inserting “; and”; and

14 (C) by inserting after clause (vii) the fol-
15 lowing new clause:

16 “(viii) for each of fiscal years 2018
17 through 2019, of \$5,000,000.”; and

18 (4) in subsection (d)(2)—

19 (A) in clause (vi), by striking “and” at the
20 end;

21 (B) in clause (vii), by striking the period
22 at the end and inserting “; and”; and

23 (C) by inserting after clause (vii) the fol-
24 lowing new clause:

1 “(viii) for each of fiscal years 2018
 2 through 2019, of \$12,000,000.”.

3 **SEC. 212. EXTENSION OF HOME HEALTH RURAL ADD-ON.**

4 Section 421(a) of the Medicare Prescription Drug,
 5 Improvement, and Modernization Act of 2003 (Public Law
 6 108–173; 117 Stat. 2283; 42 U.S.C. 1395fff note), as
 7 amended by section 5201(b) of the Deficit Reduction Act
 8 of 2005 (Public Law 109–171; 120 Stat. 46), section
 9 3131(c) of the Patient Protection and Affordable Care Act
 10 (Public Law 111–148; 124 Stat. 428), and section 210
 11 of the Medicare Access and CHIP Reauthorization Act of
 12 2015 (Public Law 114–10), is further amended by strik-
 13 ing “January 1, 2018” and inserting “January 1, 2020”
 14 each place it appears.

15 **Subtitle B—Medicaid and Public**
 16 **Health Extenders**

17 **SEC. 221. EXTENSION FOR COMMUNITY HEALTH CENTERS**
 18 **AND THE NATIONAL HEALTH SERVICE**
 19 **CORPS.**

20 (a) COMMUNITY HEALTH CENTERS FUNDING.—Sec-
 21 tion 10503(b)(1) of the Patient Protection and Affordable
 22 Care Act (42 U.S.C. 254b–2(b)(1)), as amended by sec-
 23 tion 3101 of Public Law 115–96, is amended by amending
 24 subparagraph (F) to read as follows:

1 “(F) \$3,600,000,000 for each of fiscal
2 years 2018 and 2019.”.

3 (b) OTHER COMMUNITY HEALTH CENTERS PROVI-
4 SIONS.—Section 330 of the Public Health Service Act (42
5 U.S.C. 254b) is amended—

6 (1) in subsection (b)(1)(A)(ii), by striking
7 “abuse” and inserting “use disorder”;

8 (2) in subsection (b)(2)(A), by striking “abuse”
9 and inserting “use disorder”;

10 (3) in subsection (c)—

11 (A) in paragraph (1), by striking subpara-
12 graphs (B) through (D);

13 (B) by striking “(1) IN GENERAL” and all
14 that follows through “The Secretary” and in-
15 serting the following:

16 “(1) CENTERS.—The Secretary”; and

17 (C) in paragraph (1), as amended, by re-
18 designating clauses (i) through (v) as subpara-
19 graphs (A) through (E) and moving the margin
20 of each of such redesignated subparagraph 2
21 ems to the left;

22 (4) by striking subsection (d) and inserting the
23 following:

24 “(d) IMPROVING QUALITY OF CARE.—

1 “(1) SUPPLEMENTAL AWARDS.—The Secretary
2 may award supplemental grant funds to health cen-
3 ters funded under this section to implement evi-
4 dence-based models for increasing access to high-
5 quality primary care services, which may include
6 models related to—

7 “(A) improving the delivery of care for in-
8 dividuals with multiple chronic conditions;

9 “(B) workforce configuration;

10 “(C) reducing the cost of care;

11 “(D) enhancing care coordination;

12 “(E) expanding the use of telehealth and
13 technology-enabled collaborative learning and
14 capacity building models;

15 “(F) care integration, including integration
16 of behavioral health, mental health, or sub-
17 stance use disorder services; and

18 “(G) addressing emerging public health or
19 substance use disorder issues to meet the health
20 needs of the population served by the health
21 center.

22 “(2) SUSTAINABILITY.—In making supple-
23 mental awards under this subsection, the Secretary
24 may consider whether the health center involved has
25 submitted a plan for continuing the activities funded

1 under this subsection after supplemental funding is
2 expended.

3 “(3) SPECIAL CONSIDERATION.—The Secretary
4 may give special consideration to applications for
5 supplemental funding under this subsection that
6 seek to address significant barriers to access to care
7 in areas with a greater shortage of health care pro-
8 viders and health services relative to the national av-
9 erage.”;

10 (5) in subsection (e)(1)—

11 (A) in subparagraph (B)—

12 (i) by striking “2 years” and inserting
13 “1 year”; and

14 (ii) by adding at the end the fol-
15 lowing: “The Secretary shall not make a
16 grant under this paragraph unless the ap-
17 plicant provides assurances to the Sec-
18 retary that within 120 days of receiving
19 grant funding for the operation of the
20 health center, the applicant will submit, for
21 approval by the Secretary, an implementa-
22 tion plan to meet the requirements of sub-
23 section (1)(3). The Secretary may extend
24 such 120-day period for achieving compli-

1 ance upon a demonstration of good cause
2 by the health center.”; and

3 (B) in subparagraph (C)—

4 (i) in the subparagraph heading, by
5 striking “AND PLANS”;

6 (ii) by striking “or plan (as described
7 in subparagraphs (B) and (C) of sub-
8 section (c)(1))”;

9 (iii) by striking “or plan, including
10 the purchase” and inserting the following:
11 “including—

12 “(i) the purchase”;

13 (iv) by inserting “, which may include
14 data and information systems” after “of
15 equipment”;

16 (v) by striking the period at the end
17 and inserting a semicolon; and

18 (vi) by adding at the end the fol-
19 lowing:

20 “(ii) the provision of training and
21 technical assistance; and

22 “(iii) other activities that—

23 “(I) reduce costs associated with
24 the provision of health services;

1 “(II) improve access to, and
 2 availability of, health services provided
 3 to individuals served by the centers;

4 “(III) enhance the quality and
 5 coordination of health services; or

6 “(IV) improve the health status
 7 of communities.”;

8 (6) in subsection (e)(5)(B)—

9 (A) in the heading of subparagraph (B), by
 10 striking “AND PLANS”; and

11 (B) by striking “and subparagraphs (B)
 12 and (C) of subsection (c)(1) to a health center
 13 or to a network or plan” and inserting “to a
 14 health center or to a network”;

15 (7) by striking subsection (s);

16 (8) by redesignating subsections (g) through (r)
 17 as subsections (h) through (s), respectively;

18 (9) by inserting after subsection (f), the fol-
 19 lowing:

20 “(g) NEW ACCESS POINTS AND EXPANDED SERV-
 21 ICES.—

22 “(1) APPROVAL OF NEW ACCESS POINTS.—

23 “(A) IN GENERAL.—The Secretary may
 24 approve applications for grants under subpara-

1 graph (A) or (B) of subsection (e)(1) to estab-
2 lish new delivery sites.

3 “(B) SPECIAL CONSIDERATION.—In car-
4 rying out subparagraph (A), the Secretary may
5 give special consideration to applicants that
6 have demonstrated the new delivery site will be
7 located within a sparsely populated area, or an
8 area which has a level of unmet need that is
9 higher relative to other applicants.

10 “(C) CONSIDERATION OF APPLICATIONS.—
11 In carrying out subparagraph (A), the Sec-
12 retary shall approve applications for grants
13 under subparagraphs (A) and (B) of subsection
14 (e)(1) in such a manner that the ratio of the
15 medically underserved populations in rural
16 areas which may be expected to use the services
17 provided by the applicants involved to the medi-
18 cally underserved populations in urban areas
19 which may be expected to use the services pro-
20 vided by the applicants is not less than two to
21 three or greater than three to two.

22 “(D) SERVICE AREA OVERLAP.—If in car-
23 rying out subparagraph (A) the applicant pro-
24 poses to serve an area that is currently served
25 by another health center funded under this sec-

tion, the Secretary may consider whether the award of funding to an additional health center in the area can be justified based on the unmet need for additional services within the catchment area.

“(2) APPROVAL OF EXPANDED SERVICE APPLICATIONS.—

“(A) IN GENERAL.—The Secretary may approve applications for grants under subparagraph (A) or (B) of subsection (e)(1) to expand the capacity of the applicant to provide required primary health services described in subsection (b)(1) or additional health services described in subsection (b)(2).

“(B) PRIORITY EXPANSION PROJECTS.—In carrying out subparagraph (A), the Secretary may give special consideration to expanded service applications that seek to address emerging public health or behavioral health, mental health, or substance abuse issues through increasing the availability of additional health services described in subsection (b)(2) in an area in which there are significant barriers to accessing care.

1 “(C) CONSIDERATION OF APPLICATIONS.—

2 In carrying out subparagraph (A), the Sec-
3 retary shall approve applications for applicants
4 in such a manner that the ratio of the medically
5 underserved populations in rural areas which
6 may be expected to use the services provided by
7 the applicants involved to the medically under-
8 served populations in urban areas which may be
9 expected to use the services provided by such
10 applicants is not less than two to three or
11 greater than three to two.”;

12 (10) in subsection (i) (as so redesignated)—

13 (A) in paragraph (1), by striking “and
14 children and youth at risk of homelessness” and
15 inserting “, children and youth at risk of home-
16 lessness, homeless veterans, and veterans at
17 risk of homelessness”; and

18 (B) in paragraph (5)—

19 (i) by striking subparagraph (B);

20 (ii) by redesignating subparagraph

21 (C) as subparagraph (B); and

22 (iii) in subparagraph (B) (as so redesi-
23 gnated)—

1 (I) in the subparagraph heading,
2 by striking “ABUSE” and inserting
3 “USE DISORDER”; and

4 (II) by striking “abuse” and in-
5 serting “use disorder”;

6 (11) in subsection (l) (as so redesignated)—

7 (A) in paragraph (2)—

8 (i) in the paragraph heading, by in-
9 serting “UNMET” before “NEED”;

10 (ii) in the matter preceding subpara-
11 graph (A), by inserting “and an applica-
12 tion for a grant under subsection (g)”
13 after “subsection (e)(1)”;

14 (iii) in subparagraph (A), by inserting
15 “unmet” before “need for health services”;

16 (iv) in subparagraph (B), by striking
17 “and” at the end;

18 (v) in subparagraph (C), by striking
19 the period at the end and inserting “;
20 and”; and

21 (vi) by adding after subparagraph (C)
22 the following:

23 “(D) in the case of an application for a
24 grant pursuant to subsection (g)(1), a dem-
25 onstration that the applicant has consulted with

1 appropriate State and local government agen-
2 cies, and health care providers regarding the
3 need for the health services to be provided at
4 the proposed delivery site.”;

5 (B) in paragraph (3)—

6 (i) in the matter preceding subpara-
7 graph (A), by inserting “or subsection (g)”
8 after “subsection (e)(1)(B)”;

9 (ii) in subparagraph (B), by striking
10 “in the catchment area of the center” and
11 inserting “, including other health care
12 providers that provide care within the
13 catchment area, local hospitals, and spe-
14 cialty providers in the catchment area of
15 the center, to provide access to services not
16 available through the health center and to
17 reduce the non-urgent use of hospital
18 emergency departments”;

19 (iii) in subparagraph (H)(ii), by in-
20 serting “who shall be directly employed by
21 the center” after “approves the selection of
22 a director for the center”;

23 (iv) in subparagraph (L), by striking
24 “and” at the end;

1 (v) in subparagraph (M), by striking
2 the period and inserting “; and”; and

3 (vi) by inserting after subparagraph
4 (M), the following:

5 “(N) the center has written policies and
6 procedures in place to ensure the appropriate
7 use of Federal funds in compliance with appli-
8 cable Federal statutes, regulations, and the
9 terms and conditions of the Federal award.”;
10 and

11 (C) by striking paragraph (4);

12 (12) in subsection (m) (as so redesignated), by
13 adding at the end the following: “Funds expended to
14 carry out activities under this subsection and oper-
15 ational support activities under subsection (n) shall
16 not exceed 3 percent of the amount appropriated for
17 this section for the fiscal year involved.”;

18 (13) in subsection (q) (as so redesignated), by
19 striking “grants for new health centers under sub-
20 sections (c) and (e)” and inserting “operating grants
21 under subsection (e), applications for new access
22 points and expanded service pursuant to subsection
23 (g)”;

24 (14) in subsection (r)(4) (as so redesignated),
25 by adding at the end the following: “A waiver pro-

1 vided by the Secretary under this paragraph may
2 not remain in effect for more than 1 year and may
3 not be extended after such period. An entity may not
4 receive more than one waiver under this paragraph
5 in consecutive years.”;

6 (15) in subsection (s)(3) (as so redesignated)—

7 (A) by striking “appropriate committees of
8 Congress a report concerning the distribution of
9 funds under this section” and inserting the fol-
10 lowing: “Committee on Health, Education,
11 Labor, and Pensions of the Senate, and the
12 Committee on Energy and Commerce of the
13 House of Representatives, a report including, at
14 a minimum—

15 “(A) the distribution of funds for carrying
16 out this section”;

17 (B) by striking “populations. Such report
18 shall include an assessment” and inserting the
19 following: “populations;

20 “(B) an assessment”;

21 (C) by striking “and the rationale for any
22 substantial changes in the distribution of
23 funds.” and inserting a semicolon; and

24 (D) by adding at the end the following:

1 “(C) the distribution of awards and fund-
2 ing for new or expanded services in each of
3 rural areas and urban areas;

4 “(D) the distribution of awards and fund-
5 ing for establishing new access points, and the
6 number of new access points created;

7 “(E) the amount of unexpended funding
8 for loan guarantees and loan guarantee author-
9 ity under title XVI;

10 “(F) the rationale for any substantial
11 changes in the distribution of funds;

12 “(G) the rate of closures for health centers
13 and access points;

14 “(H) the number and reason for any
15 grants awarded pursuant to subsection
16 (e)(1)(B); and

17 “(I) the number and reason for any waiv-
18 ers provided pursuant to subsection (r)(4).”;
19 and

20 (16) in subsection (s) (as so redesignated) by
21 adding at the end the following new paragraph:

22 “(5) FUNDING FOR PARTICIPATION OF HEALTH
23 CENTERS IN ALL OF US RESEARCH PROGRAM.—In
24 addition to any amounts made available pursuant to
25 subsection (d) of this section, paragraph (1) of this

1 subsection, section 402A of this Act, or section
2 10503 of the Patient Protection and Affordable Care
3 Act, there is authorized to be appropriated, and
4 there is appropriated, out of any monies in the
5 Treasury not otherwise appropriated, to the Sec-
6 retary \$25,000,000 for fiscal year 2018 to support
7 the participation of health centers in the All of Us
8 Research Program under the Precision Medicine Ini-
9 tiative under section 498E of this Act.”.

10 (c) NATIONAL HEALTH SERVICE CORPS.—Section
11 10503(b)(2) of the Patient Protection and Affordable
12 Care Act (42 U.S.C. 254b–2(b)(2)), as amended by sec-
13 tion 3101 of Public Law 115–96, is amended by amending
14 subparagraph (F) to read as follows:

15 “(F) \$310,000,000 for each of fiscal years
16 2018 and 2019.”.

17 **SEC. 222. EXTENSION FOR SPECIAL DIABETES PROGRAMS.**

18 (a) SPECIAL DIABETES PROGRAM FOR TYPE I DIA-
19 BETES.—Subparagraph (D) of section 330B(b)(2) of the
20 Public Health Service Act (42 U.S.C. 254c–2(b)(2)), as
21 amended by section 3102 of Public Law 115–96, is
22 amended to read as follows:

23 “(D) \$150,000,000 for each of fiscal years
24 2018 and 2019.”.

1 (b) SPECIAL DIABETES PROGRAM FOR INDIANS.—
 2 Subparagraph (D) of section 330C(c)(2) of the Public
 3 Health Service Act (42 U.S.C. 254c-3(c)(2)), as amended
 4 by section 3102 of Public Law 115–96, is amended to read
 5 as follows:

6 “(D) \$150,000,000 for each of fiscal years
 7 2018 and 2019.”.

8 **SEC. 223. REAUTHORIZATION OF PROGRAM OF PAYMENTS**
 9 **TO TEACHING HEALTH CENTERS THAT OPER-**
 10 **ATE GRADUATE MEDICAL EDUCATION PRO-**
 11 **GRAMS.**

12 (a) PAYMENTS.—Subsection (a) of section 340H of
 13 the Public Health Service Act (42 U.S.C. 256h) is amend-
 14 ed to read as follows:

15 “(a) PAYMENTS.—

16 “(1) IN GENERAL.—Subject to subsection
 17 (h)(2), the Secretary shall make payments under
 18 this section for direct expenses and indirect expenses
 19 to qualified teaching health centers that are listed as
 20 sponsoring institutions by the relevant accrediting
 21 body for, as appropriate—

22 “(A) maintenance of filled positions at ex-
 23 isting approved graduate medical residency
 24 training programs;

1 “(B) expansion of existing approved grad-
 2 uate medical residency training programs; and

3 “(C) establishment of new approved grad-
 4 uate medical residency training programs.

5 “(2) PER RESIDENT AMOUNT.—In making pay-
 6 ments under paragraph (1), the Secretary shall con-
 7 sider the cost of training residents at teaching
 8 health centers and the implications of the per resi-
 9 dent amount on approved graduate medical resi-
 10 dency training programs at teaching health centers.

11 “(3) PRIORITY.—In making payments under
 12 paragraph (1)(C), the Secretary shall give priority to
 13 qualified teaching health centers that—

14 “(A) serve a health professional shortage
 15 area with a designation in effect under section
 16 332 or a medically underserved community (as
 17 defined in section 799B); or

18 “(B) are located in a rural area (as de-
 19 fined in section 1886(d)(2)(D) of the Social Se-
 20 curity Act).”.

21 (b) FUNDING.—Paragraph (1) of section 340H(g) of
 22 the Public Health Service Act (42 U.S.C. 256h(g)), as
 23 amended by section 3101 of Public Law 115–96, is
 24 amended by striking “and \$30,000,000 for the period of
 25 the first and second quarters of fiscal year 2018” and in-

1 setting “and \$126,500,000 for each of fiscal years 2018
2 and 2019”.

3 (c) ANNUAL REPORTING.—Subsection (h)(1) of sec-
4 tion 340H of the Public Health Service Act (42 U.S.C.
5 256h) is amended—

6 (1) by redesignating subparagraph (D) as sub-
7 paragraph (H); and

8 (2) by inserting after subparagraph (C) the fol-
9 lowing:

10 “(D) The number of patients treated by
11 residents described in paragraph (4).

12 “(E) The number of visits by patients
13 treated by residents described in paragraph (4).

14 “(F) Of the number of residents described
15 in paragraph (4) who completed their residency
16 training at the end of such residency academic
17 year, the number and percentage of such resi-
18 dents entering primary care practice (meaning
19 any of the areas of practice listed in the defini-
20 tion of a primary care residency program in
21 section 749A).

22 “(G) Of the number of residents described
23 in paragraph (4) who completed their residency
24 training at the end of such residency academic
25 year, the number and percentage of such resi-

1 dents who entered practice at a health care fa-
2 cility—

3 “(i) primarily serving a health profes-
4 sional shortage area with a designation in
5 effect under section 332 or a medically un-
6 derserved community (as defined in section
7 799B); or

8 “(ii) located in a rural area (as de-
9 fined in section 1886(d)(2)(D) of the So-
10 cial Security Act).”.

11 (d) REPORT ON TRAINING COSTS.—Not later than
12 March 31, 2019, the Secretary of Health and Human
13 Services shall submit to the Congress a report on the di-
14 rect graduate expenses of approved graduate medical resi-
15 dency training programs, and the indirect expenses associ-
16 ated with the additional costs of teaching residents, of
17 qualified teaching health centers (as such terms are used
18 or defined in section 340H of the Public Health Service
19 Act (42 U.S.C. 256h)).

20 (e) DEFINITION.—Subsection (j) of section 340H of
21 the Public Health Service Act (42 U.S.C. 256h) is amend-
22 ed—

23 (1) by redesignating paragraphs (2) and (3) as
24 paragraphs (3) and (4), respectively; and

(f) TECHNICAL CORRECTION.—Subsection (f) of section 340H (42 U.S.C. 256h) is amended by striking “hospital” each place it appears and inserting “teaching health center”.

21 SEC. 224. EXTENSION FOR FAMILY-TO-FAMILY HEALTH IN-
22 FORMATION CENTERS.

25 (1) in paragraph (1)(A)—

1 (A) in clause (v), by striking “and” at the
2 end;

3 (B) in clause (vi), by striking the period at
4 the end and inserting “; and”; and

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

7 “(vii) \$6,000,000 for each of fiscal years 2018
8 and 2019.”;

9 (2) in paragraph (3)(C), by inserting before the
10 period the following: “, and with respect to fiscal
11 years 2018 and 2019, such centers shall also be de-
12 veloped in all territories and at least one such center
13 shall be developed for Indian tribes”; and

14 (3) by amending paragraph (5) to read as fol-
15 lows:

16 “(5) For purposes of this subsection—

17 “(A) the term ‘Indian tribe’ has the meaning
18 given such term in section 4 of the Indian Health
19 Care Improvement Act (25 U.S.C. 1603);

20 “(B) the term ‘State’ means each of the 50
21 States and the District of Columbia; and

22 “(C) the term ‘territory’ means Puerto Rico,
23 Guam, American Samoa, the Virgin Islands, and the
24 Northern Mariana Islands.”.

1 **SEC. 225. EXTENSION OF ABSTINENCE EDUCATION; EXTEN-**
2 **SION OF PERSONAL RESPONSIBILITY EDU-**
3 **CATION PROGRAM.**

4 (a) ABSTINENCE EDUCATION.—Section 510 of the
5 Social Security Act (42 U.S.C. 710) is amended—

6 (1) in subsection (a), in the matter preceding
7 paragraph (1), by striking “2017” and inserting
8 “2019”; and

9 (2) in subsection (d)—

10 (A) by striking “2015 and” and inserting
11 “2015,”; and

12 (B) by inserting after “2017” the fol-
13 lowing: “, and an additional \$75,000,000 for
14 each of fiscal years 2018 through 2019”.

15 (b) PERSONAL RESPONSIBILITY EDUCATION.—

16 (1) IN GENERAL.—Section 513 of the Social
17 Security Act (42 U.S.C. 713) is amended—

18 (A) in subsection (a)(1)(A), by striking
19 “2017” and inserting “2019”;

20 (B) in subsection (a)(4)—

21 (i) in subparagraph (A), by striking
22 “2017” each place it appears and inserting
23 “2019”; and

24 (ii) in subparagraph (B)—

25 (I) in the subparagraph heading,
26 by striking “3-YEAR GRANTS” and in-

1 serting “COMPETITIVE PREP
2 GRANTS”; and

3 (II) in clause (i), by striking “so-
4 licit applications to award 3-year
5 grants in each of fiscal years 2012
6 through 2017” and inserting “con-
7 tinue through fiscal year 2019 grants
8 awarded for any of fiscal years 2015
9 through 2017”;

10 (C) in subsection (c)(1), by inserting after
11 “youth with HIV/AIDS,” the following: “vic-
12 tims of human trafficking,”; and

13 (D) in subsection (f), by striking “2017”
14 and inserting “2019”.

15 (2) EFFECTIVE DATE.—The amendments made
16 by this subsection take effect on October 1, 2017.

17 **SEC. 226. EXTENSION OF HEALTH WORKFORCE DEM-**
18 **ONSTRATION PROJECTS FOR LOW-INCOME**
19 **INDIVIDUALS.**

20 Section 2008(c)(1) of the Social Security Act (42
21 U.S.C. 1397g(c)(1)) is amended by striking “2017” and
22 inserting “2019”.

1 **SEC. 227. DELAY OF REDUCTION TO MEDICAID DSH ALLOT-**
2 **MENTS.**

3 Section 1923(f) of the Social Security Act (42 U.S.C.
4 1396r-4(f)(7)) is amended—

5 (1) in paragraph (7)(A)—

6 (A) in clause (i), in the matter preceding
7 subclause (I), by striking “2018 through 2025”
8 and inserting “2020 through 2027”; and

9 (B) by amending clause (ii) to read as fol-
10 lows:

11 “(I) \$2,000,000,000 for fiscal
12 year 2020;

13 “(II) \$3,000,000,000 for fiscal
14 year 2021;

15 “(III) \$4,000,000,000 for fiscal
16 year 2022;

17 “(IV) \$5,000,000,000 for fiscal
18 year 2023;

19 “(V) \$6,000,000,000 for fiscal
20 year 2024;

21 “(VI) \$7,000,000,000 for fiscal
22 year 2025;

23 “(VII) \$8,000,000,000 for fiscal
24 year 2026; and

25 “(VIII) \$8,000,000,000 for fiscal
26 year 2027.”; and

1 (2) in paragraph (8), by striking “2025” and
 2 inserting “2027”.

3 **SEC. 228. DELAY OF BIPARTISAN BUDGET ACT OF 2013**

4 **THIRD-PARTY LIABILITY PROVISIONS.**

5 (a) IN GENERAL.—Section 202(c) of the Bipartisan
 6 Budget Act of 2013 (Public Law 113–67; 127 Stat. 1177;
 7 42 U.S.C. 1396a note), as amended by section 211 of the
 8 Protecting Access to Medicare Act of 2014 (Public Law
 9 113–93; 128 Stat. 1047; 42 U.S.C. 1396a note) and sec-
 10 tion 220 of the Medicare Access and CHIP Reauthoriza-
 11 tion Act of 2015 (Public Law 114–10), is amended by
 12 striking “2017” and inserting “2022”.

13 (b) EFFECTIVE DATE; TREATMENT.—The amend-
 14 ment made by subsection (a) shall take effect on Sep-
 15 tember 30, 2017, and shall apply with respect to claims
 16 pending, generated, or filed after such date.

17 **Subtitle C—Continuing the Mater-**
 18 **nal, Infant, and Early Childhood**
 19 **Home Visiting Program**

20 **SEC. 231. CONTINUING EVIDENCE-BASED HOME VISITING**

21 **PROGRAM.**

22 Section 511(j)(1)(H) of the Social Security Act (42
 23 U.S.C. 711(j)(1)(H)) is amended by striking “fiscal year
 24 2017” and inserting “each of fiscal years 2017 through
 25 2022”.

1 **SEC. 232. CONTINUING TO DEMONSTRATE RESULTS TO**
2 **HELP FAMILIES.**

3 (a) REQUIRE SERVICE DELIVERY MODELS TO DEM-
4 ONSTRATE IMPROVEMENT IN APPLICABLE BENCHMARK
5 AREAS.—Section 511 of the Social Security Act (42
6 U.S.C. 711) is amended in each of subsections (d)(1)(A)
7 and (h)(4)(A) by striking “each of”.

8 (b) DEMONSTRATION OF IMPROVEMENTS IN SUBSE-
9 QUENT YEARS.—Section 511(d)(1) of such Act (42 U.S.C.
10 711(d)(1)) is amended by adding at the end the following:

11 “(D) DEMONSTRATION OF IMPROVEMENTS
12 IN SUBSEQUENT YEARS.—

13 “(i) CONTINUED MEASUREMENT OF
14 IMPROVEMENT IN APPLICABLE BENCH-
15 MARK AREAS.—The eligible entity, after
16 demonstrating improvements for eligible
17 families as specified in subparagraphs (A)
18 and (B), shall continue to track and re-
19 port, not later than 30 days after the end
20 of fiscal year 2020 and every 3 years
21 thereafter, information demonstrating that
22 the program results in improvements for
23 the eligible families participating in the
24 program in at least 4 of the areas specified
25 in subparagraph (A) that the service deliv-

1 ery model or models selected by the entity
2 are intended to improve.

3 “(ii) CORRECTIVE ACTION PLAN.—If
4 the eligible entity fails to demonstrate im-
5 provement in at least 4 of the areas speci-
6 fied in subparagraph (A), as compared to
7 eligible families who do not receive services
8 under an early childhood home visitation
9 program, the entity shall develop and im-
10 plement a plan to improve outcomes in
11 each of the areas specified in subparagraph
12 (A) that the service delivery model or mod-
13 els selected by the entity are intended to
14 improve, subject to approval by the Sec-
15 retary. The plan shall include provisions
16 for the Secretary to monitor implementa-
17 tion of the plan and conduct continued
18 oversight of the program, including
19 through submission by the entity of reg-
20 ular reports to the Secretary.

21 “(iii) TECHNICAL ASSISTANCE.—The
22 Secretary shall provide an eligible entity
23 required to develop and implement an im-
24 provement plan under clause (ii) with tech-
25 nical assistance to develop and implement

1 the plan. The Secretary may provide the
2 technical assistance directly or through
3 grants, contracts, or cooperative agree-
4 ments.

5 “(iv) NO IMPROVEMENT OR FAILURE
6 TO SUBMIT REPORT.—If the Secretary de-
7 termines after a period of time specified by
8 the Secretary that an eligible entity imple-
9 menting an improvement plan under clause
10 (ii) has failed to demonstrate any improve-
11 ment in at least 4 of the areas specified in
12 subparagraph (A), or if the Secretary de-
13 termines that an eligible entity has failed
14 to submit the report required by clause (i),
15 the Secretary shall terminate the grant
16 made to the entity under this section and
17 may include any unexpended grant funds
18 in grants made to nonprofit organizations
19 under subsection (h)(2)(B).”.

20 (c) INCLUDING INFORMATION ON APPLICABLE
21 BENCHMARKS IN APPLICATION.—Section 511(e)(5) of
22 such Act (42 U.S.C. 711(e)(5)) is amended by inserting
23 “that the service delivery model or models selected by the
24 entity are intended to improve” before the period at the
25 end.

1 **SEC. 233. REVIEWING STATEWIDE NEEDS TO TARGET RE-**
 2 **SOURCES.**

3 Section 511(b)(1) of the Social Security Act (42
 4 U.S.C. 711(b)(1)) is amended by striking “Not later
 5 than” and all that follows through “section 505(a))” and
 6 inserting “Each State shall, as a condition of receiving
 7 payments from an allotment for the State under section
 8 502, conduct a statewide needs assessment (which may be
 9 separate from but in coordination with the statewide needs
 10 assessment required under section 505(a) and which shall
 11 be reviewed and updated by the State not later than Octo-
 12 ber 1, 2020)”.

13 **SEC. 234. IMPROVING THE LIKELIHOOD OF SUCCESS IN**
 14 **HIGH-RISK COMMUNITIES.**

15 Section 511(d)(4)(A) of the Social Security Act (42
 16 U.S.C. 711(d)(4)(A)) is amended by inserting “, taking
 17 into account the staffing, community resource, and other
 18 requirements to operate at least one approved model of
 19 home visiting and demonstrate improvements for eligible
 20 families” before the period.

21 **SEC. 235. OPTION TO FUND EVIDENCE-BASED HOME VIS-**
 22 **ITING ON A PAY FOR OUTCOME BASIS.**

23 (a) IN GENERAL.—Section 511(c) of the Social Secu-
 24 rity Act (42 U.S.C. 711(c)) is amended by redesignating
 25 paragraphs (3) and (4) as paragraphs (4) and (5), respec-
 26 tively, and by inserting after paragraph (2) the following:

1 “(3) AUTHORITY TO USE GRANT FOR A PAY
2 FOR OUTCOMES INITIATIVE.—An eligible entity to
3 which a grant is made under paragraph (1) may use
4 up to 25 percent of the grant for outcomes or suc-
5 cess payments related to a pay for outcomes initia-
6 tive that will not result in a reduction of funding for
7 services delivered by the entity under a childhood
8 home visitation program under this section while the
9 eligible entity develops or operates such an initia-
10 tive.”.

11 (b) DEFINITION OF PAY FOR OUTCOMES INITIA-
12 TIVE.—Section 511(k) of such Act (42 U.S.C. 711(k)) is
13 amended by adding at the end the following:

14 “(4) PAY FOR OUTCOMES INITIATIVE.—The
15 term ‘pay for outcomes initiative’ means a perform-
16 ance-based grant, contract, cooperative agreement,
17 or other agreement awarded by a public entity in
18 which a commitment is made to pay for improved
19 outcomes achieved as a result of the intervention
20 that result in social benefit and direct cost savings
21 or cost avoidance to the public sector. Such an ini-
22 tiative shall include—

23 “(A) a feasibility study that describes how
24 the proposed intervention is based on evidence
25 of effectiveness;

1 “(B) a rigorous, third-party evaluation
2 that uses experimental or quasi-experimental
3 design or other research methodologies that
4 allow for the strongest possible causal infer-
5 ences to determine whether the initiative has
6 met its proposed outcomes as a result of the
7 intervention;

8 “(C) an annual, publicly available report
9 on the progress of the initiative; and

10 “(D) a requirement that payments are
11 made to the recipient of a grant, contract, or
12 cooperative agreement only when agreed upon
13 outcomes are achieved, except that this require-
14 ment shall not apply with respect to payments
15 to a third party conducting the evaluation de-
16 scribed in subparagraph (B).”.

17 (c) EXTENDED AVAILABILITY OF FUNDS.—Section
18 511(j)(3) of such Act (42 U.S.C. 711(j)(3)) is amended—

19 (1) by striking “(3) AVAILABILITY.—Funds”
20 and inserting the following:

21 “(3) AVAILABILITY.—

22 “(A) IN GENERAL.—Except as provided in
23 subparagraph (B), funds”; and

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

1 “(B) FUNDS FOR PAY FOR OUTCOMES INI-
 2 TIATIVES.—Funds made available to an eligible
 3 entity under this section for a fiscal year (or
 4 portion of a fiscal year) for a pay for outcomes
 5 initiative shall remain available for expenditure
 6 by the eligible entity for not more than 10 years
 7 after the funds are so made available.”.

8 **SEC. 236. DATA EXCHANGE STANDARDS FOR IMPROVED**
 9 **INTEROPERABILITY.**

10 (a) IN GENERAL.—Section 511(h) of the Social Secu-
 11 rity Act (42 U.S.C. 711(h)) is amended by adding at the
 12 end the following:

13 “(5) DATA EXCHANGE STANDARDS FOR IM-
 14 PROVED INTEROPERABILITY.—

15 “(A) DESIGNATION AND USE OF DATA EX-
 16 CHANGE STANDARDS.—

17 “(i) DESIGNATION.—The head of the
 18 department or agency responsible for ad-
 19 ministering a program funded under this
 20 section shall, in consultation with an inter-
 21 agency work group established by the Of-
 22 fice of Management and Budget and con-
 23 sidering State government perspectives,
 24 designate data exchange standards for nec-
 25 essary categories of information that a

1 State agency operating the program is re-
2 quired to electronically exchange with an-
3 other State agency under applicable Fed-
4 eral law.

5 “(ii) DATA EXCHANGE STANDARDS
6 MUST BE NONPROPRIETARY AND INTER-
7 OPERABLE.—The data exchange standards
8 designated under clause (i) shall, to the ex-
9 tent practicable, be nonproprietary and
10 interoperable.

11 “(iii) OTHER REQUIREMENTS.—In
12 designating data exchange standards under
13 this paragraph, the Secretary shall, to the
14 extent practicable, incorporate—

15 “(I) interoperable standards de-
16 veloped and maintained by an inter-
17 national voluntary consensus stand-
18 ards body, as defined by the Office of
19 Management and Budget;

20 “(II) interoperable standards de-
21 veloped and maintained by intergov-
22 ernmental partnerships, such as the
23 National Information Exchange
24 Model; and

1 “(III) interoperable standards
2 developed and maintained by Federal
3 entities with authority over con-
4 tracting and financial assistance.

5 “(B) DATA EXCHANGE STANDARDS FOR
6 FEDERAL REPORTING.—

7 “(i) DESIGNATION.—The head of the
8 department or agency responsible for ad-
9 ministering a program referred to in this
10 section shall, in consultation with an inter-
11 agency work group established by the Of-
12 fice of Management and Budget, and con-
13 sidering State government perspectives,
14 designate data exchange standards to gov-
15 ern Federal reporting and exchange re-
16 quirements under applicable Federal law.

17 “(ii) REQUIREMENTS.—The data ex-
18 change reporting standards required by
19 clause (i) shall, to the extent practicable—

20 “(I) incorporate a widely accept-
21 ed, nonproprietary, searchable, com-
22 puter-readable format;

23 “(II) be consistent with and im-
24 plement applicable accounting prin-
25 ciples;

1 “(III) be implemented in a man-
2 ner that is cost-effective and improves
3 program efficiency and effectiveness;
4 and

5 “(IV) be capable of being contin-
6 ually upgraded as necessary.

7 “(iii) INCORPORATION OF NONPROPRI-
8 ETARY STANDARDS.—In designating data
9 exchange standards under this paragraph,
10 the Secretary shall, to the extent prac-
11 ticable, incorporate existing nonproprietary
12 standards, such as the eXtensible Mark up
13 Language.

14 “(iv) RULE OF CONSTRUCTION.—
15 Nothing in this paragraph shall be con-
16 strued to require a change to existing data
17 exchange standards for Federal reporting
18 about a program referred to in this sec-
19 tion, if the head of the department or
20 agency responsible for administering the
21 program finds the standards to be effective
22 and efficient.”.

23 (b) EFFECTIVE DATE.—The amendment made by
24 subsection (a) shall take effect on the date that is 2 years
25 after the date of enactment of this Act.

1 **SEC. 237. ALLOCATION OF FUNDS.**

2 Section 511(j) of the Social Security Act (42 U.S.C.
3 711(j)) is amended by adding at the end the following:

4 “(4) ALLOCATION OF FUNDS.—To the extent
5 that the grant amount awarded under this section to
6 an eligible entity is determined on the basis of rel-
7 ative population or poverty considerations, the Sec-
8 retary shall make the determination using the most
9 accurate Federal data available for the eligible enti-
10 ty.”.

11 **TITLE III—STRENGTHENING**
12 **PROTECTIONS FOR SOCIAL**
13 **SECURITY BENEFICIARIES**
14 **ACT OF 2018**

15 **SEC. 300. SHORT TITLE.**

16 This title may be cited as the “Strengthening Protec-
17 tions for Social Security Beneficiaries Act of 2018”.

18 **Subtitle A—Strengthening Over-**
19 **sight and Beneficiary Protec-**
20 **tion**

21 **SEC. 301. STRONGER MONITORING OF REPRESENTATIVE**
22 **PAYEES.**

23 (a) PROTECTION AND ADVOCACY FOR BENE-
24 FICIARIES WITH REPRESENTATIVE PAYEES.—Section
25 205(j)(6) of the Social Security Act (42 U.S.C. 405(j)(6))
26 is amended by adding at the end the following:

1 “(C)(i) The Commissioner of Social Security shall
2 make annual grants directly to the protection and advo-
3 cacy system serving each of the States and the American
4 Indian consortium for the purpose of conducting reviews
5 of representative payees in accordance with this subpara-
6 graph. The total amount used by the Commissioner for
7 such grants each year—

8 “(I) shall be an amount sufficient, as deter-
9 mined by the Commissioner in consultation with
10 each of the protection and advocacy systems, to
11 carry out all of the activities described in clause (ii);
12 and

13 “(II) shall not be less than \$25,000,000.

14 “(ii) A protection and advocacy system awarded a
15 grant under this subparagraph shall use the grant funds
16 to—

17 “(I) conduct all periodic onsite reviews pursu-
18 ant to this paragraph and such other reviews of rep-
19 resentative payees as the Commissioner may request,
20 including reviews conducted in response to allega-
21 tions or concerns about the performance or suit-
22 ability of the payee;

23 “(II) conduct additional reviews that the pro-
24 tection and advocacy system has reason to believe
25 are warranted;

1 “(III) develop corrective action plans to assist
2 representative payees in conforming to requirements
3 specified by the Commissioner;

4 “(IV) submit a report to the Commissioner on
5 each completed review containing such information
6 as the Commissioner shall require; and

7 “(V) conduct an initial onsite assessment of any
8 organization that begins collecting a fee for its serv-
9 ices as a representative payee to ensure that such
10 organization is established as such a representative
11 payee in accordance with requirements specified by
12 the Commissioner.

13 A protection and advocacy system may refer beneficiaries
14 to other programs or services as the protection and advo-
15 cacy system considers appropriate.

16 “(iii) To be eligible to receive grants under this sec-
17 tion, a protection and advocacy system shall submit an
18 initial application to the Commissioner at such time, in
19 such form and manner, and accompanied by such informa-
20 tion and assurances as the Commissioner may require.

21 “(iv)(I) Subject to subclause (II), the Commissioner
22 shall ensure that any funds used for grants under clause
23 (i) shall be allocated to the protection and advocacy sys-
24 tems serving each of the States and the American Indian
25 consortium in a manner such that the amount provided

1 to each protection and advocacy system bears the same
2 ratio to the total of such funds as the number of rep-
3 resented beneficiaries in the State or American Indian
4 consortium in which such protection and advocacy system
5 is located bears to the total number of represented bene-
6 ficiaries.

7 “(II) The amount of an annual grant to a protection
8 and advocacy system under clause (i) shall—

9 “(aa) in the case of a protection and advocacy
10 system serving American Samoa, Guam, the United
11 States Virgin Islands, or the Commonwealth of the
12 Northern Mariana Islands, or the American Indian
13 consortium, not be less than \$30,000; and

14 “(bb) in the case of a protection and advocacy
15 system serving any other State, not be less than
16 \$60,000.

17 “(III) Funds provided to a protection and advocacy
18 system through a grant under clause (i) for a one-year
19 period shall remain available through the end of the fol-
20 lowing one-year period.

21 “(IV) For purposes of this clause, the term ‘rep-
22 resented beneficiary’ means an individual—

23 “(aa) who is entitled to benefits under this title,
24 title VIII, or title XVI; and

1 “(bb) whose benefits have been certified for
2 payment to a representative payee.

3 “(v)(I) The Commissioner shall make annual grants,
4 in an amount equal to 4 percent of the total amount of
5 grants awarded each year under clause (i), to an eligible
6 national association for the provision of training and tech-
7 nical assistance, administrative support, and data collec-
8 tion services to protection and advocacy systems in con-
9 nection with grants awarded under clause (i).

10 “(II) In this clause, the term ‘eligible national asso-
11 ciation’ means a national disability association with exten-
12 sive knowledge and demonstrated experience in providing
13 training, technical assistance, and administrative oversight
14 to protection and advocacy systems that monitor rep-
15 resentative payees.

16 “(vi) In conducting reviews under this section, a pro-
17 tection and advocacy system shall have the same authori-
18 ties, including access to records, facilities, and persons, as
19 such system would have for purposes of providing services
20 under subtitle C of title I of the Developmental Disabilities
21 Assistance and Bill of Rights Act of 2000 (42 U.S.C.
22 15041 et seq.).

23 “(vii) Whenever benefit amounts under this title are
24 increased by any percentage effective with any month after
25 November 2018 as a result of a determination made under

1 section 215(i), each of the dollar amounts specified in
2 clauses (i)(II) and (iv)(II) shall be increased by the same
3 percentage.

4 “(viii) No additional funds are authorized to be ap-
5 propriated to carry out the requirements of this subpara-
6 graph. Such requirements shall be carried out using
7 amounts otherwise authorized.

8 “(ix) In this subparagraph:

9 “(I) The term ‘American Indian consortium’
10 means a consortium established under subtitle C of
11 title I of the Developmental Disabilities Assistance
12 and Bill of Rights Act of 2000 (42 U.S.C. 15041 et
13 seq.).

14 “(II) The term ‘protection and advocacy sys-
15 tem’ means a protection and advocacy system estab-
16 lished under subtitle C of title I of the Develop-
17 mental Disabilities Assistance and Bill of Rights Act
18 of 2000 (42 U.S.C. 15041 et seq.).

19 “(III) The term ‘State’ means the several
20 States of the United States, the District of Colum-
21 bia, the Commonwealth of Puerto Rico, the United
22 States Virgin Islands, Guam, American Samoa, and
23 the Commonwealth of the Northern Mariana Is-
24 lands.”.

1 (b) EXPANSION OF PERIODIC ONSITE REVIEW RE-
2 QUIREMENTS.—Section 205(j)(6)(A) of the Social Secu-
3 rity Act (42 U.S.C. 405(j)(6)(A)) is amended—

4 (1) in clause (ii), by striking “or”;

5 (2) in clause (iii), by striking the period and in-
6 serting “; or”;

7 (3) by adding after clause (iii) the following:

8 “(iv) the representative payee collects a fee for
9 its services.”; and

10 (4) by adding after clause (iv) (as added by
11 paragraph (3)) the following flush text:

12 “The Commissioner shall also conduct periodic onsite re-
13 views of individual and organizational payees, including
14 payees who are related to the beneficiary and primarily
15 reside in the same household, selected on the basis of risk-
16 factors for potential misuse or unsuitability associated
17 with such payees or beneficiaries.”.

18 (c) AVAILABILITY OF GRANT FUNDS.—

19 (1) PROTECTION AND ADVOCACY SYSTEM
20 GRANTS.—Grants described under clause (i) of sub-
21 paragraph (C) of section 205(j)(6) of the Social Se-
22 curity Act (as added by subsection (a)) shall be
23 awarded on August 1, 2018, and annually there-
24 after, and funds provided by such grants to a protec-
25 tion and advocacy system may be used to reimburse

1 the protection and advocacy system for amounts ex-
 2 pended by the protection and advocacy system dur-
 3 ing the period beginning on May 1, 2018, and end-
 4 ing on such date for hiring and start-up costs in
 5 preparation to carry out reviews of representative
 6 payees in accordance with such subparagraph.

7 (2) NATIONAL ASSOCIATION GRANTS.—Grants
 8 described under clause (v) of such subparagraph
 9 shall be awarded on May 1, 2018, and annually
 10 thereafter.

11 **SEC. 302. REDUCING THE BURDEN ON FAMILIES.**

12 (a) TITLE II.—Section 205(j)(3) of the Social Secu-
 13 rity Act (42 U.S.C. 405(j)(3)) is amended—

14 (1) by redesignating subparagraphs (D)
 15 through (G) as subparagraphs (E) through (H), re-
 16 spectively;

17 (2) by inserting after subparagraph (C) the fol-
 18 lowing:

19 “(D)(i) Subparagraph (A) shall not apply
 20 in any case where the other person to whom
 21 such payment is made is—

22 “(I) a parent, or other individual who
 23 is a legal guardian of, a minor child enti-
 24 tled to such payment who primarily resides
 25 in the same household;

1 “(II) a parent of an individual entitled
2 to such payment who is under a disability
3 (as defined in section 223(d)) who pri-
4 marily resides in the same household; or

5 “(III) the spouse of the individual en-
6 titled to such payment.

7 “(ii) The Commissioner of Social Security
8 shall establish and implement procedures as
9 necessary for the Commissioner to determine
10 the eligibility of such parties for the exemption
11 provided in clause (i). The Commissioner shall
12 prescribe such regulations as may be necessary
13 to determine eligibility for such exemption.”;

14 (3) in subparagraph (E) (as so redesignated),
15 by striking “and (C)” and inserting “(C), and (D)”;
16 and

17 (4) in subparagraph (F) (as so redesignated),
18 by striking “(D)” each place it appears and insert-
19 ing “(E)”.

20 (b) TITLE VIII.—Section 807(h) of the Social Secu-
21 rity Act (42 U.S.C. 1007(h)) is amended—

22 (1) by redesignating paragraphs (3) through
23 (5) as paragraphs (4) through (6), respectively; and

24 (2) by inserting after paragraph (2) the fol-
25 lowing:

1 “(3)(A) Paragraph (1) shall not apply in any
2 case where the other person to whom such payment
3 is made is the spouse of the individual entitled to
4 such payment.

5 “(B) The Commissioner of Social Security shall
6 establish and implement procedures as necessary for
7 the Commissioner to determine the eligibility of such
8 parties for the exemption provided in subparagraph
9 (A). The Commissioner shall prescribe such regula-
10 tions as may be necessary to determine eligibility for
11 such exemption.”.

12 (c) TITLE XVI.—Section 1631(a)(2)(C) of the Social
13 Security Act (42 U.S.C. 1383(a)(2)(C)) is amended—

14 (1) by redesignating clauses (iv) and (v) as
15 clauses (v) and (vi), respectively;

16 (2) by inserting after clause (iii) the following:

17 “(iv)(I) Clause (i) shall not apply in any case
18 where the representative payee is—

19 “(aa) a parent, or other individual who is
20 a legal guardian of, a minor child entitled to
21 such payment who primarily resides in the same
22 household;

23 “(bb) a parent of an individual entitled to
24 such payment who is under a disability who pri-
25 marily resides in the same household; or

1 “(cc) the spouse of the individual entitled
2 to such payment.

3 “(II) The Commissioner of Social Security shall
4 establish and implement procedures as necessary for
5 the Commissioner to determine the eligibility of such
6 parties for the exemption provided in subclause (I).
7 The Commissioner shall prescribe such regulations
8 as may be necessary to determine eligibility for such
9 exemption.”;

10 (3) in clause (v) (as so redesignated), by strik-
11 ing “and (iii)” and inserting “(iii), and (iv)”;

12 (4) in clause (vi) (as so redesignated), by strik-
13 ing “(iv)” each time it appears and inserting “(v)”.

14 (d) EFFECTIVE DATE.—The amendments made by
15 this section shall take effect on the date of the enactment
16 of this Act.

17 **SEC. 303. PROTECTING BENEFICIARIES THROUGH INFOR-**
18 **MATION SHARING.**

19 (a) INFORMATION SHARING TO DETERMINE STATE
20 FOSTER CARE STATUS.—

21 (1) IN GENERAL.—Section 205(j) of the Social
22 Security Act (42 U.S.C. 405(j)) is amended by add-
23 ing at the end the following:

24 “(11)(A) The Commissioner of Social Security
25 shall—

1 “(i) enter into agreements with each State with
2 a plan approved under part E of title IV for the pur-
3 pose of sharing and matching data, on an automated
4 monthly basis, in the system of records of the Social
5 Security Administration with each Statewide and
6 Tribal Automated Child Welfare Information System
7 to identify represented minor beneficiaries who are
8 in foster care under the responsibility of the State
9 for such month; and

10 “(ii) in any case in which a represented minor
11 beneficiary has entered or exited foster care or
12 changed foster care placement in such month, rede-
13 termine the appropriate representative payee for
14 such individual.

15 “(B) For purposes of this paragraph—

16 “(i) the term ‘State’ has the meaning given
17 such term for purposes of part E of title IV;

18 “(ii) the term ‘Statewide and Tribal Automated
19 Child Welfare Information System’ means a state-
20 wide mechanized data collection and information re-
21 trieval system described in section 474(a)(3)(C); and

22 “(iii) the term ‘represented minor beneficiary’,
23 with respect to an individual for a month, means a
24 child (as defined for purposes of section 475(8)) en-
25 titled to benefits under this title for such month

1 whose benefits are certified for payment to a rep-
2 resentative payee.”.

3 (2) CONFORMING CHANGE.—Section
4 471(a)(8)(A) of the Social Security Act (42 U.S.C.
5 671(a)(8)(A)) is amended by inserting “the program
6 established by title II,” after “XX,”.

7 (3) GAO STUDY AND REPORT.—

8 (A) EVALUATION.—As soon as possible
9 after the date of the enactment of this Act, the
10 Comptroller General shall evaluate—

11 (i) the number of represented minor
12 beneficiaries in foster care under the re-
13 sponsibility of a State for each month dur-
14 ing the previous year;

15 (ii) whether the representative payee
16 for each represented minor beneficiary is—

17 (I) a governmental child welfare
18 agency;

19 (II) an organizational payee that
20 is not a governmental child welfare
21 agency;

22 (III) a foster parent or child-care
23 institution (within the meaning of
24 part E of title IV); or

25 (IV) another individual; and

1 (iii) whether funds were conserved,
2 used for direct expenses of the minor bene-
3 ficiary, or used to reimburse the State for
4 foster care maintenance costs.

5 (B) REPORT TO CONGRESS.—Not later
6 than 36 months after the date of enactment of
7 this Act, the Comptroller General shall submit
8 to Congress a report on the results of the eval-
9 uation required under subparagraph (A).

10 (C) DEFINITIONS.—For purposes of this
11 paragraph—

12 (i) the term “State” has the meaning
13 given such term for purposes of part E of
14 title IV of the Social Security Act; and

15 (ii) the term “represented minor bene-
16 ficiary”, with respect to an individual for a
17 month, means a child (as defined for pur-
18 poses of section 475(8) of the Social Secu-
19 rity Act) entitled to benefits under title II
20 of such Act for such month whose benefits
21 are certified for payment to a representa-
22 tive payee.

23 (4) EFFECTIVE DATE.—

24 (A) IN GENERAL.—The amendments made
25 by this subsection shall apply with respect to

1 months beginning on or after the date that is
2 1 year after the date of the enactment of this
3 Act.

4 (B) EXCEPTION IF STATE LEGISLATION
5 REQUIRED.—In the case of a State plan under
6 part E of title IV of the Social Security Act
7 that the Secretary of Health and Human Serv-
8 ices determines requires State legislation (other
9 than legislation appropriating funds) in order
10 for the plan to meet the additional requirement
11 imposed by the amendments made under this
12 subsection, such plan shall not be regarded as
13 failing to comply with the requirements of such
14 title solely on the basis of its failure to meet
15 this additional requirement before the first day
16 of the first calendar quarter beginning after the
17 close of the first regular session of the State
18 legislature that begins after the date of the en-
19 actment of this Act. For purposes of the pre-
20 vious sentence, in the case of a State that has
21 a 2-year legislative session, each year of such
22 session shall be deemed to be a separate regular
23 session of the State legislature.

24 (b) IMPROVING COORDINATION WITH ADULT PRO-
25 TECTIVE SERVICES.—

1 (1) IN GENERAL.—The Commissioner of Social
2 Security shall study and test the administrative fea-
3 sibility of improving information sharing, in partner-
4 ship with State agencies that provide adult protec-
5 tive services, with respect to—

6 (A) the assessment of an individual’s need
7 for a representative payee in connection with
8 benefits to which the individual is entitled
9 under title II or title XVI of the Social Security
10 Act; and

11 (B) oversight of individuals and organiza-
12 tions serving as representative payees.

13 (2) REPORT.—Not later than June 30, 2022,
14 the Commissioner of Social Security shall conclude
15 the study described in paragraph (1) and submit to
16 the Committee on Ways and Means of the House of
17 Representatives and the Committee on Finance of
18 the Senate a report on the results of such study.

19 (c) STUDY ON POTENTIAL TO COORDINATE WITH
20 STATE COURTS.—

21 (1) IN GENERAL.—The Commissioner of Social
22 Security shall enter into an agreement with the Ad-
23 ministrative Conference of the United States to con-
24 duct a study that includes—

1 (A) an overview of potential opportunities
2 for information sharing between the Social Se-
3 curity Administration and State courts and rel-
4 evant State agencies;

5 (B) a detailed analysis of the barriers to
6 such information sharing, including any Federal
7 or State statutory barriers;

8 (C) a description of how such information
9 sharing would be implemented, including any
10 additional infrastructure needed; and

11 (D) a description of any risks or other fac-
12 tors that the Social Security Administration
13 and the Congress should consider before imple-
14 menting such information sharing.

15 (2) REPORT.—Not later than June 30, 2020,
16 the Commissioner of Social Security shall submit to
17 the Committee on Ways and Means of the House of
18 Representatives and the Committee on Finance of
19 the Senate and make publicly available a report on
20 the results of the study conducted under paragraph
21 (1).

1 **SEC. 304. CLARIFYING OVERPAYMENT LIABILITY FOR**
2 **CHILD IN CHILD WELFARE SYSTEM.**

3 (a) AMENDMENT TO TITLE II.—Section 204(a) of
4 the Social Security Act (42 U.S.C. 404(a)) is amended
5 by adding at the end the following:

6 “(3)(A) When any payment of more than the correct
7 amount is made on behalf of an individual who is a rep-
8 resented minor beneficiary for a month in which such indi-
9 vidual is in foster care under the responsibility of a State
10 and the State is the representative payee of such indi-
11 vidual, the State shall be liable for the repayment of the
12 overpayment, and there shall be no adjustment of pay-
13 ments to, or recovery by the United States from, such in-
14 dividual.

15 “(B) For purposes of this paragraph, the term ‘rep-
16 resented minor beneficiary’ has the meaning given such
17 term in subsection (j)(11)(B)(iii).”.

18 (b) AMENDMENT TO TITLE XVI.—Section 1631(b)
19 of the Social Security Act (42 U.S.C. 1683(b)) is amend-
20 ed—

21 (1) by redesignating paragraphs (3) through
22 (7) as paragraphs (4) through (8), respectively; and
23 (2) by inserting after paragraph (2) the fol-
24 lowing:

25 “(3)(A) When any payment of more than the correct
26 amount is made on behalf of an individual who is a rep-

1 resented minor beneficiary for a month in which such indi-
2 vidual is in foster care under the responsibility of a State
3 and the State is the representative payee of such indi-
4 vidual, the State shall be liable for the repayment of the
5 overpayment, and there shall be no adjustment of pay-
6 ments to, or recovery by the United States from, such in-
7 dividual.

8 “(B) For purposes of this paragraph, the term ‘rep-
9 resented minor beneficiary’, with respect to an individual
10 for a month, means a child (as defined for purposes of
11 section 475(8)) entitled to benefits under this title for
12 such month whose benefits are certified for payment to
13 a representative payee.”.

14 (c) EFFECTIVE DATE.—The amendment made by
15 subsection (a) shall apply with respect to overpayment de-
16 terminations made on or after the date of the enactment
17 of this Act and to any other overpaid amounts that have
18 not been recovered as of such date.

19 **SEC. 305. REPORTS.**

20 (a) REPORT ON BENEFITS MISUSED.—Section
21 205(j) of the Social Security Act (42 U.S.C. 405(j)), as
22 amended by section 303(a), is further amended—

23 (1) in paragraph (6)—

24 (A) by striking “(A) In addition to” and
25 inserting “In addition to”; and

1 (B) by striking subparagraph (B); and

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

3 “(12)(A) Not later than January 31 of each fiscal
4 year, the Commissioner shall submit to the Committee on
5 Ways and Means of the House of Representatives and the
6 Committee on Finance of the Senate a report on the total
7 number of individuals entitled to benefits under titles II,
8 VIII, and XVI, respectively (and the number of individuals
9 concurrently entitled to benefits under more than one such
10 title), who have a representative payee, the total number
11 of such representative payees, and the results of all re-
12 views of representative payees conducted during the pre-
13 vious fiscal year in connection with benefits under this
14 title, title VIII, or title XVI. Such report shall summarize
15 problems identified in such reviews and corrective actions
16 taken or planned to be taken to correct such problems,
17 and shall include—

18 “(i) the number of such reviews;

19 “(ii) the results of such reviews;

20 “(iii) the number of cases in which the rep-
21 resentative payee was changed and why;

22 “(iv) the number of reviews conducted in re-
23 sponse to allegations or concerns about the perform-
24 ance or suitability of the payee;

1 “(v) the number of cases discovered in which
2 there was a misuse of funds, and the total dollar
3 amount of benefits determined by the Commissioner
4 during such fiscal year to have been misused by a
5 representative payee (regardless of the fiscal year in
6 which such misuse occurred);

7 “(vi) the number of cases discovered in which
8 such misuse of funds resulted from the negligent
9 failure of the Commissioner to investigate or mon-
10 itor a representative payee;

11 “(vii) the final disposition of such cases of mis-
12 use of funds, including—

13 “(I) any criminal, civil, and administrative
14 penalties imposed;

15 “(II) the total dollar amount of misused
16 benefits repaid to beneficiaries and alternative
17 representative payees under each of—

18 “(aa) paragraph (5) (on the basis of
19 a negligent failure of the Commissioner de-
20 scribed in such paragraph);

21 “(bb) paragraph (5) (on any other
22 basis); and

23 “(cc) paragraph (7); and

24 “(III) the total dollar amount of misused
25 benefits recovered under each of—

1 “(aa) paragraph (5); and

2 “(bb) paragraph (7);

3 “(viii) any updates to prior year reports nec-
4 essary to reflect subsequent recoveries and repay-
5 ments pertaining to misuse determinations made in
6 prior years; and

7 “(ix) such other information as the Commis-
8 sioner deems appropriate.

9 “(B) Each report required under this paragraph for
10 a fiscal year shall include the information described in
11 clauses (i) through (ix) of subparagraph (A) with respect
12 to—

13 “(i) all representative payees reviewed during
14 such fiscal year;

15 “(ii) all such representative payees that are or-
16 ganizations, separated by whether such organization
17 collects a fee for its services as a representative
18 payee;

19 “(iii) all such representative payees that are in-
20 dividuals serving 15 or more individuals; and

21 “(iv) all such representative payees that are in-
22 dividuals serving less than 15 individuals, separated
23 by whether such representative payee is a family
24 member.”.

1 (b) REPORT ON ELIMINATION OF THE ACCOUNTING
2 FORM.—The Commissioner shall—

3 (1) conduct a study on the changes made by the
4 amendments made by section 102 of the Strength-
5 ening Protections for Social Security Beneficiaries
6 Act of 2018, which shall include the impact of such
7 changes on families, beneficiaries, and the operations
8 of the Social Security Administration; and

9 (2) not later than January 1, 2021, submit a
10 report on the results of such study to the Committee
11 on Ways and Means of the House of Representatives
12 and the Committee on Finance of the Senate.

13 (c) REPORT ON THE ADVANCED DESIGNATION POL-
14 ICY.—The Commissioner shall—

15 (1) conduct a study on the changes made by the
16 amendments made by section 201 of the Strength-
17 ening Protections for Social Security Beneficiaries
18 Act of 2018, which shall include the impact of such
19 changes on beneficiaries and the operations of the
20 Social Security Administration; and

21 (2) not later than January 1, 2025, submit a
22 report on the results of such study to the Committee
23 on Ways and Means of the House of Representatives
24 and the Committee on Finance of the Senate.

1 **Subtitle B—Improving Payee**
2 **Selection and Quality**

3 **SEC. 311. ADVANCE DESIGNATION OF REPRESENTATIVE**
4 **PAYEES.**

5 (a) IN GENERAL.—Section 205(j)(1) of the Social Se-
6 curity Act (42 U.S.C. 405(j)(1)) is amended by adding
7 at the end the following:

8 “(C)(i) An individual who is entitled to or is an appli-
9 cant for a benefit under this title, title VIII, or title XVI,
10 who has attained 18 years of age or is an emancipated
11 minor, may, at any time, designate one or more other indi-
12 viduals to serve as a representative payee for such indi-
13 vidual in the event that the Commissioner of Social Secu-
14 rity determines under subparagraph (A) that the interest
15 of such individual would be served by certification for pay-
16 ment of such benefits to which the individual is entitled
17 to a representative payee. If the Commissioner of Social
18 Security makes such a determination with respect to such
19 individual at any time after such designation has been
20 made, the Commissioner shall—

21 “(I) certify payment of such benefits to the des-
22 ignated individual, subject to the requirements of
23 paragraph (2); or

24 “(II) if the Commissioner determines that cer-
25 tification for payment of such benefits to the des-

1 igned individual would not satisfy the require-
2 ments of paragraph (2), that the designated indi-
3 vidual is unwilling or unable to serve as representa-
4 tive payee, or that other good cause exists, certify
5 payment of such benefits to another individual or or-
6 ganization, in accordance with paragraph (1).

7 “(ii) An organization may not be designated to serve
8 as a representative payee under this subparagraph.”.

9 (b) EFFECTIVE DATE.—The amendment made by
10 subsection (a) shall take effect on the date that is 2 years
11 after the date of the enactment of this section.

12 (c) REGULATIONS.—Not later than 18 months after
13 the date of the enactment of this section, the Commis-
14 sioner of Social Security shall promulgate regulations
15 specifying the information an individual is required to pro-
16 vide to the Commissioner in order to designate another
17 individual to serve as the individual’s representative payee
18 under section 205(j)(1)(C) of the Social Security Act (as
19 added by subsection (a)).

20 (d) NOTIFICATION TO BENEFICIARIES.—Not later
21 than January 1, 2020, and annually thereafter, the Com-
22 missioner of Social Security shall notify each individual
23 entitled to a benefit under title II, VIII, or XVI of the
24 Social Security Act of the name of any individual des-
25 igned to serve as the individual’s representative payee

1 under section 205(j)(1)(C) of such Act (as added by sub-
2 section (a)).

3 **SEC. 312. PROHIBITION ON INDIVIDUALS CONVICTED OF**
4 **CERTAIN CRIMES SERVING AS REPRESENTA-**
5 **TIVE PAYEES.**

6 (a) AMENDMENTS TO TITLE II.—Section 205(j)(2)
7 of the Social Security Act (42 U.S.C. 405(j)(2)) is amend-
8 ed—

9 (1) in subparagraph (B)—

10 (A) in clause (i)—

11 (i) in subclause (V), by striking “and”
12 at the end;

13 (ii) in subclause (VI), by striking the
14 period and inserting “, and”; and

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

17 “(VII) determine whether such person has been
18 convicted (and not subsequently exonerated), under
19 Federal or State law, of a felony provided under
20 clause (iv), or of an attempt or a conspiracy to com-
21 mit such a felony.”; and

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

23 “(iv) The felony crimes provided under this clause,
24 whether an offense under State or Federal law, are the
25 following:

1 “(I) Human trafficking, including as prohibited
2 under sections 1590 and 1591 of title 18, United
3 States Code.

4 “(II) False imprisonment, including as prohib-
5 ited under section 1201 of title 18, United States
6 Code.

7 “(III) Kidnapping, including as prohibited
8 under section 1201 of title 18, United States Code.

9 “(IV) Rape and sexual assault, including as
10 prohibited under sections 2241, 2242, 2243, and
11 2244 of title 18, United States Code.

12 “(V) First-degree homicide, including as prohib-
13 ited under section 1111 of title 18, United States
14 Code.

15 “(VI) Robbery, including as prohibited under
16 section 2111 of title 18, United States Code.

17 “(VII) Fraud to obtain access to government
18 assistance, including as prohibited under sections
19 287, 1001, and 1343 of title 18, United States
20 Code.

21 “(VIII) Fraud by scheme, including as prohib-
22 ited under section 1343 of title 18, United States
23 Code.

1 “(IX) Theft of government funds or property,
2 including as prohibited under section 641 of title 18,
3 United States Code.

4 “(X) Abuse or neglect, including as prohibited
5 under section 111, 113, 114, 115, 116, or 117 of
6 title 18, United States Code.

7 “(XI) Forgery, including as prohibited under
8 section 642 and chapter 25 (except section 512) of
9 title 18, United States Code.

10 “(XII) Identity theft or identity fraud, includ-
11 ing as prohibited under sections 1028 and 1028A of
12 title 18, United States Code.

13 The Commissioner of Social Security may promulgate reg-
14 ulations to provide for additional felony crimes under this
15 clause.

16 “(v)(I) For the purpose of carrying out the activities
17 required under subparagraph (B)(i) as part of the inves-
18 tigation under subparagraph (A)(i), the Commissioner
19 may conduct a background check of any individual seeking
20 to serve as a representative payee under this subsection
21 and may disqualify from service as a representative payee
22 any such individual who fails to grant permission for the
23 Commissioner to conduct such a background check.

24 “(II) The Commissioner may revoke certification of
25 payment of benefits under this subsection to any indi-

1 vidual serving as a representative payee on or after Janu-
 2 ary 1, 2019, who fails to grant permission for the Commis-
 3 sioner to conduct such a background check.”; and

4 (2) in subparagraph (C)—

5 (A) in clause (i)—

6 (i) in subclause (IV), by striking “or”
 7 at the end;

8 (ii) in subclause (V), by striking the
 9 period at the end and inserting “, or”; and

10 (iii) by adding at the end the fol-
 11 lowing:

12 “(VI) except as provided in clause (vi), such
 13 person has previously been convicted (and not subse-
 14 quently exonerated) as described in subparagraph
 15 (B)(i)(VII).”; and

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

17 “(vi)(I) With respect to any person described in sub-
 18 clause (II)—

19 “(aa) subparagraph (B)(i)(VII) shall not apply;

20 and

21 “(bb) the Commissioner may grant an exemp-
 22 tion from the provisions of clause (i)(VI) if the Com-
 23 missioner determines that such exemption is in the
 24 best interest of the individual entitled to benefits.

1 “(II) A person is described in this subclause if the
2 person—

3 “(aa) is the custodial parent of a minor child
4 for whom the person applies to serve,

5 “(bb) is the custodial spouse of the beneficiary
6 for whom the person applies to serve,

7 “(cc) is the custodial parent of a beneficiary
8 who is under a disability (as defined in section
9 223(d)) which began before the beneficiary attained
10 the age of 22, for whom the person applies to serve,

11 “(dd) is the custodial court appointed guardian
12 of the beneficiary for whom the person applies to
13 serve,

14 “(ee) is the custodial grandparent of a minor
15 grandchild for whom the person applies to serve,

16 “(ff) is the parent who was previously rep-
17 resentative payee for his or her minor child who has
18 since turned 18 and continues to be eligible for such
19 benefit, or

20 “(gg) received a presidential or gubernatorial
21 pardon for the relevant conviction.”.

22 (b) AMENDMENTS TO TITLE VIII.—Section 807 of
23 the Social Security Act (42 U.S.C. 1007) is amended—

24 (1) in subsection (b)—

25 (A) in paragraph (2)—

1 (i) in subparagraph (E), by striking
2 “and” at the end;

3 (ii) in subparagraph (F), by striking
4 the period and inserting “, and”; and

5 (iii) by adding at the end the fol-
6 lowing:

7 “(G) determine whether such person has
8 been convicted (and not subsequently exoner-
9 ated), under Federal or State law, of a felony
10 provided under paragraph (4), or of an attempt
11 or a conspiracy to commit such a felony.”; and

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

13 “(4) The felony crimes provided under this
14 paragraph, whether an offense under State or Fed-
15 eral law, are the following:

16 “(A) Human trafficking, including as pro-
17 hibited under sections 1590 and 1591 of title
18 18, United States Code.

19 “(B) False imprisonment, including as
20 prohibited under section 1201 of title 18,
21 United States Code.

22 “(C) Kidnapping, including as prohibited
23 under section 1201 of title 18, United States
24 Code.

1 “(D) Rape and sexual assault, including as
2 prohibited under sections 2241, 2242, 2243,
3 and 2244 of title 18, United States Code.

4 “(E) First-degree homicide, including as
5 prohibited under section 1111 of title 18,
6 United States Code.

7 “(F) Robbery, including as prohibited
8 under section 2111 of title 18, United States
9 Code.

10 “(G) Fraud to obtain access to government
11 assistance, including as prohibited under sec-
12 tions 287, 1001, and 1343 of title 18, United
13 States Code.

14 “(H) Fraud by scheme, including as pro-
15 hibited under section 1343 of title 18, United
16 States Code.

17 “(I) Theft of government funds or prop-
18 erty, including as prohibited under section 641
19 of title 18, United States Code.

20 “(J) Abuse or neglect, including as prohib-
21 ited under section 111, 113, 114, 115, 116, or
22 117 of title 18, United States Code.

23 “(K) Forgery, including as prohibited
24 under section 642 and chapter 25 (except sec-
25 tion 512) of title 18, United States Code.

1 “(L) Identity theft or identity fraud, in-
2 cluding as prohibited under sections 1028 and
3 1028A of title 18, United States Code.

4 The Commissioner of Social Security may promul-
5 gate regulations to provide for additional felony
6 crimes under this clause.

7 “(5)(A) For the purpose of carrying out the activities
8 required under paragraph (2) as part of the investigation
9 under paragraph (1)(A), the Commissioner may conduct
10 a background check of any individual seeking to serve as
11 a representative payee under this subsection and may dis-
12 qualify from service as a representative payee any such
13 individual who fails to grant permission for the Commis-
14 sioner to conduct such a background check.

15 “(B) The Commissioner may revoke certification of
16 payment of benefits under this subsection to any indi-
17 vidual serving as a representative payee on or after Janu-
18 ary 1, 2019, who fails to grant permission for the Commis-
19 sioner to conduct such a background check.”; and

20 (2) in subsection (d)—

21 (A) in paragraph (1)—

22 (i) in subparagraph (D), by striking
23 “or” at the end;

1 (ii) in subparagraph (E), by striking
2 the period at the end and inserting “, or”;
3 and

4 (iii) by adding at the end the fol-
5 lowing:

6 “(F) except as provided in paragraph
7 (2)(D), such person has previously been con-
8 victed (and not subsequently exonerated) as de-
9 scribed in subsection (b)(2)(G).”; and

10 (B) in paragraph (2), by adding at the end
11 the following:

12 “(D)(i) With respect to any person described in
13 clause (II)—

14 “(I) subsection (b)(2)(G) shall not apply; and

15 “(II) the Commissioner may grant an exemp-
16 tion from the provisions of paragraph (1)(F) if the
17 Commissioner determines that such exemption is in
18 the best interest of the individual entitled to bene-
19 fits.

20 “(ii) A person is described in this clause if the per-
21 son—

22 “(I) is the custodial spouse of the beneficiary
23 for whom the person applies to serve;

1 “(II) is the custodial court appointed guardian
2 of the beneficiary for whom the person applies to
3 serve; or

4 “(III) received a presidential or gubernatorial
5 pardon for the relevant conviction.”.

6 (c) AMENDMENTS TO TITLE XVI.—Section
7 1631(a)(2)(B) of the Social Security Act (42 U.S.C.
8 1383(a)(2)(B)) is amended—

9 (1) in clause (ii)—

10 (A) in subclause (V), by striking “and” at
11 the end;

12 (B) in subclause (VI), by striking the pe-
13 riod and inserting “, and”; and

14 (C) by adding at the end the following:

15 “(VII) determine whether such person has been
16 convicted (and not subsequently exonerated), under
17 Federal or State law, of a felony provided under
18 clause (xv), or of an attempt or a conspiracy to com-
19 mit such a felony.”;

20 (2) in clause (iii)—

21 (A) in subclause (IV), by striking “or” at
22 the end;

23 (B) in subclause (V), by striking the period
24 at the end and inserting “, or”; and

25 (C) by adding at the end the following:

1 “(VI) except as provided in clause (xvii), such
2 person has previously been convicted (and not subse-
3 quently exonerated) as described in clause
4 (ii)(VII).”; and

5 (3) by adding at the end the following:

6 “(xv) The felony crimes provided under this clause,
7 whether an offense under State or Federal law, are the
8 following:

9 “(I) Human trafficking, including as prohibited
10 under sections 1590 and 1591 of title 18, United
11 States Code.

12 “(II) False imprisonment, including as prohib-
13 ited under section 1201 of title 18, United States
14 Code.

15 “(III) Kidnapping, including as prohibited
16 under section 1201 of title 18, United States Code.

17 “(IV) Rape and sexual assault, including as
18 prohibited under sections 2241, 2242, 2243, and
19 2244 of title 18, United States Code.

20 “(V) First-degree homicide, including as prohib-
21 ited under section 1111 of title 18, United States
22 Code.

23 “(VI) Robbery, including as prohibited under
24 section 2111 of title 18, United States Code.

1 “(VII) Fraud to obtain access to government
2 assistance, including as prohibited under sections
3 287, 1001, and 1343 of title 18, United States
4 Code.

5 “(VIII) Fraud by scheme, including as prohib-
6 ited under section 1343 of title 18, United States
7 Code.

8 “(IX) Theft of government funds or property,
9 including as prohibited under section 641 of title 18,
10 United States Code.

11 “(X) Abuse or neglect, including as prohibited
12 under section 111, 113, 114, 115, 116, or 117 of
13 title 18, United States Code.

14 “(XI) Forgery, including as prohibited under
15 section 642 and chapter 25 (except section 512) of
16 title 18, United States Code.

17 “(XII) Identity theft or identity fraud, includ-
18 ing as prohibited under sections 1028 and 1028A of
19 title 18, United States Code.

20 The Commissioner of Social Security may promulgate reg-
21 ulations to provide for additional felony crimes under this
22 clause.

23 “(xvi)(I) For the purpose of carrying out the activi-
24 ties required under clause (ii) as part of the investigation
25 under clause (i)(I), the Commissioner may conduct a back-

1 ground check of any individual seeking to serve as a rep-
 2 resentative payee under this subsection and may disqualify
 3 from service as a representative payee any such individual
 4 who fails to grant permission for the Commissioner to con-
 5 duct such a background check.

6 “(II) The Commissioner may revoke certification of
 7 payment of benefits under this subsection to any indi-
 8 vidual serving as a representative payee on or after Janu-
 9 ary 1, 2019, who fails to grant permission for the Commis-
 10 sioner to conduct such a background check.

11 “(xvii)(I) With respect to any person described in
 12 subclause (II)—

13 “(aa) clause (ii)(VII) shall not apply; and

14 “(bb) the Commissioner may grant an exemp-
 15 tion from the provisions of clause (iii)(VI) if the
 16 Commissioner determines that such exemption is in
 17 the best interest of the individual entitled to bene-
 18 fits.

19 “(II) A person is described in this subclause if the
 20 person—

21 “(aa) is the custodial parent of a minor child
 22 for whom the person applies to serve,

23 “(bb) is the custodial spouse of the beneficiary
 24 for whom the person applies to serve,

1 “(cc) is the custodial parent of a beneficiary
2 who is under a disability which began before the
3 beneficiary attained the age of 22, for whom the per-
4 son applies to serve,

5 “(dd) is the custodial court appointed guardian
6 of the beneficiary for whom the person applies to
7 serve,

8 “(ee) is the custodial grandparent of a minor
9 grandchild for whom the person applies to serve,

10 “(ff) is the parent who was previously rep-
11 resentative payee for his or her minor child who has
12 since turned 18 and continues to be eligible for such
13 benefit, or

14 “(gg) received a presidential or gubernatorial
15 pardon for the relevant conviction.”.

16 (d) APPLICATION TO NEW APPOINTMENTS.—Subject
17 to subsection (e), the amendments made by subsections
18 (a), (b), and (c) shall apply with respect to any individual
19 appointed to serve as a representative payee pursuant to
20 section 205(j), 807, or 1631(a)(2) of the Social Security
21 Act on or after January 1, 2019.

22 (e) APPLICATION TO PRIOR APPOINTMENTS.—

23 (1) IN GENERAL.—Not later than January 1,
24 2024, the Commissioner of Social Security shall con-
25 duct a review of each individual serving as a rep-

1 representative payee pursuant to section 205(j), 807, or
2 1631(a)(2) of the Social Security Act, to determine
3 whether such individual has been convicted of a fel-
4 ony as described in section 205(j)(2)(B)(i)(VII),
5 807(b)(2)(G), or 1631(a)(2)(B)(ii)(VII), respectively
6 (as such provisions are added by this section). Ex-
7 cept as provided in section 205(j)(2)(C)(vi),
8 807(d)(2)(D), or 1631(a)(2)(B)(xvii) (as so added),
9 any individual determined by the Commissioner to
10 have been so convicted may not serve as a represent-
11 ative payee on or after the date of such determina-
12 tion.

13 (2) PRIORITY.—In conducting reviews under
14 paragraph (1), the Commissioner shall prioritize re-
15 views of the following categories of individuals, in
16 the following order:

17 (A) An individual serving as representative
18 payee for 15 or more individuals.

19 (B) An individual serving as representative
20 payee for an individual who is not related to the
21 representative payee.

22 (C) An individual serving as representative
23 payee for an individual who has attained the
24 age of 18 and is not the spouse of the rep-
25 resentative payee.

1 (f) PERIODIC REVIEW.—Not later than 1 year after
 2 the date of enactment of this section, the Commissioner
 3 of Social Security shall issue regulations to establish a
 4 process for reviewing each individual serving as a rep-
 5 resentative payee pursuant to section 205(j), 807, or
 6 1631(a)(2) of the Social Security Act (other than individ-
 7 uals with respect to whom an exemption has been granted
 8 under section 205(j)(2)(C)(vi), 807(d)(2)(D), or
 9 1631(a)(2)(B)(xvii)) not less than once every 5 years to
 10 determine whether any such individual has been convicted
 11 of a felony as described in subsection (e)(1) of this section.

12 **SEC. 313. PROHIBITION ON INDIVIDUALS WITH REP-**
 13 **RESENTATIVE PAYEES SERVING AS REP-**
 14 **RESENTATIVE PAYEES.**

15 (a) AMENDMENT TO TITLE II.—Section
 16 205(j)(2)(C)(i) of the Social Security Act (42 U.S.C.
 17 405(j)(2)(C)(i)), as amended by section 312(a)(2), is fur-
 18 ther amended—

19 (1) in subclause (V), by striking “or” at the
 20 end;

21 (2) in subclause (VI), by striking the period
 22 and inserting “, or”; and

23 (3) by adding at the end the following:

24 “(VII) such person’s benefits under this title,
 25 title VIII, or title XVI are certified for payment to

1 a representative payee during the period for which
2 the individual's benefits would be certified for pay-
3 ment to another person.”.

4 (b) AMENDMENT TO TITLE VIII.—Section 807(d)(1)
5 of the Social Security Act (42 U.S.C. 1007(d)(1)), as
6 amended by section 312(b)(2), is further amended—

7 (1) in subparagraph (E), by striking “or” at
8 the end;

9 (2) in subparagraph (F), by striking the period
10 and inserting “, or”; and

11 (3) by adding at the end the following:

12 “(G) such person's benefits under this
13 title, title II, or title XVI are certified for pay-
14 ment to a representative payee during the pe-
15 riod for which the individual's benefits would be
16 certified for payment to another person.”.

17 (c) AMENDMENT TO TITLE XVI.—Section
18 1631(a)(2)(B)(iii) of the Social Security Act (42 U.S.C.
19 1383(a)(2)(B)(iii)), as amended by section 312(c)(2), is
20 further amended—

21 (1) in subclause (V), by striking “or” at the
22 end;

23 (2) in subclause (VI), by striking the period
24 and inserting “, or”; and

25 (3) by adding at the end the following:

1 “(VII) such person’s benefits under this title,
2 title II, or title VIII are certified for payment to a
3 representative payee during the period for which the
4 individual’s benefits would be certified for payment
5 to another person.”.

6 (d) EFFECTIVE DATE.—

7 (1) NEW APPOINTMENTS.—Subject to para-
8 graph (2), the amendments made by this section
9 shall apply with respect to any individual appointed
10 to serve as a representative payee under title II, title
11 VIII, or title XVI of the Social Security Act on or
12 after January 1, 2019.

13 (2) PRIOR APPOINTMENTS.—With respect to in-
14 dividuals serving as a representative payee whose
15 benefits under this title, title VIII, or title XVI are
16 certified for payment to another representative payee
17 as of January 1, 2019, the Commissioner shall take
18 any steps necessary to terminate such individual’s
19 service as a representative payee as soon as possible,
20 but no later than January 1, 2024.

21 **SEC. 314. REASSESSMENT OF PAYEE SELECTION AND RE-**
22 **PLACEMENT POLICIES.**

23 (a) IN GENERAL.—The Commissioner of Social Secu-
24 rity shall conduct, with opportunity for public comment,
25 a review and reassessment of—

1 (1) the appropriateness of its order of pref-
2 erence for selecting representative payees, including
3 payees who may be creditors of the beneficiary or
4 who are private, for-profit institutions; and

5 (2) the effectiveness of its policy and oper-
6 ational procedures in properly determining when to
7 change a representative payee, including—

8 (A) from a payee that has a higher order
9 of preference (such as a family member) to a
10 payee that has a lower order of preference
11 (such as a creditor); or

12 (B) when a request to change payees arises
13 from someone other than the beneficiary.

14 (b) REPORT.—Not later than 18 months after the
15 date of the enactment of this Act, the Commissioner of
16 Social Security shall submit to the Committee on Ways
17 and Means of the House of Representatives and the Com-
18 mittee on Finance of the Senate and make publicly avail-
19 able a report on the results of the review and reassessment
20 under subsection (a).

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