people in attacks by violent extremist organizations;

(3) reaffirms the commitment of the United States to democracy, human rights, civil liberties, and the rule of law, including the universal rights of freedom of assembly, freedom of speech, freedom of the press, and freedom of association;

(4) expresses support for human rights, civil liberties, and rule of law in Egypt, and for elections that are free, fair, and credible;

(5) notes that a lack of progress in these areas will undermine Egypt's security and economic stabilization;

(6) supports the people of Egypt, who are entitled to determine their own destiny, including selecting their political leadership through a fair and credible electoral process without fear of or intimidation by their government;

(7) urges the Government of Egypt to take meaningful steps to enable free, fair, credible, and peaceful elections in March 2018 and in the future;

(8) expresses concern regarding the intimidation and detention of credible opposition candidates, as well as the restrictive environment for nongovernmental organizations and media;

(9) calls on the United States Government, foreign governments, and parliaments to speak out in support of the right of the Egyptian people to free, fair, and credible elections; and

(10) encourages the President to appoint an Assistant Secretary of State for Near Eastern Affairs and a United States Ambassador to Egypt to bolster diplomatic engagement with the Government of Egypt, electoral stakeholders, and civil society as well as consistently raise issues of human rights, rule of law, and governance.

## SENATE RESOLUTION 451—RECOGNIZING THE SIGNIFICANCE OF ENDOMETRIOSIS AS AN UNMET CHRONIC DISEASE FOR WOMEN AND DESIGNATING MARCH 2018 AS ''ENDOMETRIOSIS AWARENESS MONTH''

Ms. DUCKWORTH (for herself and Ms. WARREN) submitted the following resolution; which was referred to the Committee on the Judiciary :

S. RES. 451

Whereas 6,500,000 women in the United States are living with endometriosis;

Whereas endometriosis is a chronic disease affecting 176,000,000 women throughout the world and an estimated 1 in 10 women in the United States ages 18 through 49;

Whereas medical societies and patient groups including the Endometriosis Association, the American College of Obstetricians and Gynecologists, the National Association of Nurse Practitioners in Women's Health, the American Society for Reproductive Medicine, and the American Social Health Association all have expressed the need for greater public attention and updated resources targeted to public education about this unmet health need for women;

Whereas endometriosis occurs when tissue similar to that normally found in the uterus begins to grow outside the uterus;

Whereas, while endometriosis is one of the most common gynecological disorders in the United States, there is a lack of awareness and prioritization of endometriosis as an important health issue for women;

Whereas women can suffer up to 6 to 10 years before properly diagnosed;

Whereas approximately ⅓ to ½ of all women with endometriosis will have difficulty getting pregnant;

Whereas endometriosis is a painful and debilitating disorder;

Whereas endometriosis is associated with increased health care costs and poses a substantial burden to patients in the healthcare system;

Whereas the total annual direct health care cost of symptoms associated with endometriosis is $56,000,000,000, or nearly $11,000 per patient;

Whereas 51 percent of endometriosis patients report that the disease detrimentally affects their performance of their job;

Whereas the Centers for Disease Control and Prevention found that the average number of ''bed days'' for patients with endometriosis was 18 days per year;

Whereas women with endometriosis can lose 11 hours per work week through lost productivity;

Whereas, in 2010, endometriosis patients were hospitalized over 100,000 days because of this disease;

Whereas there is a need for more research and updated guidelines to treat endometriosis;

Whereas the research dollars from the National Institutes of Health dedicated to endometriosis has dropped from $16,000,000 in 2010 to $7,000,000 in 2018;

Whereas there is an ongoing need for additional clinical research and treatment options to manage this debilitating disease; and

Whereas there is no known cure for endometriosis: Now, therefore, be it

*Resolved,* That the Senate—

(1) designates March 2018 as ''Endometriosis Awareness Month'';

(2) recognizes the importance of endometriosis as a health issue for women that requires far greater attention, public awareness, and education about the disease;

(3) encourages the Secretary of Health and Human Services—

(A) to provide information to women, patients, and health care providers with respect to endometriosis, including available screening tools and treatment options, with a goal of improving the quality of life and health outcomes of women affected by endometriosis;

(B) to conduct additional research on endometriosis and possible clinical options; and

(C) to update information, tools, and studies currently available with respect to helping women live with endometriosis; and

(4) respectfully requests that the Secretary of the Senate transmit a copy of this resolution to the Secretary of Health and Human Services.

## AMENDMENTS SUBMITTED AND PROPOSED

SA 2215. Mr. CORNYN (for Mr. YOUNG (for himself and Mr. DONNELLY)) proposed an amendment to the bill H.R. 4851, to establish the Kennedy-King National Historic Site in the State of Indiana, and for other purposes.

SA 2216. Ms. COLLINS (for herself, Mr. ALEXANDER, Mr. GRAHAM, Mr. ROUNDS, Ms. MURKOWSKI, Mr. ISAKSON, and Mr. MCCONNELL) submitted an amendment intended to be proposed by her to the bill H.R. 1625, to amend the State Department Basic Authorities Act of 1956 to include severe forms of trafficking in persons within the definition of transnational organized crime for purposes of the rewards program of the Department of State, and for other purposes; which was ordered to lie on the table.

SA 2217. Mr. MCCONNELL proposed an amendment to the bill H.R. 1625, supra.

SA 2218. Mr. MCCONNELL proposed an amendment to amendment SA 2217 proposed by Mr. MCCONNELL to the bill H.R. 1625, supra.

SA 2219. Mr. MCCONNELL proposed an amendment to the bill H.R. 1625, supra.

SA 2220. Mr. MCCONNELL proposed an amendment to amendment SA 2219 proposed by Mr. MCCONNELL to the bill H.R. 1625, supra.

SA 2221. Mr. MCCONNELL proposed an amendment to amendment SA 2220 proposed by Mr. MCCONNELL to the amendment SA 2219 proposed by Mr. MCCONNELL to the bill H.R. 1625, supra.

SA 2222. Mrs. MURRAY submitted an amendment intended to be proposed by her to the bill H.R. 1625, supra; which was ordered to lie on the table.

SA 2223. Mr. MCCONNELL (for Mr. HOEVEN) proposed an amendment to the bill S. 607, to establish a business incubators program within the Department of the Interior to promote economic development in Indian reservation communities.

SA 2224. Mr. MCCONNELL (for Mr. HOEVEN) proposed an amendment to the bill S. 1116, to amend the Native American Business Development, Trade Promotion, and Tourism Act of 2000, the Buy Indian Act, and the Native American Programs Act of 1974 to provide industry and economic development opportunities to Indian communities.

SA 2225. Mr. MCCONNELL (for Mr. LANKFORD) proposed an amendment to the bill S. 943, to direct the Secretary of the Interior to conduct an accurate comprehensive student count for the purposes of calculating formula allocations for programs under the Johnson-O'Malley Act, and for other purposes.

SA 2226. Mr. MCCONNELL (for Mr. RISCH) proposed an amendment to the concurrent resolution H. Con. Res. 116, Official Title Not Available.

## TEXT OF AMENDMENTS

**SA 2215.** Mr. CORNYN (for Mr. YOUNG (for himself and Mr. DONNELLY)) proposed an amendment to the bill H.R. 4851, to establish the Kennedy-King National Historic Site in the State of Indiana, and for other purposes; as follows:

In section 3, strike subsection (d).

**SA 2216.** Ms. COLLINS (for herself, Mr. ALEXANDER, Mr. GRAHAM, Mr. ROUNDS, Ms. MURKOWSKI, Mr. ISAKSON, and Mr. MCCONNELL) submitted an amendment intended to be proposed by her to the bill H.R. 1625, to amend the State Department Basic Authorities Act of 1956 to include severe forms of trafficking in persons within the definition of transnational organized crime for purposes of the rewards program of the Department of State, and for other purposes; which was ordered to lie on the table; as follows:

In division H, after section 229, insert the following:

**SEC. 230. WAIVERS FOR STATE INNOVATION; COST-SHARING PAYMENTS.**

(a) WAIVERS FOR STATE INNOVATION.—

(1) STREAMLINING THE STATE APPLICATION PROCESS.—Section 1332 of the Patient Protection and Affordable Care Act (42 U.S.C. 18052) is amended—

(A) in subsection (a)(1)(C), by striking ''the law'' and inserting ''a law or has in effect a certification''; and

(B) in subsection (b)(2)—

(i) in the paragraph heading, by inserting ''OR CERTIFY'' after ''LAW'';

(ii) in subparagraph (A)—

(I) by striking ''A law'' and inserting the following:

''(i) LAWS.—A law''; and

(II) by adding at the end the following:

''(ii) CERTIFICATIONS.—A certification described in this paragraph is a document, signed by the Governor of the State, that certifies that such Governor has the authority under existing Federal and State law to take action under this section, including implementation of the State plan under subsection (a)(1)(B).''; and

(iii) in subparagraph (B)—

(I) in the subparagraph heading, by striking ''OF OPT OUT''; and

(II) by striking ''may repeal a law'' and all that follows through the period at the end and inserting the following: ''may terminate the authority provided under the waiver with respect to the State by—

''(i) repealing a law described in subparagraph (A)(i); or

''(ii) terminating a certification described in subparagraph (A)(ii), through a certification for such termination signed by the Governor of the State.''.

(2) GIVING STATES MORE FUNDING FLEXIBILITY, TO ESTABLISH REINSURANCE, INVISIBLE HIGH RISK POOLS, INSURANCE STABILITY FUNDS AND OTHER PROGRAMS.—

(A) STATE GRANTS UNDER WAIVERS.—Section 1332(a) of the Patient Protection and Affordable Care Act (42 U.S.C. 18052(a)) is amended—

(i) in paragraph (3)—

(I) in the first sentence—

(aa) by inserting ''or would qualify for a reduced portion of'' after ''would not qualify for'';

(bb) by inserting '', or the State would not qualify for or would qualify for a reduced portion of basic health program funds under section 1331,'' after ''subtitle E'';

(cc) by inserting '', or basic health program funds the State would have received,'' after ''this title''; and

(dd) by inserting ''or for implementing the basic health program established under section 1331'' before the period;

(II) in the second sentence, by inserting before the period '', and with respect to participation in the basic health program and funds provided to such other States under section 1331''; and

(III) by adding after the second sentence the following: ''A State may request that all of, or any portion of, such aggregate amount of such credits, reductions, or funds be paid to the State as described in the first sentence.'';

(ii) by redesignating paragraphs (4), (5), and (6) as paragraphs (5), (6), and (7), respectively; and

(iii) by inserting after paragraph (3) the following:

''(4) FEDERAL FUNDING FOR INVISIBLE HIGH-RISK POOL AND REINSURANCE PROGRAMS.—

''(A) ALLOCATIONS.—Not later than 45 days after the date of enactment of the Department of Health and Human Services Appropriations Act, 2018, the Secretary, in consultation with the National Association of Insurance Commissioners, shall specify an allocation methodology for determining the amount of funds appropriated under section 230(a)(2)(B) of the Department of Health and Human Services Appropriations Act, 2018 for a fiscal year to be allocated for each State for purposes of subparagraph (B) and section 230(a)(2)(C) of the Department of Health and Human Services Appropriations Act, 2018.

''(B) STATE GRANTS.—From amounts appropriated under section 230(a)(2)(B) of the Department of Health and Human Services Appropriations Act, 2018 for a fiscal year, the Secretary shall award grants to States for each of fiscal years 2018 through 2021, in amounts determined in accordance with the allocation methodology under subparagraph (A), for the following purposes:

''(i) For fiscal year 2018, for administrative costs of the State associated with preparing and submitting information described in subsection (a)(1)(B) that includes an invisible high-risk pool or reinsurance program that meets the requirements of subsection (g)(2), or costs associated with the establishment of such invisible high-risk pool or reinsurance program.

''(ii) For each of fiscal years 2019, 2020, and 2021, for the establishment or maintenance of invisible high-risk pools and reinsurance programs that meet the requirements of subsection (g)(2) and for which the State has received a waiver under this section.

''(C) BUDGET NEUTRALITY.—Funds awarded to a State under a grant awarded under subparagraph (B) shall not be taken into account for purposes of determining under paragraph (1) whether the State waiver is budget neutral, or determining under subsection (b)(1) whether the State waiver increases the Federal deficit.''.

(B) APPROPRIATIONS.—

(i) IN GENERAL.—There are authorized to be appropriated, and there are appropriated, to the Secretary of Health and Human Services, for the purposes described in section 1332(a)(4)(B) of the Patient Protection and Affordable Care Act and subparagraph (C), out of any funds in the Treasury not otherwise appropriated—

(I) $500,000,000 for fiscal year 2018; and

(II) $10,000,000,000 for each of fiscal years 2019, 2020, and 2021.

(ii) AVAILABLE UNTIL EXPENDED.—Amounts appropriated under this paragraph shall remain available until expended.

(C) DEFAULT FEDERAL SAFEGUARD.—

(i) IN GENERAL.—For purposes of plan year 2019, in the case of a State that does not, by a date specified by the Secretary of Health and Human Services (referred to in this paragraph as the ''Secretary''), in consultation with the National Association of Insurance Commissioners, have in effect a waiver under section 1332 of the Patient Protection and Affordable Care Act (42 U.S.C. 18052) that includes an invisible high-risk pool or reinsurance program that meets the requirements of subsection (g)(2) of such section 1332, the Secretary shall, from amounts appropriated under subparagraph (B), use the allocation determined for the State under subsection (a)(4)(B) of such section 1332 for plan year 2019 for the purpose described in clause (ii) for such State.

(ii) REQUIRED USE FOR MARKET STABILIZATION PAYMENTS TO ISSUERS.—The Secretary shall use any allocation for a State made pursuant to clause (i) to provide incentives to appropriate entities to enter into arrangements with the State to help stabilize premiums for health insurance coverage in the individual market in such State by providing payments to such appropriate entities using payment parameters and a methodology determined by the Secretary.

(3) ENSURING PATIENT ACCESS TO MORE FLEXIBLE HEALTH PLANS.—Section 1332 of the Patient Protection and Affordable Care Act (42 U.S.C. 18052) is amended—

(A) in subsection (b)—

(i) in paragraph (1)—

(I) in subparagraph (B), by striking ''at least as affordable'' and inserting ''of comparable affordability, including for low-income individuals, individuals with serious health needs, and other vulnerable populations,''; and

(II) by amending subparagraph (D) to read as follows:

''(D)(i) will not increase the Federal deficit over the term of the waiver; and

''(ii) will not increase the Federal deficit over the term of the 10-year budget plan submitted under subsection (a)(1)(B)(ii).'';

(ii) by redesignating paragraph (2) (as amended by paragraph (1)) as paragraph (3); and

(iii) by inserting after paragraph (1) the following:

''(2) BUDGETARY EFFECT.—

''(A) IN GENERAL.—In determining whether a State plan submitted under subsection (a) meets the deficit neutrality requirements of paragraph (1)(D), the Secretary may take into consideration the direct budgetary effect of the provisions of such plan on sources of Federal funding other than the funding described in subsection (a)(3).

''(B) LIMITATION.—A determination made by the Secretary under subparagraph (A)—

''(i) shall not be construed to affect any waiver process or standards or terms and conditions in effect on the date of enactment of the Department of Health and Human Services Appropriations Act, 2018 under title XI, XVIII, XIX, or XXI of the Social Security Act, or any other Federal law relating to the provision of health care items or services; and

''(ii) shall be made without regard to any changes in policy with respect to any waiver process or provision of health care items or services described in clause (i).''; and

(B) in subsection (a)(1)(C), by striking ''subsection (b)(2)'' and inserting ''subsection (b)(3)''.

(4) PROVIDING EXPEDITED APPROVAL OF STATE WAIVERS.—Section 1332(d) of the Patient Protection and Affordable Care Act (42 U.S.C. 18052(d)) is amended—

(A) in paragraph (1) by striking ''180'' and inserting ''120''; and

(B) by adding at the end the following:

''(3) EXPEDITED DETERMINATION.—

''(A) IN GENERAL.—With respect to any application under subsection (a)(1) submitted on or after the date of enactment of the Department of Health and Human Services Appropriations Act, 2018 or any such application submitted prior to such date of enactment and under review by the Secretary on such date of enactment, the Secretary shall make a determination on such application, using the criteria for approval otherwise applicable under this section, not later than 45 days after the receipt of such application, and shall allow the public notice and comment at the State and Federal levels described under subsection (a)(5) to occur concurrently if such State application—

''(i) is submitted in response to an urgent situation, with respect to areas in the State that the Secretary determines are at risk for excessive premium increases or having no health plans offered in the applicable health insurance market for the current or following plan year;

''(ii) is for a waiver that is the same or substantially similar to a waiver that the Secretary already has approved for another State; or

''(iii) is for a waiver that includes an invisible high-risk pool or reinsurance program described in subparagraph (A), (B), or (D) of subsection (g)(2).

''(B) APPROVAL.—

''(i) URGENT SITUATIONS.—

''(I) PROVISIONAL APPROVAL.—A waiver approved under the expedited determination process under subparagraph (A)(i) shall be in effect for a period of 3 years, unless the State requests a shorter duration.

''(II) FULL APPROVAL.—Subject to the requirements for approval otherwise applicable under this section, not later than 1 year before the expiration of a provisional waiver period described in subclause (I) with respect to an application described in subparagraph (A)(i), the Secretary shall make a determination on whether to extend the approval of such waiver for the full term of the waiver requested by the State, for a total approval

period not to exceed 6 years. The Secretary may request additional information as the Secretary determines appropriate to make such determination.

''(ii) APPROVAL OF SAME OR SIMILAR APPLICATIONS.—An approval of a waiver under subparagraph (A)(ii) shall be subject to the terms of subsection (e).

''(C) GAO STUDY.—Not later than 5 years after the date of enactment of the Department of Health and Human Services Appropriations Act, 2018, the Comptroller General of the United States shall conduct a review of all waivers approved pursuant to subparagraph (A)(ii) to evaluate whether such waivers met the requirements of subsection (b)(1) and whether the applications should have qualified for such expedited process.''.

(5) PROVIDING CERTAINTY FOR STATE-BASED REFORMS.—Section 1332(e) of the Patient Protection and Affordable Care Act (42 U.S.C. 18052(e)) is amended by striking ''No waiver'' and all that follows through the period at the end and inserting the following: ''A waiver under this section—

''(1) shall be in effect for a period of 6 years unless the State requests a shorter duration;

''(2) may be renewed, subject to the State meeting the criteria for approval otherwise applicable under this section, for unlimited additional 6-year periods upon application by the State; and

''(3) may not be suspended or terminated, in whole or in part, by the Secretary at any time before the date of expiration of the waiver period (including any renewal period under paragraph (2)), unless the Secretary determines that the State materially failed to comply with the terms and conditions of the waiver.''.

(6) GUIDANCE AND REGULATIONS.—Section 1332 of the Patient Protection and Affordable Care Act (42 U.S.C. 18052) is amended—

(A) by adding at the end the following:

''(f) GUIDANCE AND REGULATIONS.—

''(1) IN GENERAL.—With respect to carrying out this section, the Secretary shall—

''(A) issue guidance, not later than 60 days after the date of enactment of the Department of Health and Human Services Appropriations Act, 2018, that includes initial examples of model State plans that meet the requirements for approval under this section; and

''(B) periodically review the guidance issued under subparagraph (A) and when appropriate, issue additional examples of model State plans that meet the requirements for approval under this section, which may include—

''(i) State plans establishing reinsurance or invisible high-risk pool arrangements for purposes of covering the cost of high-risk individuals;

''(ii) State plans expanding insurer participation, access to affordable health plans, network adequacy, and health plan options over the entire applicable health insurance market in the State;

''(iii) waivers encouraging or requiring health plans in such State to deploy value-based insurance designs which structure enrollee cost-sharing and other health plan design elements to encourage enrollees to consume high-value clinical services;

''(iv) State plans allowing for significant variation in health plan benefit design; or

''(v) any other State plan as the Secretary determines appropriate.

''(2) RESCISSION OF PREVIOUS REGULATIONS AND GUIDANCE.—Beginning on the date of enactment of the Department of Health and Human Services Appropriations Act, 2018, the regulations promulgated, and the guidance issued, under this section prior to the date of enactment of the Department of Health and Human Services Appropriations Act, 2018 shall have no force or effect.''; and

(B) in subsection (a)(5) (as redesignated by paragraph (2)(A)(ii))—

(i) in subparagraph (A), by inserting '', as applicable'' before the period; and

(ii) in subparagraph (B), by striking ''Not later than 180 days after the date of enactment of this Act, the Secretary shall'' and inserting ''The Secretary may''.

(7) INVISIBLE HIGH RISK POOLS AND REINSURANCE PROGRAMS.—Section 1332 of the Patient Protection and Affordable Care Act (42 U.S.C. 18052), as amended by paragraph (6), is further amended by adding at the end the following:

''(g) INVISIBLE HIGH RISK POOLS AND REINSURANCE PROGRAMS.—

''(1) FUNDING.—With respect to a State that has received a waiver under this section to establish an invisible high-risk pool or reinsurance program described in paragraph (2), the State may fund such program, in whole or in part, using one or both of the following:

''(A) Amounts received through a grant described in subsection (a)(4)(B).

''(B) All of, or a portion of, the payments made to the State as described in subsection (a)(3), consistent with the information the State provides under subsection (a)(1)(B).

''(2) PROGRAM DESIGN.—An invisible high-risk pool or reinsurance program described in this paragraph is a program that meets any of the following:

''(A) An invisible high-risk pool, as defined by the State, under which health insurance issuers, with respect to designated individuals who experience higher than average health costs as determined by the State, and are enrolled in health insurance coverage offered in the individual market, cede risk to the pool, without affecting the premium paid by the designated individuals or their terms of coverage. With respect to such pool, the State, or an entity operating the pool on behalf of the State, shall establish—

''(i) the premium amount the ceding issuer shall pay to the reinsurance pool;

''(ii) the applicable attachment points or coinsurance percentages if the ceding issuer retains any portion of the risk under ceded policies; and

''(iii) the mechanism by which high-risk individuals are designated for cession to the pool, which may include a list of designated high-cost health conditions.

''(B) A reinsurance program, as defined by the State, that assumes a portion of the risk for individuals who experience higher than average health costs as determined by the State, in a manner substantially similar to the reinsurance program that operated in the State in accordance with section 1341.

''(C) A reinsurance program established by the State not otherwise described in this paragraph.

''(D) A program based on another State's reinsurance program—

''(i) described in subparagraph (A), (B), or (C), for which an application has been approved under this subsection; or

''(ii) which was implemented prior to September 1, 2017, and which the Secretary determines meets the requirements of subparagraph (A).''.

(8) APPLICABILITY.—The amendments made by this Act to section 1332 of the Patient Protection and Affordable Care Act (42 U.S.C. 18052)—

(A) with respect to applications for waivers under such section 1332 submitted after the date of enactment of this Act and applications for such waivers submitted prior to such date of enactment and under review by the Secretary on the date of enactment, shall take effect on the date of enactment of this Act; and

(B) with respect to applications for waivers approved under such section 1332 before the date of enactment of this Act, shall not require reconsideration of whether such applications meet the requirements of such section 1332, except that, at the request of a State, the Secretary shall recalculate the amount of funding provided under subsection (a)(3) of such section.

(9) CLARIFYING BUDGET NEUTRALITY.—Section 1332(a)(1)(B) of the Patient Protection and Affordable Care Act (42 U.S.C. 18052(a)(1)(B)) is amended—

(A) in clause (i), by inserting '', including, as applicable, a description of the State's plan to use any amounts awarded to the State under paragraph (4) to support an invisible high-risk pool or reinsurance program consistent with subsection (g) and such information about such program as the Secretary may require'' before the semicolon; and

(B) in clause (ii), by inserting ''over both the term of the proposed waiver and the term of the 10-year budget plan'' after ''Government''.

(b) COST-SHARING PAYMENTS.—

(1) IN GENERAL.—There is appropriated to the Secretary of Health and Human Services (referred to in this section as the ''Secretary''), out of any funds in the Treasury not otherwise obligated, such sums as may be necessary for payments for cost-sharing reductions, as authorized by section 1402 of the Patient Protection and Affordable Care Act (42 U.S.C. 18071) for the portion of plan year 2017 that begins on October 1, 2017, and ends on December 31, 2017, and for plan years 2019, 2020, and 2021.

(2) SPECIAL RULES FOR COST-SHARING REDUCTIONS.—

(A) BASIC HEALTH PLAN.—For plan year 2018, there is appropriated to the Secretary, out of any funds in the Treasury not otherwise obligated, such sums as may be necessary for, with respect to States that have in effect a basic health plan on January 1, 2018, the portion of transfers pursuant to section 1331(d) of the Patient Protection and Affordable Care Act (42 U.S.C. 18051(d)) attributable to the cost-sharing reductions under section 1402 of the Patient Protection and Affordable Care Act (42 U.S.C. 18071) that would have been provided for plan year 2018 with respect to eligible individuals enrolled in standard health plans in such States.

(B) HOLD HARMLESS.—

(i) IN GENERAL.—For plan year 2018, there is appropriated to the Secretary, out of any funds in the Treasury not otherwise obligated, such sums as may be necessary for payments for cost-sharing reductions authorized by section 1402 of the Patient Protection and Affordable Care Act (42 U.S.C. 18071) with respect to qualified health plans described in clause (ii).

(ii) QUALIFIED HEALTH PLANS DESCRIBED.—A qualified health plan described in this clause is a qualified health plan for which the Secretary determines, based on a certification and appropriate documentation from the issuer of such plan and a certification from the applicable State regulator, that the health insurance issuer of such plan has not increased premium rates for plan year 2018 on account of the issuer assuming, or being instructed by applicable State regulators to assume, that the issuer would receive payments under such section 1402.

(C) CLARIFICATION OF OBLIGATIONS.—

(i) NO REQUIREMENTS TO MAKE PAYMENTS.—Notwithstanding any other provision of law, there shall be no obligation under this Act or any other Act, including the Patient Protection and Affordable Care Act (Public Law 111-148), to make payments for cost-sharing reductions under section 1402(c)(3) of the Patient Protection and Affordable Care Act (42 U.S.C. 18071(c)(3)) or advance payments for such cost-sharing reductions under section

1412 of the Patient Protection and Affordable Care Act (42 U.S.C. 18082) for plan year 2018, except for such payments for which amounts are appropriated under subparagraphs (A) and (B). Nothing in this clause shall be construed as affecting the requirements under section 1402 of the Patient Protection and Affordable Care Act for issuers to reduce cost-sharing.

(ii) NO OBLIGATION TO RECONCILE PAYMENTS.—Notwithstanding any other provision of law, there shall be no obligation under this Act or any other Act, including the Patient Protection and Affordable Care Act (Public Law 111-148), to make payments on or after October 1, 2017, for the purpose of reconciling any cost-sharing reduction payments by the Secretary under section 1402(c)(3) of the Patient Protection and Affordable Care Act (42 U.S.C. 18071(c)(3)) made for plan year 2016 or the plan year beginning January 1, 2017, through September 30, 2017.

(D) TREATMENT OF PREVIOUS PAYMENTS.—Notwithstanding any other provision of law, payments made for cost-sharing reductions under section 1402 of the Patient Protection and Affordable Care Act (42 U.S.C. 18071) during the period beginning on January 1, 2014, and ending on September 30, 2017, shall be treated in the same manner as a refund due from the credit allowed under section 36B of the Internal Revenue Code of 1986 for the purposes of section 1324 of title 31, United States Code.

(c) HEALTH BENEFITS COVERAGE.—Notwithstanding any other provision of law, including any other definition of ''health benefits coverage'' for purposes of subsection (b) and (c) of section 506, any use made of funds appropriated under subsection (b) starting in plan year 2019, and subsection (a)(2)(B) starting in plan year 2018, and any program, activity, plan, or coverage funded or supported by such funds, shall constitute ''health benefits coverage''.

(d) LIMITATIONS.—The following shall apply:

(1) Nothing in this section shall be construed to limit the applicability of subsection (a), (b), or (d) of section 507.

(2) For purposes of this section, a health insurance issuer expending State, local, or private funds, shall be treated in the same manner as a managed care provider described in section 507(c).

**SEC. 231. ALLOWING ALL INDIVIDUALS PURCHASING HEALTH INSURANCE IN THE INDIVIDUAL MARKET THE OPTION TO PURCHASE A LOWER PREMIUM COPPER PLAN.**

(a) IN GENERAL.—Section 1302(e) of the Patient Protection and Affordable Care Act (42 U.S.C. 18022(e)) is amended—

(1) in paragraph (1)—

(A) by redesignating clauses (i) and (ii) of subparagraph (B) as subparagraphs (A) and (B), respectively, and adjusting the margins accordingly;

(B) by striking ''plan year if—'' and all that follows through ''the plan provides—'' and inserting ''plan year if the plan provides—''; and

(C) in subparagraph (A), as redesignated by paragraph (1), by striking ''clause (ii)'' and inserting ''subparagraph (B)'';

(2) by striking paragraph (2); and

(3) by redesignating paragraph (3) as paragraph (2).

(b) RISK POOLS.—Section 1312(c)(1) of the Patient Protection and Affordable Care Act (42 U.S.C. 18032(c)) is amended by inserting ''and including enrollees in catastrophic plans described in section 1302(e)'' after ''Exchange''.

(c) CONFORMING AMENDMENT.—Section 1312(d)(3)(C) of the Patient Protection and Affordable Care Act (42 U.S.C. 18032(d)(3)(C)) is amended by striking '', except that in the case of a catastrophic plan described in section 1302(e), a qualified individual may enroll in the plan only if the individual is eligible to enroll in the plan under section 1302(e)(2)''.

(d) EFFECTIVE DATE.—The amendments made by subsections (a), (b), and (c) shall apply with respect to plan years beginning on or after January 1, 2019.

**SEC. 232. CONSUMER OUTREACH, EDUCATION, AND ASSISTANCE.**

(a) OPEN ENROLLMENT REPORTS.—For plan years 2019 and 2020, the Secretary of Health and Human Services (referred to in this section as the ''Secretary''), in coordination with the Secretary of the Treasury and the Secretary of Labor, shall issue biweekly public reports during the annual open enrollment period on the performance of the Federal Exchange and the Small Business Health Options Program (SHOP) Marketplace. Each such report shall include a summary, including information on a State-by-State basis where available, of—

(1) the number of unique website visits;

(2) the number of individuals who create an account;

(3) the number of calls to the call center;

(4) the average wait time for callers contacting the call center;

(5) the number of individuals who enroll in a qualified health plan; and

(6) the percentage of individuals who enroll in a qualified health plan through each of—

(A) the website;

(B) the call center;

(C) navigators;

(D) agents and brokers;

(E) the enrollment assistant program;

(F) directly from issuers or web brokers; and

(G) other means.

(b) OPEN ENROLLMENT AFTER ACTION REPORT.—For plan years 2019 and 2020, the Secretary, in coordination with the Secretary of the Treasury and the Secretary of Labor, shall publish an after action report not later than 3 months after the completion of the annual open enrollment period regarding the performance of the Federal Exchange and the Small Business Health Options Program (SHOP) Marketplace for the applicable plan year. Each such report shall include a summary, including information on a State-by-State basis where available, of—

(1) the open enrollment data reported under subsection (a) for the entirety of the enrollment period; and

(2) activities related to patient navigators described in section 1311(i) of the Patient Protection and Affordable Care Act (42 U.S.C. 18031(i)), including—

(A) the performance objectives established by the Secretary for such patient navigators;

(B) the number of consumers enrolled by such a patient navigator;

(C) an assessment of how such patient navigators have met established performance metrics, including a detailed list of all patient navigators, funding received by patient navigators, and whether established performance objectives of patient navigators were met; and

(D) with respect to the performance objectives described in subparagraph (A)—

(i) whether such objectives assess the full scope of patient navigator responsibilities, including general education, plan selection, and determination of eligibility for tax credits, cost-sharing reductions, or other coverage;

(ii) how the Secretary worked with patient navigators to establish such objectives; and

(iii) how the Secretary adjusted such objectives for case complexity and other contextual factors.

(c) REPORT ON ADVERTISING AND CONSUMER OUTREACH.—Not later than 3 months after the completion of the annual open enrollment period for the 2019 plan year, the Secretary shall issue a report on advertising and outreach to consumers for the open enrollment period for the 2019 plan year. Such report shall include a description of—

(1) the division of spending on individual advertising platforms, including television and radio advertisements and digital media, to raise consumer awareness of open enrollment;

(2) the division of spending on individual outreach platforms, including email and text messages, to raise consumer awareness of open enrollment; and

(3) whether the Secretary conducted targeted outreach to specific demographic groups and geographic areas.

(d) OUTREACH AND ENROLLMENT ACTIVITIES.—

(1) OPEN ENROLLMENT.—Of the amounts collected through the user fees on participating health insurance issuers pursuant to section 156.50 of title 45, Code of Federal Regulations (or any successor regulations), the Secretary shall obligate $105,800,000 for outreach and enrollment activities for each of the open enrollment periods for plan years 2019 and 2020.

(2) OUTREACH AND ENROLLMENT ACTIVITIES.—

(A) IN GENERAL.—For purposes of this subsection, the term ''outreach and enrollment activities'' means—

(i) activities to educate consumers about coverage options or to encourage consumers to enroll in or maintain health insurance coverage (excluding allocations to the call center for the Federal Exchange); and

(ii) activities conducted by an in-person consumer assistance program that does not have a conflict of interest and that, among other activities, facilitates enrollment of individuals through the Federal Exchange, and distributes fair and impartial information concerning enrollment through such Exchange and the availability of tax credits and cost-sharing reductions.

(B) CONNECTION WITH FEDERAL EXCHANGE.—Activities conducted under this subsection shall be in connection with the operation of the Federal Exchange, to provide special benefits to health insurance issuers participating in the Federal Exchange.

(3) CONTRACT AUTHORITY.—The Secretary may contract with a State to conduct outreach and enrollment activities for plan years 2019 and 2020. Any outreach and enrollment activities conducted by a State or other entity at the direction of the State, in accordance with such a contract, shall be treated as Federal activities to provide special benefits to participating health insurance issuers consistent with OMB Circular No. A–25R.

(4) CLARIFICATIONS.—

(A) PRIOR FUNDING.—Nothing in this subsection should be construed as rescinding or cancelling any funds already obligated on the date of enactment of this Act for outreach and enrollment activities for plan year 2019.

(B) AVAILABILITY OF FUNDING.—The Secretary shall ensure that outreach and enrollment activities are conducted in all applicable States, including, as necessary, by providing for such activities through contracts described in paragraph (3).

**SEC. 233. OFFERING HEALTH PLANS IN MORE THAN ONE STATE.**

Not later than 1 year after the date of enactment of this Act, the Secretary of Health and Human Services, in consultation with the National Association of Insurance Commissioners, shall issue regulations for the implementation of health care choice compacts established under section 1333 of the Patient Protection and Affordable Care Act

(42 U.S.C. 18053) to allow for the offering of health plans in more than one State.

**SEC. 234. CONSUMER NOTIFICATION.**

In addition to any applicable Federal requirements with respect to short-term limited duration insurance, a State insurance commissioner shall require the issuer of short-term, limited duration insurance approved for sale in the State to display prominently in marketing materials, the contract, and application materials provided in connection with enrollment in such insurance a notice to consumers that includes such information as the State insurance commissioner determines sufficient to inform the individual that coverage and benefits under such insurance differ from coverage and benefits under qualified health plans.

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**SA 2217.** Mr. MCCONNELL proposed an amendment to the bill H.R. 1625, to amend the State Department Basic Authorities Act of 1956 to include severe forms of trafficking in persons within the definition of transnational organized crime for purposes of the rewards program of the Department of State, and for other purposes; as follows:

At the end add the following.

''This Act shall take effect 1 day after the date of enactment.''

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**SA 2218.** Mr. MCCONNELL proposed an amendment to amendment SA 2217 proposed by Mr. MCCONNELL to the bill H.R. 1625, to amend the State Department Basic Authorities Act of 1956 to include severe forms of trafficking in persons within the definition of transnational organized crime for purposes of the rewards program of the Department of State, and for other purposes; as follows:

Strike ''1 day'' and insert ''2 days''

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**SA 2219.** Mr. MCCONNELL proposed an amendment to the bill H.R. 1625, to amend the State Department Basic Authorities Act of 1956 to include severe forms of trafficking in persons within the definition of transnational organized crime for purposes of the rewards program of the Department of State, and for other purposes; as follows:

At the end add the following.

''This Act shall take effect 3 days after the date of enactment.''

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**SA 2220.** Mr. MCCONNELL proposed an amendment to amendment SA 2219 proposed by Mr. MCCONNELL to the bill H.R. 1625, to amend the State Department Basic Authorities Act of 1956 to include severe forms of trafficking in persons within the definition of transnational organized crime for purposes of the rewards program of the Department of State, and for other purposes; as follows:

Strike ''3 days'' and insert ''4 days''

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**SA 2221.** Mr. MCCONNELL proposed an amendment to amendment SA 2220 proposed by Mr. MCCONNELL to the amendment SA 2219 proposed by Mr. MCCONNELL to the bill H.R. 1625, to amend the State Department Basic Authorities Act of 1956 to include severe forms of trafficking in persons within the definition of transnational organized crime for purposes of the rewards program of the Department of State, and for other purposes; as follows:

Strike ''4'' and insert ''5''

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**SA 2222.** Mrs. MURRAY submitted an amendment intended to be proposed by her to the bill H.R. 1625, to amend the State Department Basic Authorities Act of 1956 to include severe forms of trafficking in persons within the definition of transnational organized crime for purposes of the rewards program of the Department of State, and for other purposes; which was ordered to lie on the table; as follows:

At the end, add the following:

**DIVISION W—BIPARTISAN HEALTH CARE STABILIZATION**

**SECTION 1. SHORT TITLE.**

This division may be cited as the ''Bipartisan Health Care Stabilization Act of 2018''.

**SEC. 2. WAIVERS FOR STATE INNOVATION; COST-SHARING PAYMENTS.**

(a) WAIVERS FOR STATE INNOVATION.—

(1) STREAMLINING THE STATE APPLICATION PROCESS.—Section 1332 of the Patient Protection and Affordable Care Act (42 U.S.C. 18052) is amended—

(A) in subsection (a)(1)(C), by striking ''the law'' and inserting ''a law or has in effect a certification''; and

(B) in subsection (b)(2)—

(i) in the paragraph heading, by inserting ''OR CERTIFY'' after ''LAW'';

(ii) in subparagraph (A)—

(I) by striking ''A law'' and inserting the following:

''(i) LAWS.—A law''; and

(II) by adding at the end the following:

''(ii) CERTIFICATIONS.—A certification described in this paragraph is a document, signed by the Governor of the State, that certifies that such Governor has the authority under existing Federal and State law to take action under this section, including implementation of the State plan under subsection (a)(1)(B).''; and

(iii) in subparagraph (B)—

(I) in the subparagraph heading, by striking ''OF OPT OUT''; and

(II) by striking ''may repeal a law'' and all that follows through the period at the end and inserting the following: ''may terminate the authority provided under the waiver with respect to the State by—

''(i) repealing a law described in subparagraph (A)(i); or

''(ii) terminating a certification described in subparagraph (A)(ii), through a certification for such termination signed by the Governor of the State.''.

(2) GIVING STATES MORE FUNDING FLEXIBILITY, TO ESTABLISH REINSURANCE, HIGH RISK POOLS, INVISIBLE HIGH RISK POOLS, INSURANCE STABILITY FUNDS AND OTHER PROGRAMS.—

(A) STATE GRANTS UNDER WAIVERS.—Section 1332(a) of the Patient Protection and Affordable Care Act (42 U.S.C. 18052(a)) is amended—

(i) in paragraph (3)—

(I) in the first sentence—

(aa) by inserting ''or would qualify for a reduced portion of'' after ''would not qualify for'';

(bb) by inserting '', or the State would not qualify for or would qualify for a reduced portion of basic health program funds under section 1331,'' after ''subtitle E'';

(cc) by inserting '', or basic health program funds the State would have received,'' after ''this title''; and

(dd) by inserting ''or for implementing the basic health program established under section 1331'' before the period;

(II) in the second sentence, by inserting before the period '', and with respect to participation in the basic health program and funds provided to such other States under section 1331''; and

(III) by adding after the second sentence the following: ''A State may request that all of, or any portion of, such aggregate amount of such credits, reductions, or funds be paid to the State as described in the first sentence.'';

(ii) by redesignating paragraphs (4), (5), and (6) as paragraphs (5), (6), and (7), respectively; and

(iii) by inserting after paragraph (3) the following:

''(4) FEDERAL FUNDING FOR INVISIBLE HIGH-RISK POOL AND REINSURANCE PROGRAMS.—

''(A) ALLOCATIONS.—Not later than 45 days after the date of enactment of the Bipartisan Health Care Stabilization Act of 2018, the Secretary, in consultation with the National Association of Insurance Commissioners, shall specify an allocation methodology for determining the amount of funds appropriated under section 2(a)(2)(B) of the Bipartisan Health Care Stabilization Act of 2018 for a fiscal year to be allocated for each State for purposes of subparagraph (B). Such methodology shall allocate funds in a manner that would yield a similar level of premium reduction in all States if all States applied for and received funding, taking into account market stability and competition in the various States. If not all States apply for and receive funding under subparagraph (B), remaining funds shall be used to carry out section 2(a)(2)(C) of the Bipartisan Health Care Stabilization Act of 2018.

''(B) STATE GRANTS.—From amounts appropriated under section 2(a)(2)(B) of the Bipartisan Health Care Stabilization Act of 2018 for a fiscal year, the Secretary shall award grants to States for each of fiscal years 2018 through 2021, in amounts determined in accordance with the allocation methodology under subparagraph (A), for the following purposes:

''(i) For fiscal year 2018, for administrative costs of the State associated with preparing and submitting information described in subsection (a)(1)(B) that includes an invisible high-risk pool or reinsurance program that meets the requirements of subsection (g)(2), or costs associated with the establishment of such invisible high-risk pool or reinsurance program.

''(ii) For each of fiscal years 2019, 2020, and 2021, for the establishment or maintenance of invisible high-risk pools and reinsurance programs that meet the requirements of subsection (g)(2) and for which the State has received a waiver under this section.

''(C) BUDGET NEUTRALITY.—Funds awarded to a State under a grant awarded under subparagraph (B) shall not be taken into account for purposes of determining under paragraph (1) whether the State waiver is budget neutral, or determining under subsection (b)(1) whether the State waiver increases the Federal deficit.''.

(B) APPROPRIATIONS.—

(i) IN GENERAL.—There are authorized to be appropriated, and there are appropriated, to the Secretary of Health and Human Services, for the purposes described in section 1332(a)(4)(B) of the Patient Protection and Affordable Care Act and subparagraph (C), out of any funds in the Treasury not otherwise appropriated—

(I) $500,000,000 for fiscal year 2018; and

(II) $10,000,000,000 for each of fiscal years 2019, 2020, and 2021.

(ii) AVAILABLE UNTIL EXPENDED.—Amounts appropriated under this paragraph shall remain available until expended.

(C) DEFAULT FEDERAL SAFEGUARD.—

(i) IN GENERAL.—For purposes of plan years 2019 through 2021, in the case of a State that

does not, by a date specified by the Secretary of Health and Human Services (referred to in this subparagraph as the ''Secretary''), in consultation with the National Association of Insurance Commissioners, have in effect a waiver under section 1332 of the Patient Protection and Affordable Care Act (42 U.S.C. 18052) that includes an invisible high-risk pool or reinsurance program that meets the requirements of subsection (g)(2) of such section 1332, the Secretary shall, from amounts appropriated under subparagraph (B), use the allocation determined for the State under subsection (a)(4)(B) of such section 1332 for plan years 2019 through 2021 for the purpose described in clause (ii) for such State.

(ii) REQUIRED USE FOR MARKET STABILIZATION PAYMENTS TO ISSUERS.—The Secretary shall enter into arrangements with the State or appropriate non-profit entities to help stabilize premiums for health insurance coverage in the individual market, by providing payments to insurers with respect to enrollees whose claims exceed a dollar amount established by the Secretary, in an amount equal to 80 percent of the amount of such claims.

(3) ENSURING PATIENT ACCESS TO MORE FLEXIBLE HEALTH PLANS.—Section 1332 of the Patient Protection and Affordable Care Act (42 U.S.C. 18052) is amended—

(A) in subsection (b)—

(i) in paragraph (1)—

(I) in subparagraph (B), by striking ''at least as affordable'' and inserting ''of comparable affordability, including for low-income individuals, individuals with serious health needs, and other vulnerable populations,''; and

(II) by amending subparagraph (D) to read as follows:

''(D)(i) will not increase the Federal deficit over the term of the waiver; and

''(ii) will not increase the Federal deficit over the term of the 10-year budget plan submitted under subsection (a)(1)(B)(ii).'';

(ii) by redesignating paragraph (2) (as amended by paragraph (1)) as paragraph (3); and

(iii) by inserting after paragraph (1) the following:

''(2) BUDGETARY EFFECT.—

''(A) IN GENERAL.—In determining whether a State plan submitted under subsection (a) meets the deficit neutrality requirements of paragraph (1)(D), the Secretary may take into consideration the direct budgetary effect of the provisions of such plan on sources of Federal funding other than the funding described in subsection (a)(3).

''(B) LIMITATION.—A determination made by the Secretary under subparagraph (A)—

''(i) shall not be construed to affect any waiver process or standards or terms and conditions in effect on the date of enactment of the Bipartisan Health Care Stabilization Act of 2018 under title XI, XVIII, XIX, or XXI of the Social Security Act, or any other Federal law relating to the provision of health care items or services; and

''(ii) shall be made without regard to any changes in policy with respect to any waiver process or provision of health care items or services described in clause (i).''; and

(B) in subsection (a)(1)(C), by striking ''subsection (b)(2)'' and inserting ''subsection (b)(3)''.

(4) PROVIDING EXPEDITED APPROVAL OF STATE WAIVERS.—Section 1332(d) of the Patient Protection and Affordable Care Act (42 U.S.C. 18052(d)) is amended—

(A) in paragraph (1) by striking ''180'' and inserting ''120''; and

(B) by adding at the end the following:

''(3) EXPEDITED DETERMINATION.—

''(A) IN GENERAL.—With respect to any application under subsection (a)(1) submitted on or after the date of enactment of the Bipartisan Health Care Stabilization Act of 2018 or any such application submitted prior to such date of enactment and under review by the Secretary on such date of enactment, the Secretary shall make a determination on such application, using the criteria for approval otherwise applicable under this section, not later than 45 days after the receipt of such application, and shall allow the public notice and comment at the State and Federal levels described under subsection (a)(5) to occur concurrently if such State application—

''(i) is submitted in response to an urgent situation, with respect to areas in the State that the Secretary determines are at risk for excessive premium increases or having no health plans offered in the applicable health insurance market for the current or following plan year; or

''(ii) is for a waiver that is the same or substantially similar to a waiver that the Secretary already has approved for another State.

''(B) APPROVAL.—

''(i) URGENT SITUATIONS.—

''(I) PROVISIONAL APPROVAL.—A waiver approved under the expedited determination process under subparagraph (A)(i) shall be in effect for a period of 3 years, unless the State requests a shorter duration.

''(II) FULL APPROVAL.—Subject to the requirements for approval otherwise applicable under this section, not later than 1 year before the expiration of a provisional waiver period described in subclause (I) with respect to an application described in subparagraph (A)(i), the Secretary shall make a determination on whether to extend the approval of such waiver for the full term of the waiver requested by the State, for a total approval period not to exceed 6 years. The Secretary may request additional information as the Secretary determines appropriate to make such determination.

''(ii) APPROVAL OF SAME OR SIMILAR APPLICATIONS.—An approval of a waiver under subparagraph (A)(ii) shall be subject to the terms of subsection (e).

''(C) GAO STUDY.—Not later than 5 years after the date of enactment of the Bipartisan Health Care Stabilization Act of 2018, the Comptroller General of the United States shall conduct a review of all waivers approved pursuant to subparagraph (A)(ii) to evaluate whether such waivers met the requirements of subsection (b)(1) and whether the applications should have qualified for such expedited process.''.

(5) PROVIDING CERTAINTY FOR STATE-BASED REFORMS.—Section 1332(e) of the Patient Protection and Affordable Care Act (42 U.S.C. 18052(e)) is amended by striking ''No waiver'' and all that follows through the period at the end and inserting the following: ''A waiver under this section—

''(1) shall be in effect for a period of 6 years unless the State requests a shorter duration;

''(2) may be renewed, subject to the State meeting the criteria for approval otherwise applicable under this section, for unlimited additional 6-year periods upon application by the State; and

''(3) may not be suspended or terminated, in whole or in part, by the Secretary at any time before the date of expiration of the waiver period (including any renewal period under paragraph (2)), unless the Secretary determines that the State materially failed to comply with the terms and conditions of the waiver.''.

(6) GUIDANCE AND REGULATIONS.—Section 1332 of the Patient Protection and Affordable Care Act (42 U.S.C. 18052) is amended—

(A) by adding at the end the following:

''(f) GUIDANCE AND REGULATIONS.—

''(1) IN GENERAL.—With respect to carrying out this section, the Secretary shall—

''(A) issue guidance, not later than 60 days after the date of enactment of the Bipartisan Health Care Stabilization Act of 2018, that includes initial examples of model State plans that meet the requirements for approval under this section; and

''(B) periodically review the guidance issued under subparagraph (A) and when appropriate, issue additional examples of model State plans that meet the requirements for approval under this section, which may include—

''(i) State plans establishing reinsurance or invisible high-risk pool arrangements for purposes of covering the cost of high-risk individuals;

''(ii) State plans expanding insurer participation, access to affordable health plans, network adequacy, and health plan options over the entire applicable health insurance market in the State;

''(iii) waivers encouraging or requiring health plans in such State to deploy value-based insurance designs which structure enrollee cost-sharing and other health plan design elements to encourage enrollees to consume high-value clinical services;

''(iv) State plans allowing for significant variation in health plan benefit design; or

''(v) any other State plan as the Secretary determines appropriate.

''(2) RESCISSION OF PREVIOUS REGULATIONS AND GUIDANCE.—Beginning on the date of enactment of the Bipartisan Health Care Stabilization Act of 2018, the regulations promulgated, and the guidance issued, under this section prior to the date of enactment of the Bipartisan Health Care Stabilization Act of 2018 shall have no force or effect.''; and

(B) in subsection (a)(5) (as redesignated by paragraph (2)(A)(ii))—

(i) in subparagraph (A), by inserting '', as applicable'' before the period; and

(ii) in subparagraph (B), by striking ''Not later than 180 days after the date of enactment of this Act, the Secretary shall'' and inserting ''The Secretary may''.

(7) INVISIBLE HIGH RISK POOLS AND REINSURANCE PROGRAMS.—Section 1332 of the Patient Protection and Affordable Care Act (42 U.S.C. 18052), as amended by paragraph (6), is further amended by adding at the end the following:

''(g) INVISIBLE HIGH RISK POOLS AND REINSURANCE PROGRAMS.—

''(1) FUNDING.—With respect to a State that has received a waiver under this section to establish an invisible high-risk pool or reinsurance program described in paragraph (2), the State may fund such program, in whole or in part, using one or both of the following:

''(A) Amounts received through a grant described in subsection (a)(4)(B).

''(B) All of, or a portion of, the payments made to the State as described in subsection (a)(3), consistent with the information the State provides under subsection (a)(1)(B).

''(2) PROGRAM DESIGN.—An invisible high-risk pool or reinsurance program described in this paragraph is a program that meets any of the following:

''(A) An invisible high-risk pool, as defined by the State, under which health insurance issuers, with respect to designated individuals who experience higher than average health costs as determined by the State, and are enrolled in health insurance coverage offered in the individual market, cede risk to the pool, without affecting the premium paid by the designated individuals or their terms of coverage. With respect to such pool, the State, or an entity operating the pool on behalf of the State, shall establish—

''(i) the premium amount the ceding issuer shall pay to the reinsurance pool;

''(ii) the applicable attachment points or coinsurance percentages if the ceding issuer retains any portion of the risk under ceded policies; and

''(iii) the mechanism by which high-risk individuals are designated for cession to the pool, which may include a list of designated high-cost health conditions.

''(B) A reinsurance program, as defined by the State, that assumes a portion of the risk for individuals who experience higher than average health costs as determined by the State, in a manner substantially similar to the reinsurance program that operated in the State in accordance with section 1341.

''(C) A reinsurance program established by the State not otherwise described in this paragraph.

''(D) A program based on another State's reinsurance program—

''(i) described in subparagraph (A), (B), or (C), for which an application has been approved under this subsection; or

''(ii) which was implemented prior to the date of enactment of the Bipartisan Health Care Stabilization Act of 2018, and which the Secretary determines meets the requirements of subparagraph (A).

''(3) SINGLE RISK POOL.—An invisible high-risk pool or reinsurance program established in accordance with this subsection shall not be considered a separate risk pool for purposes of section 1312(c).''.

(8) APPLICABILITY.—The amendments made by this Act to section 1332 of the Patient Protection and Affordable Care Act (42 U.S.C. 18052)—

(A) with respect to applications for waivers under such section 1332 submitted after the date of enactment of this Act and applications for such waivers submitted prior to such date of enactment and under review by the Secretary on the date of enactment, shall take effect on the date of enactment of this Act; and

(B) with respect to applications for waivers approved under such section 1332 before the date of enactment of this Act, shall not require reconsideration of whether such applications meet the requirements of such section 1332, except that, at the request of a State, the Secretary shall recalculate the amount of funding provided under subsection (a)(3) of such section.

(9) CLARIFYING BUDGET NEUTRALITY.—Section 1332(a)(1)(B) of the Patient Protection and Affordable Care Act (42 U.S.C. 18052(a)(1)(B)) is amended—

(A) in clause (i), by inserting '', including, as applicable, a description of the State's plan to use any amounts awarded to the State under paragraph (4) to support an invisible high-risk pool or reinsurance program consistent with subsection (g) and such information about such program as the Secretary may require'' before the semicolon; and

(B) in clause (ii), by inserting ''over both the term of the proposed waiver and the term of the 10-year budget plan'' after ''Government''.

(b) COST-SHARING PAYMENTS.—

(1) IN GENERAL.—There is appropriated to the Secretary of Health and Human Services (referred to in this section as the ''Secretary''), out of any funds in the Treasury not otherwise obligated, such sums as may be necessary for payments for cost-sharing reductions, as authorized by section 1402 of the Patient Protection and Affordable Care Act (42 U.S.C. 18071) for plan years 2017, 2019, 2020, and 2021.

(2) SPECIAL RULES FOR COST-SHARING REDUCTIONS.—

(A) BASIC HEALTH PLAN.—For plan year 2018, there is appropriated to the Secretary, out of any funds in the Treasury not otherwise obligated, such sums as may be necessary for, with respect to States that have in effect a basic health plan on January 1, 2018, the portion of transfers pursuant to section 1331(d) of the Patient Protection and Affordable Care Act (42 U.S.C. 18051(d)) attributable to the cost-sharing reductions under section 1402 of the Patient Protection and Affordable Care Act (42 U.S.C. 18071) that would have been provided for plan year 2018 with respect to eligible individuals enrolled in standard health plans in such States.

(B) HOLD HARMLESS.—

(i) IN GENERAL.—For plan year 2018, there is appropriated to the Secretary, out of any funds in the Treasury not otherwise obligated, such sums as may be necessary for payments for cost-sharing reductions authorized by section 1402 of the Patient Protection and Affordable Care Act (42 U.S.C. 18071) with respect to specified qualified health plans described in clause (ii).

(ii) SPECIFIED QUALIFIED HEALTH PLANS DESCRIBED.—A specified qualified health plan described in this clause is a qualified health plan—

(I) offered in a State that—

(aa) prohibited increasing premium rates to account for non-payment of cost-sharing reductions under section 1402 of the Patient Protection and Affordable Care Act; or

(bb) did not provide guidance on whether to increase premiums to account for non-payment of cost-sharing reduction under such section 1402; and

(II) for which the Secretary determines, based on a certification and appropriate documentation from the issuer of such plan and a certification from the applicable State regulator, that the health insurance issuer of such plan has not increased premium rates for plan year 2018 on account of the issuer assuming, or being instructed by applicable State regulators to assume, that the issuer would receive payments under such section 1402.

(3) PROTECTING CONSUMERS FROM INCREASED OUT-OF-POCKET COSTS.—Section 1402 of the Patient Protection and Affordable Care Act (42 U.S.C. 18071) is amended by adding at the end, the following:

''(g) ADDITIONAL REDUCTION.—

''(1) REDUCTION FOR LOW INCOME INSUREDS.—For plan years 2019 through 2021, in addition to the cost-sharing reductions under subsection (c), the Secretary shall establish procedures under which the issuer of a qualified health plan to which this section applies shall further reduce cost-sharing under the plan in a manner sufficient to—

''(A) in the case of an eligible insured whose household income is not less than 150 percent but not more than 250 percent of the poverty line for a family of the size involved, increase the plan's share of the total allowed costs of benefits provided under the plan to 87 percent of such costs; and

''(B) in the case of an eligible insured whose household income is not less than 250 percent but not more than 400 percent of the poverty line for a family of the size involved, increase the plan's share of the total allowed costs of benefits provided under the plan to 80 percent of such costs.''.

''(2) CONFORMING AMENDMENT.—For plan years 2019 through 2021, in addition to the coordination with actuarial value limits under subsection (c)(1)(B),the Secretary shall ensure that the reductions under subsection (c)(1) do not result in an increase in the plan's share of the total allowed costs of benefits provided under the plan above—

''(A) 87 percent, in the case of an eligible insured described in paragraph (1)(A); and

''(B) 80 percent, in the case of an eligible insured described in paragraph (1)(B).''.

**SEC. 3. ALLOWING ALL INDIVIDUALS PURCHASING HEALTH INSURANCE IN THE INDIVIDUAL MARKET THE OPTION TO PURCHASE A LOWER PREMIUM COPPER PLAN.**

(a) IN GENERAL.—Section 1302(e) of the Patient Protection and Affordable Care Act (42 U.S.C. 18022(e)) is amended—

(1) in paragraph (1)—

(A) by redesignating clauses (i) and (ii) of subparagraph (B) as subparagraphs (A) and (B), respectively, and adjusting the margins accordingly;

(B) by striking ''plan year if—'' and all that follows through ''the plan provides—'' and inserting ''plan year if the plan provides—''; and

(C) in subparagraph (A), as redesignated by paragraph (1), by striking ''clause (ii)'' and inserting ''subparagraph (B)'';

(2) by striking paragraph (2); and

(3) by redesignating paragraph (3) as paragraph (2).

(b) RISK POOLS.—Section 1312(c)(1) of the Patient Protection and Affordable Care Act (42 U.S.C. 18032(c)) is amended by inserting ''and including enrollees in catastrophic plans described in section 1302(e)'' after ''Exchange''.

(c) CONFORMING AMENDMENT.—Section 1312(d)(3)(C) of the Patient Protection and Affordable Care Act (42 U.S.C. 18032(d)(3)(C)) is amended by striking '', except that in the case of a catastrophic plan described in section 1302(e), a qualified individual may enroll in the plan only if the individual is eligible to enroll in the plan under section 1302(e)(2)''.

(d) EFFECTIVE DATE.—The amendments made by subsections (a), (b), and (c) shall apply with respect to plan years beginning on or after January 1, 2019.

**SEC. 4. CONSUMER OUTREACH, EDUCATION, AND ASSISTANCE.**

(a) OPEN ENROLLMENT REPORTS.—For plan years 2019 through 2021, the Secretary of Health and Human Services (referred to in this section as the ''Secretary''), in coordination with the Secretary of the Treasury and the Secretary of Labor, shall issue biweekly public reports during the annual open enrollment period on the performance of the Federal Exchange and the Small Business Health Options Program (SHOP) Marketplace. Each such report shall include a summary, including information on a State-by-State basis where available, of—

(1) the number of unique website visits;

(2) the number of individuals who create an account;

(3) the number of calls to the call center;

(4) the average wait time for callers contacting the call center;

(5) the number of individuals who enroll in a qualified health plan; and

(6) the percentage of individuals who enroll in a qualified health plan through each of—

(A) the website;

(B) the call center;

(C) navigators;

(D) agents and brokers;

(E) the enrollment assistant program;

(F) directly from issuers or web brokers; and

(G) other means.

(b) OPEN ENROLLMENT AFTER ACTION REPORT.—For plan years 2019 through 2021, the Secretary, in coordination with the Secretary of the Treasury and the Secretary of Labor, shall publish an after action report not later than 3 months after the completion of the annual open enrollment period regarding the performance of the Federal Exchange and the Small Business Health Options Program (SHOP) Marketplace for the applicable plan year. Each such report shall include a summary, including information on a State-by-State basis where available, of—

(1) the open enrollment data reported under subsection (a) for the entirety of the enrollment period; and

(2) activities related to patient navigators described in section 1311(i) of the Patient Protection and Affordable Care Act (42 U.S.C. 18031(i)), including—

(A) the performance objectives established by the Secretary for such patient navigators;

(B) the number of consumers enrolled by such a patient navigator;

(C) an assessment of how such patient navigators have met established performance metrics, including a detailed list of all patient navigators, funding received by patient navigators, and whether established performance objectives of patient navigators were met; and

(D) with respect to the performance objectives described in subparagraph (A)—

(i) whether such objectives assess the full scope of patient navigator responsibilities, including general education, plan selection, and determination of eligibility for tax credits, cost-sharing reductions, or other coverage;

(ii) how the Secretary worked with patient navigators to establish such objectives; and

(iii) how the Secretary adjusted such objectives for case complexity and other contextual factors.

(c) REPORT ON ADVERTISING AND CONSUMER OUTREACH.—Not later than 3 months after the completion of the annual open enrollment period for the 2019 plan year, the Secretary shall issue a report on advertising and outreach to consumers for the open enrollment period for the 2019 plan year. Such report shall include a description of—

(1) the division of spending on individual advertising platforms, including television and radio advertisements and digital media, to raise consumer awareness of open enrollment;

(2) the division of spending on individual outreach platforms, including email and text messages, to raise consumer awareness of open enrollment; and

(3) whether the Secretary conducted targeted outreach to specific demographic groups and geographic areas.

(d) OUTREACH AND ENROLLMENT ACTIVITIES.—

(1) OPEN ENROLLMENT.—Of the amounts collected through the user fees on participating health insurance issuers pursuant to section 156.50 of title 45, Code of Federal Regulations (or any successor regulations), the Secretary shall obligate $105,800,000 for outreach and enrollment activities for each of the open enrollment periods for plan years 2019 through 2021.

(2) OUTREACH AND ENROLLMENT ACTIVITIES.—

(A) IN GENERAL.—For purposes of this subsection, the term ''outreach and enrollment activities'' means—

(i) activities to educate consumers about coverage options or to encourage consumers to enroll in or maintain health insurance coverage (excluding allocations to the call center for the Federal Exchange); and

(ii) activities conducted by an in-person consumer assistance program that does not have a conflict of interest and that, among other activities, facilitates enrollment of individuals through the Federal Exchange, and distributes fair and impartial information concerning enrollment through such Exchange and the availability of tax credits and cost-sharing reductions.

(B) CONNECTION WITH FEDERAL EXCHANGE.—Activities conducted under this subsection shall be in connection with the operation of the Federal Exchange, to provide special benefits to health insurance issuers participating in the Federal Exchange.

(3) CONTRACT AUTHORITY.—The Secretary may contract with a State to conduct outreach and enrollment activities for plan years 2019 through 2021. Any outreach and enrollment activities conducted by a State or other entity at the direction of the State, in accordance with such a contract, shall be treated as Federal activities to provide special benefits to participating health insurance issuers consistent with OMB Circular No. A–25R.

(4) CLARIFICATIONS.—

(A) PRIOR FUNDING.—Nothing in this subsection should be construed as rescinding or cancelling any funds already obligated on the date of enactment of this Act for outreach and enrollment activities for plan year 2019.

(B) AVAILABILITY OF FUNDING.—The Secretary shall ensure that outreach and enrollment activities are conducted in all applicable States, including, as necessary, by providing for such activities through contracts described in paragraph (3).

**SEC. 5. OFFERING HEALTH PLANS IN MORE THAN ONE STATE.**

Not later than 1 year after the date of enactment of this Act, the Secretary of Health and Human Services, in consultation with the National Association of Insurance Commissioners, shall issue regulations for the implementation of health care choice compacts established under section 1333 of the Patient Protection and Affordable Care Act (42 U.S.C. 18053) to allow for the offering of health plans in more than one State.

**SEC. 6. SHORT-TERM LIMITED DURATION HEALTH INSURANCE POLICIES.**

(a) PROHIBITION ON PROPOSED RULE.—Notwithstanding any other provision of law, the Secretary of Health and Human Services, the Secretary of the Treasury, and the Secretary of Labor may not take any action to implement, enforce, or otherwise give effect to the proposed rule relating to the definition of short-term limited-duration insurance (83 Fed. Reg. 7437–7447, February 21, 2018), insofar as such proposed rule relates to a revised definition of the term ''short-term limited duration insurance'' and the Secretaries shall implement, enforce, and otherwise give effect to the definition of such term as applied by the Secretaries under the regulations in effect on the date of enactment of this Act (81 Fed. Reg. 75316), and such regulations shall continue in effect with respect to policies until the effective date described in subsection (b)(2).

(b) STANDARDS.—

(1) IN GENERAL.—Section 2791(b) of the Public Health Service Act (42 U.S.C. 300gg–91) is amended by adding at the end the following:

''(6) SHORT-TERM LIMITED DURATION INSURANCE.—The term 'short-term limited duration insurance' means health insurance coverage provided pursuant to a contract with a health insurance issuer that—

''(A) has a specified, limited duration not to exceed 93 days after the original effective date of the contract, except that the health plan may permit coverage to continue until the end of the period of hospitalization for a condition for which the covered person was hospitalized on the day that coverage would otherwise have ended;

''(B) is non-renewable and issued only to individuals who have not been covered under a short-term limited duration insurance policy from any health insurance issuer within the prior 12 months;

''(C) displays prominently in marketing materials, the contract, and in any application materials provided in connection with enrollment in such insurance a notice to consumers that includes such information which the State insurance commissioner deems sufficient to inform the individual that coverage and benefits are limited;

''(D) covers essential health benefits as set forth in section 1302 of the Patient Protection and Affordable Care Act;

''(E) meets the following requirements for individual health insurance coverage as set forth in this title—

''(i) section 2701 (relating to fair health insurance premiums);

''(ii) section 2702 (relating to guaranteed availability of coverage), except as provided in paragraph (1) consistent with the limitations of subsection (c);

''(iii) section 2704 (relating to the prohibition of pre-existing condition exclusions or other discrimination based on health status);

''(iv) section 2705 (relating to the prohibition of discrimination against individual participants and beneficiaries based on health status);

''(v) section 2706 (relating to non-discrimination in health care);

''(vi) section 2707 (relating to comprehensive health insurance coverage);

''(vii) section 2711 (prohibiting lifetime and annual limits);

''(viii) section 2712 (prohibiting rescissions);

''(ix) section 2713 (coverage of preventive health services);

''(x) section 2714 (relating to coverage of dependents); and

''(xi) section 2719 (relating to appeals); and

''(F) upon the issuance of a health insurance plan that an issuer asserts to be short-term limited duration insurance, the issuer of such plan shall provide documentation to the Secretary and the State insurance commissioner, in a form determined by the Secretary, regarding the individuals covered by the plan and the duration of the plan which shall be reviewed by the entity responsible for enforcement under section 2722, together with documentation submitted by other issuers, to determine whether the plan satisfies the requirement under subparagraph (B) and, if not, such entity shall take appropriate enforcement action.''.

(2) EFFECTIVE DATE.—The amendment made by paragraph (1) shall apply to plan years beginning on or after January 1, 2019.

**SEC. 7. FUNDING.**

Notwithstanding any other provision of law related to the services described in subsection (b)(1)(B) of section 1303 of Public Law 111–148, amounts appropriated under this division are subject to no requirements or limitations related to such services other than the requirements or limitations established under such section 1303, and, in the case of amounts appropriated under section 2(a)(2)(B), such section 1303 shall apply to such amounts in the same manner and to the same extent as if the purposes for which such amounts are appropriated under section 2(a)(2)(B) were purposes specified in subsection (b)(2)(A) of such section 1303.

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**SA 2223.** Mr. MCCONNELL (for Mr. HOEVEN) proposed an amendment to the bill S. 607, to establish a business incubators program within the Department of the Interior to promote economic development in Indian reservation communities; as follows:

Strike all after the enacting clause and insert the following:

**SECTION 1. SHORT TITLE.**

This Act may be cited as the ''Native American Business Incubators Program Act''.

**SEC. 2. FINDINGS.**

Congress finds that—

(1) entrepreneurs face specific challenges when transforming ideas into profitable business enterprises;

(2) entrepreneurs that want to provide products and services in reservation communities face an additional set of challenges that requires special knowledge;

(3) a business incubator is an organization that assists entrepreneurs in navigating obstacles that prevent innovative ideas from becoming viable businesses by providing services that include—

(A) workspace and facilities resources;

(B) access to capital, business education, and counseling;

(C) networking opportunities;

(D) mentorship opportunities; and

(E) an environment intended to help establish and expand business operations;

(4) the business incubator model is suited to accelerating entrepreneurship in reservation communities because the business incubator model promotes collaboration to address shared challenges and provides individually tailored services for the purpose of overcoming obstacles unique to each participating business; and

(5) business incubators will stimulate economic development by providing Native entrepreneurs with the tools necessary to grow businesses that offer products and services to reservation communities.

**SEC. 3. DEFINITIONS.**

In this Act:

(1) BUSINESS INCUBATOR.—The term ''business incubator'' means an organization that—

(A) provides physical workspace and facilities resources to startups and established businesses; and

(B) is designed to accelerate the growth and success of businesses through a variety of business support resources and services, including—

(i) access to capital, business education, and counseling;

(ii) networking opportunities;

(iii) mentorship opportunities; and

(iv) other services intended to aid in developing a business.

(2) ELIGIBLE APPLICANT.—The term ''eligible applicant'' means an applicant eligible to apply for a grant under section 4(b).

(3) INDIAN TRIBE.—The term ''Indian tribe'' has the meaning given the term in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 5304).

(4) INSTITUTION OF HIGHER EDUCATION.—The term ''institution of higher education'' has the meaning given the term in section 101 of the Higher Education Act of 1965 (20 U.S.C. 1001).

(5) NATIVE AMERICAN; NATIVE.—The terms ''Native American'' and ''Native'' have the meaning given the term ''Indian'' in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 5304).

(6) NATIVE BUSINESS.—The term ''Native business'' means a business concern that is at least 51-percent owned and controlled by 1 or more Native Americans.

(7) NATIVE ENTREPRENEUR.—The term ''Native entrepreneur'' means an entrepreneur who is a Native American.

(8) PROGRAM.—The term ''program'' means the program established under section 4(a).

(9) RESERVATION.—The term ''reservation'' has the meaning given the term in section 3 of the Indian Financing Act of 1974 (25 U.S.C. 1452).

(10) SECRETARY.—The term ''Secretary'' means the Secretary of the Interior.

(11) TRIBAL COLLEGE OR UNIVERSITY.—The term ''tribal college or university'' has the meaning given the term ''Tribal College or University'' in section 316(b) of the Higher Education Act of 1965 (20 U.S.C. 1059c(b)).

**SEC. 4. ESTABLISHMENT OF PROGRAM.**

(a) IN GENERAL.—The Secretary shall establish a program in the Office of Indian Energy and Economic Development under which the Secretary shall provide financial assistance in the form of competitive grants to eligible applicants for the establishment and operation of business incubators that serve reservation communities by providing business incubation and other business services to Native businesses and Native entrepreneurs.

(b) ELIGIBLE APPLICANTS.—

(1) IN GENERAL.—To be eligible to receive a grant under the program, an applicant shall—

(A) be—

(i) an Indian tribe;

(ii) a tribal college or university;

(iii) an institution of higher education; or

(iv) a private nonprofit organization or tribal nonprofit organization that—

(I) provides business and financial technical assistance; and

(II) will commit to serving 1 or more reservation communities;

(B) be able to provide the physical workspace, equipment, and connectivity necessary for Native businesses and Native entrepreneurs to collaborate and conduct business on a local, regional, national, and international level; and

(C) in the case of an entity described in clauses (ii) through (iv) of subparagraph (A), have been operational for not less than 1 year before receiving a grant under the program.

(2) JOINT PROJECT.—

(A) IN GENERAL.—Two or more entities may submit a joint application for a project that combines the resources and expertise of those entities at a physical location dedicated to assisting Native businesses and Native entrepreneurs under the program.

(B) CONTENTS.—A joint application submitted under subparagraph (A) shall—

(i) contain a certification that each participant of the joint project is one of the eligible entities described in paragraph (1)(A); and

(ii) demonstrate that together the participants meet the requirements of subparagraphs (B) and (C) of paragraph (1).

(c) APPLICATION AND SELECTION PROCESS.—

(1) APPLICATION REQUIREMENTS.—Each eligible applicant desiring a grant under the program shall submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require, including—

(A) a certification that the applicant—

(i) is an eligible applicant;

(ii) will designate an executive director or program manager, if such director or manager has not been designated, to manage the business incubator; and

(iii) agrees—

(I) to a site evaluation by the Secretary as part of the final selection process;

(II) to an annual programmatic and financial examination for the duration of the grant; and

(III) to the maximum extent practicable, to remedy any problems identified pursuant to the site evaluation under subclause (I) or an examination under subclause (II);

(B) a description of the 1 or more reservation communities to be served by the business incubator;

(C) a 3-year plan that describes—

(i) the number of Native businesses and Native entrepreneurs to be participating in the business incubator;

(ii) whether the business incubator will focus on a particular type of business or industry;

(iii) a detailed breakdown of the services to be offered to Native businesses and Native entrepreneurs participating in the business incubator; and

(iv) a detailed breakdown of the services, if any, to be offered to Native businesses and Native entrepreneurs not participating in the business incubator;

(D) information demonstrating the effectiveness and experience of the eligible applicant in—

(i) conducting financial, management, and marketing assistance programs designed to educate or improve the business skills of current or prospective businesses;

(ii) working in and providing services to Native American communities;

(iii) providing assistance to entities conducting business in reservation communities;

(iv) providing technical assistance under Federal business and entrepreneurial development programs for which Native businesses and Native entrepreneurs are eligible; and

(v) managing finances and staff effectively; and

(E) a site description of the location at which the eligible applicant will provide physical workspace, including a description of the technologies, equipment, and other resources that will be available to Native businesses and Native entrepreneurs participating in the business incubator.

(2) EVALUATION CONSIDERATIONS.—

(A) IN GENERAL.—In evaluating each application, the Secretary shall consider—

(i) the ability of the eligible applicant—

(I) to operate a business incubator that effectively imparts entrepreneurship and business skills to Native businesses and Native entrepreneurs, as demonstrated by the experience and qualifications of the eligible applicant;

(II) to commence providing services within a minimum period of time, to be determined by the Secretary; and

(III) to provide quality incubation services to a significant number of Native businesses and Native entrepreneurs;

(ii) the experience of the eligible applicant in providing services in Native American communities, including in the 1 or more reservation communities described in the application; and

(iii) the proposed location of the business incubator.

(B) PRIORITY.—

(i) IN GENERAL.—In evaluating the proposed location of the business incubator under subparagraph (A)(iii), the Secretary shall—

(I) consider the program goal of achieving broad geographic distribution of business incubators; and

(II) except as provided in clause (ii), give priority to eligible applicants that will provide business incubation services on or near the reservation of the 1 or more communities that were described in the application.

(ii) EXCEPTION.—The Secretary may give priority to an eligible applicant that is not located on or near the reservation of the 1 or more communities that were described in the application if the Secretary determines that—

(I) the location of the business incubator will not prevent the eligible applicant from providing quality business incubation services to Native businesses and Native entrepreneurs from the 1 or more reservation communities to be served; and

(II) siting the business incubator in the identified location will serve the interests of the 1 or more reservation communities to be served.

(3) SITE EVALUATION.—

(A) IN GENERAL.—Before making a grant to an eligible applicant, the Secretary shall conduct a site visit, evaluate a video submission, or evaluate a written site proposal (if the applicant is not yet in possession of the

site) of the proposed site to ensure the proposed site will permit the eligible applicant to meet the requirements of the program.

(B) WRITTEN SITE PROPOSAL.—A written site proposal shall meet the requirements described in paragraph (1)(E) and contain—

(i) sufficient detail for the Secretary to ensure in the absence of a site visit or video submission that the proposed site will permit the eligible applicant to meet the requirements of the program; and

(ii) a timeline describing when the eligible applicant will be—

(I) in possession of the proposed site; and

(II) operating the business incubator at the proposed site.

(C) FOLLOWUP.—Not later than 1 year after awarding a grant to an eligible applicant that submits an application with a written site proposal, the Secretary shall conduct a site visit or evaluate a video submission of the site to ensure the site is consistent with the written site proposal.

(d) ADMINISTRATION.—

(1) DURATION.—Each grant awarded under the program shall be for a term of 3 years.

(2) PAYMENT.—

(A) IN GENERAL.—Except as provided in subparagraph (B), the Secretary shall disburse grant funds awarded to an eligible applicant in annual installments.

(B) MORE FREQUENT DISBURSEMENTS.—On request by the applicant, the Secretary may make disbursements of grant funds more frequently than annually, on the condition that disbursements shall be made not more frequently than quarterly.

(3) NON-FEDERAL CONTRIBUTIONS FOR INITIAL ASSISTANCE.—

(A) IN GENERAL.—Except as provided in subparagraph (B), an eligible applicant that receives a grant under the program shall provide non-Federal contributions in an amount equal to not less than 25 percent of the grant amount disbursed each year.

(B) WAIVER.—The Secretary may waive, in whole or in part, the requirements of subparagraph (A) with respect to an eligible applicant if, after considering the ability of the eligible applicant to provide non-Federal contributions, the Secretary determines that—

(i) the proposed business incubator will provide quality business incubation services; and

(ii) the 1 or more reservation communities to be served are unlikely to receive similar services because of remoteness or other reasons that inhibit the provision of business and entrepreneurial development services.

(4) RENEWALS.—

(A) IN GENERAL.—The Secretary may renew a grant award under the program for a term not to exceed 3 years.

(B) CONSIDERATIONS.—In determining whether to renew a grant award, the Secretary shall consider with respect to the eligible applicant—

(i) the results of the annual evaluations of the eligible applicant under subsection (f)(1);

(ii) the performance of the business incubator of the eligible applicant, as compared to the performance of other business incubators receiving assistance under the program;

(iii) whether the eligible applicant continues to be eligible for the program; and

(iv) the evaluation considerations for initial awards under subsection (c)(2).

(C) NON-FEDERAL CONTRIBUTIONS FOR RENEWALS.—An eligible applicant that receives a grant renewal under subparagraph (A) shall provide non-Federal contributions in an amount equal to not less than 33 percent of the total amount of the grant.

(5) NO DUPLICATIVE GRANTS.—An eligible applicant shall not be awarded a grant under the program that is duplicative of existing Federal funding from another source.

(e) PROGRAM REQUIREMENTS.—

(1) USE OF FUNDS.—An eligible applicant receiving a grant under the program may use grant amounts—

(A) to provide physical workspace and facilities for Native businesses and Native entrepreneurs participating in the business incubator;

(B) to establish partnerships with other institutions and entities to provide comprehensive business incubation services to Native businesses and Native entrepreneurs participating in the business incubator; and

(C) for any other uses typically associated with business incubators that the Secretary determines to be appropriate and consistent with the purposes of the program.

(2) MINIMUM REQUIREMENTS.—Each eligible applicant receiving a grant under the program shall—

(A) offer culturally tailored incubation services to Native businesses and Native entrepreneurs;

(B) use a competitive process for selecting Native businesses and Native entrepreneurs to participate in the business incubator;

(C) provide physical workspace that permits Native businesses and Native entrepreneurs to conduct business and collaborate with other Native businesses and Native entrepreneurs;

(D) provide entrepreneurship and business skills training and education to Native businesses and Native entrepreneurs including—

(i) financial education, including training and counseling in—

(I) applying for and securing business credit and investment capital;

(II) preparing and presenting financial statements; and

(III) managing cash flow and other financial operations of a business;

(ii) management education, including training and counseling in planning, organization, staffing, directing, and controlling each major activity or function of a business or startup; and

(iii) marketing education, including training and counseling in—

(I) identifying and segmenting domestic and international market opportunities;

(II) preparing and executing marketing plans;

(III) locating contract opportunities;

(IV) negotiating contracts; and

(V) using varying public relations and advertising techniques;

(E) provide direct mentorship or assistance finding mentors in the industry in which the Native business or Native entrepreneur operates or intends to operate; and

(F) provide access to networks of potential investors, professionals in the same or similar fields, and other business owners with similar businesses.

(3) TECHNOLOGY.—Each eligible applicant shall leverage technology to the maximum extent practicable to provide Native businesses and Native entrepreneurs with access to the connectivity tools needed to compete and thrive in 21st-century markets.

(f) OVERSIGHT.—

(1) ANNUAL EVALUATIONS.—Not later than 1 year after the date on which the Secretary awards a grant to an eligible applicant under the program, and annually thereafter for the duration of the grant, the Secretary shall conduct an evaluation of, and prepare a report on, the eligible applicant, which shall—

(A) describe the performance of the eligible applicant; and

(B) be used in determining the ongoing eligibility of the eligible applicant.

(2) ANNUAL REPORT.—

(A) IN GENERAL.—Not later than 1 year after the date on which the Secretary awards a grant to an eligible applicant under the program, and annually thereafter for the duration of the grant, each eligible applicant receiving an award under the program shall submit to the Secretary a report describing the services the eligible applicant provided under the program during the preceding year.

(B) REPORT CONTENT.—The report described in subparagraph (A) shall include—

(i) a detailed breakdown of the Native businesses and Native entrepreneurs receiving services from the business incubator, including, for the year covered by the report—

(I) the number of Native businesses and Native entrepreneurs participating in or receiving services from the business incubator and the types of services provided to those Native businesses and Native entrepreneurs;

(II) the number of Native businesses and Native entrepreneurs established and jobs created or maintained; and

(III) the performance of Native businesses and Native entrepreneurs while participating in the business incubator and after graduation or departure from the business incubator; and

(ii) any other information the Secretary may require to evaluate the performance of a business incubator to ensure appropriate implementation of the program.

(C) LIMITATIONS.—To the maximum extent practicable, the Secretary shall not require an eligible applicant to report under subparagraph (A) information provided to the Secretary by the eligible applicant under other programs.

(D) COORDINATION.—The Secretary shall coordinate with the heads of other Federal agencies to ensure that, to the maximum extent practicable, the report content and form under subparagraphs (A) and (B) are consistent with other reporting requirements for Federal programs that provide business and entrepreneurial assistance.

(3) REPORT TO CONGRESS.—

(A) IN GENERAL.—Not later than 2 years after the date on which the Secretary first awards funding under the program, and biennially thereafter, the Secretary shall submit to the Committee on Indian Affairs of the Senate and the Committee on Natural Resources of the House of Representatives a report on the performance and effectiveness of the program.

(B) CONTENTS.—Each report submitted under subparagraph (A) shall—

(i) account for each program year; and

(ii) include with respect to each business incubator receiving grant funds under the program—

(I) the number of Native businesses and Native entrepreneurs that received business incubation or other services;

(II) the number of businesses established with the assistance of the business incubator;

(III) the number of jobs established or maintained by Native businesses and Native entrepreneurs receiving business incubation services, including a description of where the jobs are located with respect to reservation communities;

(IV) to the maximum extent practicable, the amount of capital investment and loan financing accessed by Native businesses and Native entrepreneurs receiving business incubation services; and

(V) an evaluation of the overall performance of the business incubator.

**SEC. 5. REGULATIONS.**

Not later than 180 days after the date of enactment of this Act, the Secretary shall promulgate regulations to implement the program.

**SEC. 6. SCHOOLS TO BUSINESS INCUBATOR PIPELINE.**

The Secretary shall facilitate the establishment of relationships between eligible

applicants receiving funds through the program and educational institutions serving Native American communities, including tribal colleges and universities.

**SEC. 7. AGENCY PARTNERSHIPS.**

The Secretary shall coordinate with the Secretary of Agriculture, the Secretary of Commerce, the Secretary of the Treasury, and the Administrator of the Small Business Administration to ensure, to the maximum extent practicable, that business incubators receiving grant funds under the program have the information and materials needed to provide Native businesses and Native entrepreneurs with the information and assistance necessary to apply for business and entrepreneurial development programs administered by the Department of Agriculture, the Department of Commerce, the Department of the Treasury, and the Small Business Administration.

**SEC. 8. AUTHORIZATIONS OF APPROPRIATIONS.**

There are authorized to be appropriated to carry out the program $5,000,000 for each of fiscal years 2019 through 2023.

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**SA 2224.** Mr. MCCONNELL (for Mr. HOEVEN) proposed an amendment to the bill S. 1116, to amend the Native American Business Development, Trade Promotion, and Tourism Act of 2000, the Buy Indian Act, and the Native American Programs Act of 1974 to provide industry and economic development opportunities to Indian communities; as follows:

Strike all after the enacting clause and insert the following:

**SECTION 1. SHORT TITLE.**

This Act may be cited as the ''Indian Community Economic Enhancement Act of 2018''.

**SEC. 2. FINDINGS.**

Congress finds that—

(1)(A) to bring industry and economic development to Indian communities, Indian tribes must overcome a number of barriers, including—

(i) geographical location;

(ii) lack of infrastructure or capacity;

(iii) lack of sufficient collateral and capital; and

(iv) regulatory bureaucracy relating to—

(I) development; and

(II) access to services provided by the Federal Government; and

(B) the barriers described in subparagraph (A) often add to the cost of doing business in Indian communities;

(2) Indian tribes—

(A) enact laws and exercise sovereign governmental powers;

(B) determine policy for the benefit of tribal members; and

(C) produce goods and services for consumers;

(3) the Federal Government has—

(A) an important government-to-government relationship with Indian tribes; and

(B) a role in facilitating healthy and sustainable tribal economies;

(4) the input of Indian tribes in developing Federal policy and programs leads to more meaningful and effective measures to assist Indian tribes and Indian entrepreneurs in building tribal economies;

(5)(A) many components of tribal infrastructure need significant repair or replacement; and

(B) access to private capital for projects in Indian communities—

(i) may not be available; or

(ii) may come at a higher cost than such access for other projects;

(6)(A) Federal capital improvement programs, such as those that facilitate tax-exempt bond financing and loan guarantees, are tools that help improve or replace crumbling infrastructure;

(B) lack of parity in treatment of an Indian tribe as a governmental entity under Federal tax and certain other regulatory laws impedes, in part, the ability of Indian tribes to raise capital through issuance of tax exempt debt, invest as an accredited investor, and benefit from other investment incentives accorded to State and local governmental entities; and

(C) as a result of the disparity in treatment of Indian tribes described in subparagraph (B), investors may avoid financing, or demand a premium to finance, projects in Indian communities, making the projects more costly or inaccessible;

(7) there are a number of Federal loan guarantee programs available to facilitate financing of business, energy, economic, housing, and community development projects in Indian communities, and those programs may support public-private partnerships for infrastructure development, but improvements and support are needed for those programs specific to Indian communities to facilitate more effectively private financing for infrastructure and other urgent development needs; and

(8)(A) most real property held by Indian tribes is trust or restricted land that essentially cannot be held as collateral; and

(B) while creative solutions, such as leasehold mortgages, have been developed in response to the problem identified in subparagraph (A), some solutions remain subject to review and approval by the Bureau of Indian Affairs, adding additional costs and delay to tribal projects.

**SEC. 3. NATIVE AMERICAN BUSINESS DEVELOPMENT, TRADE PROMOTION, AND TOURISM ACT OF 2000.**

(a) FINDINGS; PURPOSES.—Section 2 of the Native American Business Development, Trade Promotion, and Tourism Act of 2000 (25 U.S.C. 4301) is amended by adding at the end the following:

''(c) APPLICABILITY TO INDIAN-OWNED BUSINESSES.—The findings and purposes in subsections (a) and (b) shall apply to any Indian-owned business governed—

''(1) by tribal laws regulating trade or commerce on Indian lands; or

''(2) pursuant to section 5 of the Act of August 15, 1876 (19 Stat. 200, chapter 289; 25 U.S.C. 261).''.

(b) DEFINITIONS.—Section 3 of the Native American Business Development, Trade Promotion, and Tourism Act of 2000 (25 U.S.C. 4302) is amended—

(1) by redesignating paragraphs (1) through (6) and paragraphs (7) through (9), as paragraphs (2) through (7) and paragraphs (9) through (11), respectively;

(2) by inserting before paragraph (2) (as redesignated by paragraph (1)) the following:

''(1) DIRECTOR.—The term 'Director' means the Director of Native American Business Development appointed pursuant to section 4(a)(2).''; and

(3) by inserting after paragraph (7) (as redesignated by paragraph (1)) the following:

''(8) OFFICE.—The term 'Office' means the Office of Native American Business Development established by section 4(a)(1).''.

(c) OFFICE OF NATIVE AMERICAN BUSINESS DEVELOPMENT.—Section 4 of the Native American Business Development, Trade Promotion, and Tourism Act of 2000 (25 U.S.C. 4303) is amended—

(1) in subsection (a)—

(A) in paragraph (1)—

(i) by striking ''Department of Commerce'' and inserting ''Office of the Secretary''; and

(ii) by striking ''(referred to in this Act as the 'Office')''; and

(B) in paragraph (2), in the first sentence, by striking ''(referred to in this Act as the 'Director')''; and

(2) by adding at the end the following:

''(c) DUTIES OF DIRECTOR.—

''(1) IN GENERAL.—The Director shall serve as—

''(A) the program and policy advisor to the Secretary with respect to the trust and governmental relationship between the United States and Indian tribes; and

''(B) the point of contact for Indian tribes, tribal organizations, and Indians regarding—

''(i) policies and programs of the Department of Commerce; and

''(ii) other matters relating to economic development and doing business in Indian lands.

''(2) DEPARTMENTAL COORDINATION.—The Director shall coordinate with all offices and agencies within the Department of Commerce to ensure that each office and agency has an accountable process to ensure—

''(A) meaningful and timely coordination and assistance, as required by this Act; and

''(B) consultation with Indian tribes regarding the policies, programs, assistance, and activities of the offices and agencies.

''(3) OFFICE OPERATIONS.—There are authorized to be appropriated to carry out this section not more than $2,000,000 for each fiscal year.''.

(d) INDIAN COMMUNITY DEVELOPMENT INITIATIVES.—The Native American Business Development, Trade Promotion, and Tourism Act of 2000 is amended—

(1) by redesignating section 8 (25 U.S.C. 4307) as section 10; and

(2) by inserting after section 7 (25 U.S.C. 4306) the following:

**''SEC. 8. INDIAN COMMUNITY DEVELOPMENT INITIATIVES.**

''(a) INTERAGENCY COORDINATION.—Not later than 1 year after the enactment of this section, the Secretary, the Secretary of the Interior, and the Secretary of the Treasury shall coordinate—

''(1) to develop initiatives that—

''(A) encourage, promote, and provide education regarding investments in Indian communities through—

''(i) the loan guarantee program of Bureau of Indian Affairs under section 201 of the Indian Financing Act of 1974 (25 U.S.C. 1481);

''(ii) programs carried out using amounts in the Community Development Financial Institutions Fund established under section 104(a) of the Community Development Banking and Financial Institutions Act of 1994 (12 U.S.C. 4703(a)); and

''(iii) other capital development programs;

''(B) examine and develop alternatives that would qualify as collateral for financing in Indian communities; and

''(C) provide entrepreneur and other training relating to economic development through tribally controlled colleges and universities and other Indian organizations with experience in providing such training;

''(2) to consult with Indian tribes and with the Securities and Exchange Commission to study, and collaborate to establish, regulatory changes necessary to qualify an Indian tribe as an accredited investor for the purposes of sections 230.500 through 230.508 of title 17, Code of Federal Regulations (or successor regulations), consistent with the goals of promoting capital formation and ensuring qualifying Indian tribes have the ability to withstand investment loss, on a basis comparable to other legal entities that qualify as accredited investors who are not natural persons;

''(3) to identify regulatory, legal, or other barriers to increasing investment, business, and economic development, including qualifying or approving collateral structures, measurements of economic strength, and

contributions of Indian economies in Indian communities through the Authority established under section 4 of the Indian Tribal Regulatory Reform and Business Development Act of 2000 (25 U.S.C. 4301 note);

''(4) to ensure consultation with Indian tribes regarding increasing investment in Indian communities and the development of the report required in paragraph (5); and

''(5) not less than once every 2 years, to provide a report to Congress regarding—

''(A) improvements to Indian communities resulting from such initiatives and recommendations for promoting sustained growth of the tribal economies;

''(B) results of the study and collaboration regarding the necessary changes referenced in paragraph (2) and the impact of allowing Indian tribes to qualify as an accredited investor; and

''(C) the identified regulatory, legal, and other barriers referenced in paragraph (3).

''(b) WAIVER.—For assistance provided pursuant to section 108 of the Community Development Banking and Financial Institutions Act of 1994 (12 U.S.C. 4707) to benefit Native Community Development Financial Institutions, as defined by the Secretary of the Treasury, section 108(e) of such Act shall not apply.

''(c) INDIAN ECONOMIC DEVELOPMENT FEASIBILITY STUDY.—

''(1) IN GENERAL.—The Government Accountability Office shall conduct a study and, not later than 18 months after the date of enactment of this subsection, submit to the Committee on Indian Affairs of the Senate and the Committee on Natural Resources of the House of Representatives a report on the findings of the study and recommendations.

''(2) CONTENTS.—The study shall include an assessment of each of the following:

''(A) IN GENERAL.—The study shall assess current Federal capitalization and related programs and services that are available to assist Indian communities with business and economic development, including manufacturing, physical infrastructure (such as telecommunications and broadband), community development, and facilities construction for such purposes. For each of the Federal programs and services identified, the study shall assess the current use and demand by Indian tribes, individuals, businesses, and communities of the programs, the capital needs of Indian tribes, businesses, and communities related to economic development, and the extent that similar programs have been used to assist non-Indian communities compared to the extent used for Indian communities.

''(B) FINANCING ASSISTANCE.—The study shall assess and quantify the extent of assistance provided to non-Indian borrowers and to Indian (both tribal and individual) borrowers (including information about such assistance as a percentage of need for Indian borrowers and for non-Indian borrowers, assistance to Indian borrowers and to non-Indian borrowers as a percentage of total applicants, and such assistance to Indian borrowers as individuals as compared to such assistance to Indian tribes) through the loan programs, the loan guarantee programs, or bond guarantee programs of the—

''(i) Department of the Interior;

''(ii) Department of Agriculture;

''(iii) Department of Housing and Urban Development;

''(iv) Department of Energy;

''(v) Small Business Administration; and

''(vi) Community Development Financial Institutions Fund of the Department of the Treasury.

''(C) TAX INCENTIVES.—The study shall assess and quantify the extent of the assistance and allocations afforded for non-Indian projects and for Indian projects pursuant to each of the following tax incentive programs:

''(i) New market tax credit.

''(ii) Low income housing tax credit.

''(iii) Investment tax credit.

''(iv) Renewable energy tax incentives.

''(v) Accelerated depreciation.

''(D) TRIBAL INVESTMENT INCENTIVE.—The study shall assess various alternative incentives that could be provided to enable and encourage tribal governments to invest in an Indian community development investment fund or bank.''.

**SEC. 4. BUY INDIAN ACT.**

Section 23 of the Act of June 25, 1910 (commonly known as the ''Buy Indian Act'') (36 Stat. 861, chapter 431; 25 U.S.C. 47), is amended to read as follows:

**''SEC. 23. EMPLOYMENT OF INDIAN LABOR AND PURCHASE OF PRODUCTS OF INDIAN INDUSTRY; PARTICIPATION IN MENTOR-PROTEGE PROGRAM.**

''(a) DEFINITIONS.—In this section:

''(1) INDIAN ECONOMIC ENTERPRISE.—The term 'Indian economic enterprise' has the meaning given the term in section 1480.201 of title 48, Code of Federal Regulations (or successor regulations).

''(2) MENTOR FIRM; PROTEGE FIRM.—The terms 'mentor firm' and 'protege firm' have the meanings given those terms in section 831(c) of the National Defense Authorization Act for Fiscal Year 1991 (10 U.S.C. 2302 note; Public Law 101–510).

''(3) SECRETARIES.—The term 'Secretaries' means—

''(A) the Secretary of the Interior; and

''(B) the Secretary of Health and Human Services.

''(b) ENTERPRISE DEVELOPMENT.—

''(1) IN GENERAL.—Unless determined by one of the Secretaries to be impracticable and unreasonable—

''(A) Indian labor shall be employed; and

''(B) purchases of Indian industry products (including printing and facilities construction, notwithstanding any other provision of law) may be made in open market by the Secretaries.

''(2) MENTOR-PROTEGE PROGRAM.—

''(A) IN GENERAL.—Participation in the Mentor-Protege Program established under section 831(a) of the National Defense Authorization Act for Fiscal Year 1991 (10 U.S.C. 2302 note; Public Law 101–510) or receipt of assistance under a developmental assistance agreement under that program shall not render any individual or entity involved in the provision of Indian labor or an Indian industry product ineligible to receive assistance under this section.

''(B) TREATMENT.—For purposes of this section, no determination of affiliation or control (whether direct or indirect) may be found between a protege firm and a mentor firm on the basis that the mentor firm has provided, or agreed to provide, to the protege firm, pursuant to a mentor-protege agreement, any form of developmental assistance described in section 831(f) of the National Defense Authorization Act for Fiscal Year 1991 (10 U.S.C. 2302 note; Public Law 101–510).

''(c) IMPLEMENTATION.—In carrying out this section, the Secretaries shall—

''(1) conduct outreach to Indian industrial entities;

''(2) provide training;

''(3) promulgate regulations in accordance with this section and with the regulations under part 1480 of title 48, Code of Federal Regulations (or successor regulations), to harmonize the procurement procedures of the Department of the Interior and the Department of Health and Human Services, to the maximum extent practicable;

''(4) require regional offices of the Bureau of Indian Affairs and the Indian Health Service to aggregate data regarding compliance with this section;

''(5) require procurement management reviews by their respective Departments to include a review of the implementation of this section; and

''(6) consult with Indian tribes, Indian industrial entities, and other stakeholders regarding methods to facilitate compliance with—

''(A) this section; and

''(B) other small business or procurement goals.

''(d) REPORT.—

''(1) IN GENERAL.—Not later than 1 year after the date of enactment of this subsection, and not less frequently than once every 2 years thereafter, each of the Secretaries shall submit to the Committee on Indian Affairs of the Senate and the Committee on Natural Resources of the House of Representatives a report describing, during the period covered by the report, the implementation of this section by each of the respective Secretaries.

''(2) CONTENTS.—Each report under this subsection shall include, for each fiscal year during the period covered by the report—

''(A) the names of each agency under the respective jurisdiction of each of the Secretaries to which this section has been applied, and efforts made by additional agencies within the Secretaries' respective Departments to use the procurement procedures under this Act;

''(B) a summary of the types of purchases made from, and contracts (including any relevant modifications, extensions, or renewals) awarded to, Indian economic enterprises, expressed by agency region;

''(C) a description of the percentage increase or decrease in total dollar value and number of purchases and awards made within each agency region, as compared to the totals of the region for the preceding fiscal year;

''(D) a description of the methods used by applicable contracting officers and employees to conduct market searches to identify qualified Indian economic enterprises;

''(E) a summary of all deviations granted under section 1480.403 of title 48, Code of Federal Regulations (or successor regulations), including a description of—

''(i) the types of alternative procurement methods used, including any Indian owned businesses reported under other procurement goals; and

''(ii) the dollar value of any awards made pursuant to those deviations;

''(F) a summary of all determinations made to provide awards to Indian economic enterprises, including a description of the dollar value of the awards;

''(G) a description or summary of the total number and value of all purchases of, and contracts awarded for, supplies, services, and construction (including the percentage increase or decrease, as compared to the preceding fiscal year) from—

''(i) Indian economic enterprises; and

''(ii) non-Indian economic enterprises;

''(H) any administrative, procedural, legal, or other barriers to achieving the purposes of this section, together with recommendations for legislative or administrative actions to address those barriers; and

''(I) for each agency region—

''(i) the total amount spent on purchases made from, and contracts awarded to, Indian economic enterprises; and

''(ii) a comparison of the amount described in clause (i) to the total amount that the agency region would likely have spent on the same purchases made from a non-Indian economic enterprise or contracts awarded to a non-Indian economic enterprise.

''(e) GOALS.—Each agency shall establish an annual minimum percentage goal for procurement in compliance with this section.''.

**SEC. 5. NATIVE AMERICAN PROGRAMS ACT OF 1974.**

(a) FINANCIAL ASSISTANCE FOR NATIVE AMERICAN PROJECTS.—Section 803 of the Native American Programs Act of 1974 (42 U.S.C. 2991b) is amended—

(1) by redesignating subsections (b) through (d) as subsections (c) through (e), respectively; and

(2) by inserting after subsection (a) the following:

''(b) ECONOMIC DEVELOPMENT.—

''(1) IN GENERAL.—The Commissioner may provide assistance under subsection (a) for projects relating to the purposes of this title to a Native community development financial institution, as defined by the Secretary of the Treasury.

''(2) PRIORITY.—With regard to not less than 50 percent of the total amount available for assistance under this section, the Commissioner shall give priority to any application seeking assistance for—

''(A) the development of a tribal code or court system for purposes of economic development, including commercial codes, training for court personnel, regulation pursuant to section 5 of the Act of August 15, 1876 (19 Stat. 200, chapter 289; 25 U.S.C. 261), and the development of nonprofit subsidiaries or other tribal business structures;

''(B) the development of a community development financial institution, including training and administrative expenses; or

''(C) the development of a tribal master plan for community and economic development and infrastructure.''.

(b) TECHNICAL ASSISTANCE AND TRAINING.—Section 804 of the Native American Programs Act of 1974 (42 U.S.C. 2991c) is amended—

(1) in the matter preceding paragraph (1), by striking ''The Commissioner'' and inserting the following:

''(a) IN GENERAL.—The Commissioner''; and

(2) by adding at the end the following:

''(b) PRIORITY.—In providing assistance under subsection (a), the Commissioner shall give priority to any application described in section 803(b)(2).''.

(c) AUTHORIZATION OF APPROPRIATIONS.—Section 816 of the Native American Programs Act of 1974 (42 U.S.C. 2992d) is amended—

(1) by striking ''803(d)'' each place it appears and inserting ''803(e)''; and

(2) in subsection (a)—

(A) by striking ''such sums as may be necessary'' and inserting ''$34,000,000''; and

(B) by striking ''1999, 2000, 2001, and 2002'' and inserting ''2019 through 2023''.

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**SA 2225.** Mr. MCCONNELL (for Mr. LANKFORD) proposed an amendment to the bill S. 943, to direct the Secretary of the Interior to conduct an accurate comprehensive student count for the purposes of calculating formula allocations for programs under the Johnson-O'Malley Act, and for other purposes; as follows:

On page 27, strike lines 11 through 17.

On page 27, line 18, strike ''(2)'' and insert ''(1)''.

On page 28, line 7, strike ''(3)'' and insert ''(2)''.

On page 29, lines 5 and 6, strike ''and local educational agencies'' and insert '', local educational agencies, and Alaska Native organizations''.

On page 29, lines 8 through 10, strike ''Indian tribes and State educational agencies and local educational agencies'' and insert ''Indian tribes, State educational agencies, local educational agencies, and Alaska Native organizations''.

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**SA 2226.** Mr. MCCONNELL (for Mr. RISCH) proposed an amendment to the concurrent resolution H. Con. Res. 116, Official Title Not Available; as follows:

At the end add the following:

''On page 749, line 12, strike 'and' through line 14 'are' and insert 'is' ''

## AUTHORITY FOR COMMITTEES TO MEET

Mr. SASSE. Mr. President, I have 7 requests for committees to meet during today's session of the Senate. They have the approval of the Majority and Minority leaders.

Pursuant to rule XXVI, paragraph 5(a), of the Standing Rules of the Senate, the following committees are authorized to meet during today's session of the Senate:

COMMITTEE ON ARMED SERVICES

The Committee on Armed Services is authorized to meet during the session of the Senate on Thursday, March 22, 2018, at 10 a.m. to conduct a hearing.

COMMITTEE ON BANKING, HOUSING, AND URBAN AFFAIRS

The Committee on Banking, Housing, and Urban Affairs is authorized to meet during the session of the Senate on Thursday, March 22, 2018, at 10 a.m. to conduct a hearing entitled ''Oversight of HUD.''

COMMITTEE ON ENERGY AND NATURAL RESOURCES

The Committee on Energy and Natural Resources is authorized to meet during the session of the Senate on Thursday, March 22, 2018, at 10 a.m. to conduct a hearing on the following nominations: Theodore J. Garrish, of Maryland, to be an Assistant Secretary (International Affairs), and James Edward Campos, of Nevada, to be Director of the Office of Minority Economic Impact, both of the Department of Energy, and James Reilly, of Colorado, to be Director of the United States Geological Survey, Department of the Interior; to be immediately followed by a hearing to examine S. 2539, to amend the Energy and Water Development and Related Agencies Appropriations Act, 2015, to reauthorize certain projects to increase Colorado River System water, S. 2560, to authorize the Secretary of the Interior to establish a program to facilitate the transfer to non-Federal ownership of appropriate reclamation projects or facilities, and S. 2563, to improve the water supply and drought resilience of the United States.

COMMITTEE ON ENERGY AND NATURAL RESOURCES

The Committee on Energy and Natural Resources is authorized to meet during the session of the Senate on Thursday, March 22, 2018, at 10 a.m. to conduct a hearing entitled ''2018 Western Water Supply Outlook.''

COMMITTEE ON FINANCE

The Committee on Finance is authorized to meet during the session of the Senate on Thursday, March 22, 2018, at 10 a.m. to conduct a hearing entitled, ''The President's 2018 Trade Policy Agenda.''

COMMITTEE ON THE JUDICIARY

The Committee on the Judiciary is authorized to meet during the session of the Senate on Thursday, March 22, 2018, at 10 a.m. to conduct a hearing on the following nominations: John B. Nalbandian, of Kentucky, to be United States Circuit Judge for the Sixth Circuit, Kari A. Dooley, to be United States District Judge for the District of Connecticut, Dominic W. Lanza, to be United States District Judge for the District of Arizona, Jill Aiko Otake, to be United States District Judge for the District of Hawaii, and Thomas T. Cullen, to be United States Attorney for the Western District of Virginia, Robert K. Hur, to be United States Attorney for the District of Maryland, and David C. Joseph, to )e United States Attorney for the Western District of Louisiana, all of the Department of Justice.

SELECT COMMITTEE ON INTELLIGENCE

The Select Committee on Intelligence is authorized to meet during the session of the Senate on Thursday, March 22, 2018, at 2 p.m. to conduct a closed hearing.

## PRIVILEGES OF THE FLOOR

Mr. CASEY. Mr. President, I ask unanimous consent that Liz Weintraub of my staff be granted floor privileges for the duration of today's proceedings.

The PRESIDING OFFICER. Without objection, it is so ordered.

## AMBER ALERT IN INDIAN COUNTRY ACT OF 2017

Mr. MCCONNELL. Mr. President, I ask that the Chair lay before the Senate the message to accompany S. 772.

The Presiding Officer laid before the Senate the following message from the House of Representatives:

*Resolved*, That the bill from the Senate (S. 772) entitled ''An Act to amend the PROTECT Act to make Indian tribes eligible for AMBER Alert grants.'', do pass with an amendment.

Mr. MCCONNELL. I move to concur in the House amendment, and I ask unanimous consent that the motion be agreed to and the motion to reconsider be considered made and laid upon the table.

The PRESIDING OFFICER. Without objection, it is so ordered.

## PROVIDING FOR THE CONVEYANCE OF CERTAIN PROPERTY TO THE TANANA TRIBAL COUNCIL AND TO THE BRISTOL BAY AREA HEALTH CORPORATION

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the Senate proceed to the immediate consideration of Calendar No. 24, S. 269.

The PRESIDING OFFICER. The clerk will report the bill by title.