

117TH CONGRESS
2D SESSION

S. 4264

To amend title XIX of the Social Security Act to require States to develop a strategy to integrate and coordinate Medicaid and Medicare coverage for full-benefit dual eligible individuals.

IN THE SENATE OF THE UNITED STATES

MAY 19 (legislative day, MAY 17), 2022

Mr. SCOTT of South Carolina (for himself, Mr. CASEY, and Mr. CASSIDY) introduced the following bill; which was read twice and referred to the Committee on Finance

A BILL

To amend title XIX of the Social Security Act to require States to develop a strategy to integrate and coordinate Medicaid and Medicare coverage for full-benefit dual eligible individuals.

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

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Advancing Integration
5 in Medicare and Medicaid (AIM) Act”.

1 **SEC. 2. COVERAGE INTEGRATION AND COORDINATION**
 2 **STRATEGY FOR FULL-BENEFIT DUAL ELIGI-**
 3 **BLE INDIVIDUALS.**

4 (a) MEDICAID STATE PLAN REQUIREMENT.—Section
 5 1902 of the Social Security Act (42 U.S.C. 1396a) is
 6 amended—

7 (1) in subsection (a)—

8 (A) by striking “and” at the end of para-
 9 graph (86);

10 (B) by striking the period at the end of
 11 paragraph (87) and inserting “; and”; and

12 (C) by inserting after paragraph (87) the
 13 following new paragraph:

14 “(88) include a strategy for integrating and co-
 15 ordinating health benefits coverage under this title
 16 and title XVIII for full-benefit dual eligible individ-
 17 uals (as defined in section 1935(c)(6)) in accordance
 18 with the requirements of subsection (tt).”; and

19 (2) by adding at the end the following new sub-
 20 section:

21 “(tt) COVERAGE INTEGRATION AND COORDINATION
 22 STRATEGY FOR FULL-BENEFIT DUAL ELIGIBLE INDIVID-
 23 UALS.—For purposes of subsection (a)(88), the require-
 24 ments under this subsection are the following:

25 “(1) GENERAL REQUIREMENTS.—Not later
 26 than 2 years after the date of enactment of this sub-

1 section, the State shall develop, in consultation with
2 relevant stakeholders, and submit to the Secretary
3 for approval a strategy for integrating and coordi-
4 nating health benefits coverage for full-benefit dual
5 eligible individuals (as defined in section 1935(c)(6))
6 that includes detailed descriptions of the following
7 components:

8 “(A) The integration and coordination ap-
9 proaches selected by the State.

10 “(B) The eligibility requirements and bene-
11 fits available under such strategy.

12 “(C) The education and enrollment strat-
13 egy for participation by full-benefit dual eligible
14 individuals (as so defined).

15 “(D) Beneficiary protections intended to
16 preserve and strengthen beneficiary choice and
17 access to care.

18 “(E) The plan for collecting data analytics
19 and measuring the quality of care provided
20 under such strategy.

21 “(F) Structures to promote health equity.

22 “(G) The coordination and integration of
23 mental health benefits with other benefits and
24 services available under this title and title

1 XVIII for full-benefit dual eligible individuals
2 under such strategy.

3 “(H) Such other components as the Sec-
4 retary may require.

5 “(2) REGULAR REVIEWS AND UPDATES.—The
6 State regularly shall review and update the strategy
7 developed and approved under paragraph (1) in ac-
8 cordance with such timing and other requirements
9 as the Secretary shall specify.

10 “(3) RELEVANT STAKEHOLDERS.—For pur-
11 poses of paragraph (1), the term ‘relevant stake-
12 holders’ means each of the following:

13 “(A) Full-benefit dual eligible individuals
14 (as defined in section 1935(c)(6)) and their rep-
15 resentatives.

16 “(B) Health plans.

17 “(C) Health care providers, such as physi-
18 cians, hospitals, and nursing homes.

19 “(D) PACE providers.

20 “(E) Community-based organizations.

21 “(F) Beneficiary advocates.

22 “(G) Others as determined appropriate by
23 the Secretary or the State.”.

24 (b) EFFECTIVE DATE; IMPLEMENTATION.—

1 (1) IN GENERAL.—Except as provided in para-
2 graph (2), the amendments made by this section
3 shall take effect on the date of enactment of this
4 Act.

5 (2) DELAY IF STATE LEGISLATION NEEDED.—
6 In the case of a State plan for medical assistance
7 under title XIX of the Social Security Act which the
8 Secretary of Health and Human Services determines
9 requires State legislation (other than legislation ap-
10 propriating funds) in order for the plan to meet the
11 additional requirements imposed by the amendments
12 made by the section, the State plan shall not be re-
13 garded as failing to comply with the requirements of
14 such title solely on the basis of its failure to meet
15 these additional requirements before the first day of
16 the first calendar quarter beginning after the close
17 of the first regular session of the State legislature
18 that begins after the date of the enactment of this
19 Act. For purposes of the previous sentence, in the
20 case of a State that has a 2-year legislative session,
21 each year of such session shall be deemed to be a
22 separate regular session of the State legislature.

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