

## ADDITIONAL SPONSORS

Under clause 4 of rule XXII, sponsors were added to public bills and resolutions as follows:

H.R. 59: Mrs. WILSON.  
 H.R. 778: Mrs. CAPPS.  
 H.R. 779: Mrs. CAPPS.  
 H.R. 780: Mrs. CAPPS.  
 H.R. 857: Mr. BOSWELL.  
 H.R. 1711: Mr. ISTOOK.  
 H.R. 1816: Mr. FORBES.  
 H.R. 2001: Mr. SCARBOROUGH.  
 H.R. 2174: Mr. RANGEL.  
 H.R. 2397: Mr. BERRY, Mr. THORNBERRY, Mr. GOODLING, and Mr. HEFNER.  
 H.R. 2635: Mr. ADAM SMITH of Washington, Mr. HALL of Ohio, and Mr. BERMAN.  
 H.R. 2708: Mr. SMITH of Texas and Mr. NUSSLE.  
 H.R. 2882: Mr. SMITH of Texas.  
 H.R. 3333: Mr. OLVER.  
 H.R. 3435: Mr. ALLEN.  
 H.R. 3503: Mr. BLUMENAUER and Mr. PETRI.  
 H.R. 3511: Mr. OBERSTAR, Mr. WELDON of Florida, Mr. INGLIS of South Carolina, Mr. HULSHOF, Mrs. MINK of Hawaii, and Mr. STUPAK.  
 H.R. 3514: Mr. MASCARA.  
 H.R. 3622: Mr. ALLEN, Mr. DOYLE, Mr. ACKERMAN, and Ms. DEGETTE.  
 H.R. 3684: Mr. BACHUS.  
 H.R. 3794: Ms. MCCARTHY of Missouri, Mr. SANDLIN, Mr. MASCARA, and Mr. TIERNEY.  
 H.R. 3828: Mr. ALLEN, Ms. SLAUGHTER, Mr. THOMPSON, Mr. NORWOOD, Mrs. WILSON, Mr. STENHOLM, and Mr. CONDIT.  
 H.R. 4031: Mr. DAVIS of Illinois.  
 H.R. 4070: Mr. WEXLER.  
 H.R. 4175: Ms. KILPATRICK, Mr. WATT of North Carolina, and Ms. SLAUGHTER.  
 H.R. 4180: Mr. HINCHEY.  
 H.R. 4182: Mr. KANJORSKI and Mr. VISLOSKY.  
 H.R. 4203: Mr. PAYNE, Mrs. TAUSCHER, and Mr. BALDACCI.  
 H.R. 4214: Mr. OLVER and Mrs. CAPPS.  
 H.R. 4291: Mr. DEGGETTE, Mr. FROST, and Mrs. THURMAN.  
 H.R. 4403: Ms. DELAURO.  
 H.R. 4415: Mr. DAN SCHAEFER of Colorado.  
 H.R. 4448: Mr. FORD, Mr. HASTINGS of Florida, Mr. McNULTY, Ms. DELAURO, and Mr. GUTIERREZ.  
 H.R. 4449: Mr. MORAN of Kansas, Mr. MILLER of California, and Mr. SMITH of Oregon.  
 H.R. 4467: Mr. GEJDENSON.  
 H.R. 4476: Mr. DOYLE and Mr. RUSH.  
 H.R. 4513: Mr. BOEHLERT.  
 H.R. 4538: Mrs. CAPPS and Mr. HOLDEN.  
 H.R. 4567: Mr. BILIRAKIS, Mr. STUMP, Mrs. NORTHUP, and Mr. SUNUNU.  
 H.R. 4590: Ms. KAPTUR and Mr. FORBES.  
 H.R. 4621: Mr. BOSWELL.  
 H.R. 4634: Mr. PALLONE and Mr. MCGOVERN.  
 H.R. 4648: Mr. DELAHUNT and Mr. TIERNEY.  
 H.R. 4659: Mr. ENGEL.  
 H.R. 4674: Mr. OLVER.  
 H.R. 4684: Mr. ENGLISH of Pennsylvania.  
 H.R. 4692: Mr. SANDLIN.  
 H. Con. Res. 154: Mr. McDERMOTT.  
 H. Con. Res. 290: Mr. METCALF, Mr. MASCARA, Mr. BOYD, Mr. GEKAS, Mr. ADAM SMITH of Washington, Mr. MCINTOSH, Mr. BURTON of Indiana, Mr. BUYER, Mr. SHADEGG, and Mr. GIBBONS.  
 H. Con. Res. 213: Ms. KILPATRICK.  
 H. Con. Res. 328: Mr. KANJORSKI, Mr. SHIMKUS, Ms. CARSON, Mr. ACKERMAN, Mr. HOUGHTON, Mr. SANDERS, Mr. McNULTY, and Mr. PRICE of North Carolina.  
 H. Res. 359: Mr. MATSUI, Mr. NEAL of Massachusetts, Mr. WALSH, Mr. WOLF, Mr. SNYDER, and Mr. MEEKS of New York.  
 H. Res. 460: Mr. MASCARA.  
 H. Res. 479: Mr. TIERNEY.  
 H. Res. 561: Mr. GOODLING and Mr. UNDERWOOD.

## DELETIONS OF SPONSORS FROM PUBLIC BILLS AND RESOLUTIONS

Under clause 4 of rule XXII, sponsors were deleted from public bills and resolutions as follows:

H.R. 4567: Mr. ALLEN, Mr. STUPAK, and Mr. OBERSTAR.

## AMENDMENTS

Under clause 6 of rule XXIII, proposed amendments were submitted as follows:

H.R. 4567

OFFERED BY: MR. THOMAS

(Amendments in the Nature of a Substitute)

AMENDMENT NO. 1: Strike all after the enacting clause and insert the following:

**SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

(a) SHORT TITLE.—This Act may be cited as the “Medicare Home Health and Veterans Health Care Improvement Act of 1998”.

(b) TABLE OF CONTENTS.—The table of contents of this Act is as follows:

Sec. 1. Short title; table of contents.

**TITLE I—MEDICARE HOME HEALTH CARE INTERIM PAYMENT SYSTEM REFINEMENT**

Sec. 101. Increase in per beneficiary limits and per visit payment limits for payment for home health services.

**TITLE II—VETERANS MEDICARE ACCESS IMPROVEMENT**

Sec. 201. Improvement in veterans’ access to services.

**TITLE III—AUTHORIZATION OF ADDITIONAL EXCEPTIONS TO IMPOSITION OF PENALTIES FOR CERTAIN INDUCEMENTS**

Sec. 301. Authorization of additional exceptions to imposition of penalties for providing inducements to beneficiaries.

**TITLE IV—EXPANSION OF MEMBERSHIP OF THE MEDICARE PAYMENT ADVISORY COMMISSION**

Sec. 401. Expansion of membership of MedPAC to 17.

**TITLE V—REVENUE OFFSET**

Sec. 501. Revenue offset.

**TITLE I—MEDICARE HOME HEALTH CARE INTERIM PAYMENT SYSTEM REFINEMENT****SEC. 101. INCREASE IN PER BENEFICIARY LIMITS AND PER VISIT PAYMENT LIMITS FOR PAYMENT FOR HOME HEALTH SERVICES.**

(a) INCREASE IN PER BENEFICIARY LIMITS.—Section 1861(v)(1)(L) of the Social Security Act (42 U.S.C. 1395x(v)(1)(L)) is amended—

(1) in the first sentence of clause (v), by inserting “subject to clause (viii)(I),” before “the Secretary”;

(2) in clause (vi)(I), by inserting “subject to clauses (viii)(II) and (viii)(III)” after “fiscal year 1994”; and

(3) by adding at the end the following new clause:

“(viii)(I) In the case of a provider with a 12-month cost reporting period ending in fiscal year 1994, if the limit imposed under clause (v) (determined without regard to this subclause) for a cost reporting period beginning during or after fiscal year 1999 is less than the median described in clause (vi)(I) (but determined as if any reference in clause (v) to ‘98 percent’ were a reference to ‘100 percent’), the limit otherwise imposed under clause (v) for such provider and period shall be increased by ½ of such difference.

“(II) Subject to subclause (IV), for new providers and those providers without a 12-

month cost reporting period ending in fiscal year 1994, but for which the first cost reporting period begins before fiscal year 1999, for cost reporting periods beginning during or after fiscal year 1999, the per beneficiary limitation described in clause (vi)(I) shall be equal to 50 percent of the median described in such clause plus 50 percent of the sum of 75 percent of such median and 25 percent of 98 percent of the standardized regional average of such costs for the agency’s census division, described in clause (v)(I). However, in no case shall the limitation under this subclause be less than the median described in clause (vi)(I) (determined as if any reference in clause (v) to ‘98 percent’ were a reference to ‘100 percent’).

“(III) Subject to subclause (IV), in the case of a new home health agency for which the first cost reporting period begins during or after fiscal year 1999, the limitation applied under clause (vi)(I) (but only with respect to such provider) shall be equal to 75 percent of the median described in clause (vi)(I).

“(IV) In the case of a new provider or a provider without a 12-month cost reporting period ending in fiscal year 1994, subclause (II) shall apply, instead of subclause (III), to a home health agency which filed an application for home health agency provider status under this title before September 15, 1998, or which was approved as a branch of its parent agency before such date and becomes a subunit of the parent agency or a separate agency on or after such date.

“(V) Each of the amounts specified in subclauses (I) through (III) are such amounts as adjusted under clause (iii) to reflect variations in wages among different areas.”.

(b) REVISION OF PER VISIT LIMITS.—Section 1861(v)(1)(L)(i) of such Act (42 U.S.C. 1395x(v)(1)(L)(i)) is amended—

(1) in subclause (II), by striking “or”;

(2) in subclause (IV)—

(A) by inserting “and before October 1, 1998,” after “October 1, 1997,”; and

(B) by striking the period at the end and inserting “, or”;

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

“(V) October 1, 1998, 108 percent of such median.”.

(c) EXCLUSION OF ADDITIONAL PART B COSTS FROM DETERMINATION OF PART B MONTHLY PREMIUM.—Section 1839 of such Act (42 U.S.C. 1395r) is amended—

(1) in subsection (a)(3), by inserting “(except as provided in subsection (g))” after “year that”; and

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

“(g) In estimating the benefits and administrative costs which will be payable from the Federal Supplementary Medical Insurance Trust Fund for a year for purposes of determining the monthly premium rate under subsection (a)(3), the Secretary shall exclude an estimate of any benefits and administrative costs attributable to the application of section 1861(v)(1)(L)(viii) or to the establishment under section 1861(v)(1)(L)(i)(V) of a per visit limit at 108 percent of the median (instead of 105 percent of the median), but only to the extent payment for home health services under this title is not being made under section 1895 (relating to prospective payment for home health services).”.

(d) REPORTS ON SUMMARY OF RESEARCH CONDUCTED BY THE SECRETARY ON THE PROSPECTIVE PAYMENT SYSTEM.—By not later than January 1, 1999, the Secretary of Health and Human Services shall submit to Congress a report on the following matters:

(1) RESEARCH.—A description of any research paid for by the Secretary on the development of a prospective payment system for home health services furnished under the