At the request of Mr. DURBIN, the name of the Senator from Washington (Ms. CANTWELL) was added as a cosponsor of S. 1018, a bill to address security risks posed by global climate change and for other purposes.

At the request of Mr. BIDEN, the name of the Senator from Washington (Mrs. MURRAY) was added as a cosponsor of S. 1060, a bill to reauthorize the grant program for reentry of offenders into the community in the Omnibus Crime Control and Safe Streets Act of 1968, to improve reentry planning and implementation, and for other purposes.

At the request of Mr. BOND, the names of the Senator from Hawaii (Mr. INOUYE) and the Senator from Maine (Ms. COLLINS) were added as cosponsors of S. 1117, a bill to establish a grant program to provide vision care to children, and for other purposes.

At the request of Mrs. MURRAY, the name of the Senator from Maryland (Ms. MURRILL) was added as a cosponsor of S. 1147, a bill to amend title 38, United States Code, to terminate the administrative freeze on the enrollment into the health care system of the Department of Veterans Affairs of veterans in the lowest priority category for enrollment (referred to as “Priority 8”).

At the request of Mr. CARDIN, the name of the Senator from Nevada (Mr. REID) was added as a cosponsor of S. 1164, a bill to amend title XVIII of the Social Security Act to improve patient access to, and utilization of, the colorectal cancer screening benefit under the Medicare Program.

At the request of Mr. OBAMA, the name of the Senator from Massachusetts (Mr. KERRY) was added as a cosponsor of S. 1181, a bill to amend the Securities Exchange Act of 1934 to provide shareholders with an advisory vote on executive compensation.

At the request of Mr. DORGAN, the name of the Senator from Washington (Ms. McCaskill) was added as a cosponsor of S. 1200, a bill to amend the Indian Health Care Improvement Act to revise and extend the Act.

At the request of Mr. THOMAS, the name of the Senator from Mississippi (Mr. COCHRAN) was added as a cosponsor of S. 1200, supra.

At the request of Ms. MIKULSKI, the name of the Senator from Massachusetts (Mr. KENNEDY) was added as a cosponsor of S. 1212, a bill to amend title XVIII of the Social Security Act to permit patients enrolled under the Medicare program for clinical social worker services provided to residents of skilled nursing facilities.

At the request of Mr. LUGAR, the name of the Senator from Massachusetts (Mr. KERRY) was added as a cosponsor of S. 1213, a bill to give States the flexibility to reduce bureaucracy by streamlining enrollment processes for the Medicaid and State Children’s Health Insurance Programs through better linkages with programs providing nutrition and related assistance to low-income families.

At the request of Mr. ROCKEFELLER, the name of the Senator from Pennsylvania (Mr. CASEY) was added as a cosponsor of S. 1224, a bill to amend title XXI of the Social Security Act to reauthorize the State Children’s Health Insurance Program, and for other purposes.

At the request of Mrs. FEINSTEIN, the name of the Senator from California (Mrs. BOXER) was added as a cosponsor of S. Res. 125, a resolution designating May 18, 2007, as "Endangered Species Day", and encouraging the people of the United States to become educated about, and aware of, threats to species, success stories in species recovery, and the opportunity to promote species conservation worldwide.

At the request of Mr. ALEXANDER, the names of the Senator from Pennsylvania (Mr. SPECTER), the Senator from New Hampshire (Mr. GREGG) and the Senator from Idaho (Mr. CRAPO) were added as cosponsors of S. Res. 146, a resolution designating June 20, 2007, as "American Eagle Day", and celebrating the recovery and restoration of the American bald eagle, the national symbol of the United States.

At the request of Mr. ALLARD, the name of the Senator from Hawaii (Mr. INOUYE) was added as a cosponsor of S. Res. 154, a resolution demanding the return of the USS Pueblo to the United States Navy.

At the request of Mr. DODD, the name of the Senator from Delaware (Mr. BIDEN) was added as a cosponsor of S. Res. 155, a resolution expressing the sense of the Senate on efforts to control violence and strengthen the rule of law in Guatemala.

**STATMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS—APRIL 25, 2007**

By Mr. ROCKEFELLER (for himself, Ms. SNOWE, and Mr. KENNEDY):

S. 1224. A bill to amend title XXI of the Social Security Act to reauthorize the State Children’s Health Insurance Program, and for other purposes; to the Committee on Finance.

Mr. KENNEDY. Mr. President, when we enacted the Children’s Health Insurance Program a decade ago, we made a promise to low-income working families to assist them in obtaining health insurance coverage for their children, and we must continue to keep that promise. Today, with Senators ROCKEFELLER and SNOWE, I am pleased to introduce The Children’s Health Insurance Program Reauthorization Act of 2007.

CHIP has been a significant success, and has made a real difference in many children’s lives. Over the past decade, the percentage of uninsured children has dropped dramatically, even though more and more of their parents have been losing coverage because employers decide to reduce it or drop it entirely.

In its first year, the program enrolled nearly a million children, and enrollment has grown ever since. Average monthly enrollment is now 4 million, and over 6 million have been enrolled for at least part of the year.

What CHIP offers all states will make a difference in the lives of millions of children, but we also know that this is no time to rest on past success. We can and must do more to enroll the 6 million uninsured children who are eligible but not enrolled for CHIP and Medicaid and to expand coverage so that all children can obtain the health care they need.

The bill we are introducing today reauthorizes the program and it will ensure that states have enough funds to provide health care to all children who need this assistance. No parents should be faced with the impossible decision of whether they can afford to take their sick child to the doctor.

The bill establishes a strong, reliable financing structure for CHIP. It makes sure that states have enough funds to provide health care to all children who need this assistance. No parents should be faced with the impossible decision of whether they can afford to take their sick child to the doctor.

This bill adopts a variety of approaches to help states increase their enrollment. It strengthens CHIP by expanding the current program, improving its outreach, and making sure that all children have access to dental care and mental health services, so that good health care can be a reality for every child in America.

Quality health care for children isn’t just a good option or a nice idea. It’s not merely something we wish we could do. It’s something we have to do. It’s an obligation. We started earlier this year by pledging what is needed in the budget, but we also need a CHIP reauthorization that gives children the coverage we’ve promised them for the healthy future they deserve. The bill we’re introducing today does that.

There’s a reason the CHIP program has always enjoyed bipartisan support.
It's because all of us know how important it is that all children have the chance to get a healthy start in life. I look forward to working to make sure all children get the health care they need, and I urge my colleagues to support this bill.

Mr. ROCKEFELLER. Mr. President, this week is Cover the Uninsured Week. And, I cannot think of a more appropriate time to introduce the legislation that Senators OLYMPIA SNOWE, TED KENNEDY, and I introduced yesterday called the Children's Health Insurance Program (CHIP) Reauthorization Act of 2007 (S. 1224). There are more than 45 million uninsured people in our country today, and 9 million of them—20 percent—are children. This is an embarrassing statistic for the wealthiest country in the world, and it has catastrophic consequences for our children.

In 1964, when I first came to West Virginia as a WISTA volunteer in Emmons, I was shocked to learn that many of the schoolchildren there had never been to a dentist before. I made raising health care standards one of my first priorities in Emmons, and we ultimately got a bus to bring children to the Tiskelwah grade school dental care center. Now, more than 30 years later, there are still children in West Virginia and throughout the Nation without adequate dental care.

Several weeks ago, millions across the nation mourned the death of twelve year old Deamonte Driver, whose lack of dental care led to fatal brain infection. His death was a sad reminder of how our country continues to fail in its efforts to ensure access to vital medical care for our nation's youth. Yet, Deamonte was not the only child to succumb to the perils of inadequate health coverage. There are countless other children who have suffered the same fate. We must make universal health care for children a national priority and reauthorization of CHIP is the first step in that process.

When CHIP was established in 1997, nearly 10 million children were uninsured. Congress responded by making a landmark, bipartisan commitment to help states provide comprehensive health insurance coverage to millions of these children. As a result, 6 million children have access to medical benefits through CHIP that they would have been forced to do without. I am proud to have been a part of CHIP's creation, and I am especially proud of the progress this program has made in providing working families an affordable and dependable option for protecting the health and well-being of their children. A healthy start in life is a necessary component in preparing our children to lead healthy, happy and productive lives in the future.

Today, however, we find ourselves in a situation strikingly similar to the dilemma we faced in 1997—more than 9 million children are currently without health insurance in this country. In fact, in 2005, the number of uninsured children increased for the first time since CHIP was enacted. This means that, despite our best efforts, we have taken a step backwards in terms of covering children. We cannot allow this trend to continue. Instead, we must make covering children a top priority—just like we did in 1997.

The CHIP Reauthorization Act makes health insurance coverage for children a priority. Not only does this important legislation renew and strengthen initiatives that have served us well for a decade, but it also provides significant new Federal resources for states to reach the 6 million additional children who are currently eligible for Medicaid and CHIP, but unenrolled. With many states already achieving the goal of comprehensively covering all children, we need to take another step toward ensuring that all of America's children have comprehensive health care.

Our bill strengthens the underlying CHIP financing formula to provide states with a stable and reliable source of funding for their efforts to cover more uninsured children. It also combines a variety of approaches, including Express Lane eligibility, to help states enroll more uninsured kids who are currently eligible for CHIP or Medicaid. These innovative approaches will allow states to reach millions of additional children, particularly in rural parts of the country.

I am especially proud of our efforts to permit states to provide more meaningful coverage for children by including other vital benefits like dental care and mental health services. I have already talked about the importance of oral health for a child, but I'd also like to say something about children's mental health. I spend a lot of time with veterans, many who suffer from Post-traumatic Stress Disorder (PTSD), and I've seen first-hand how, when those veterans get home, their children often suffer as well. We also need to consider the mental health of our children more broadly. Children are living in very tough times. They face enormous amounts of mental pressure from a variety of sources. If the Virginia Tech tragedy taught us anything, it taught us that we need to hug our children everyday and that we need to get appropriate help for our children when they have mental health needs, no matter how small.

While I had hoped that we could require Early Periodic Screening Diagnostic and Treatment (EPSDT) services as part of this bill, I believe we were able to reach an appropriate compromise that will help us to achieve broad bipartisan support. I am still as committed as I ever have been to including EPSDT services in CHIP. However, Senators SNOWE, KENNEDY, and I wanted to craft a bill that could pass the Senate, and we believe we have achieved that objective.

A final component of our legislation that I would like to highlight are the important steps we take to develop child-focused quality measures that will directly improve the coverage provided to children enrolled in CHIP. We establish a new child health quality initiative to enhance data collection, identify best practices, develop a pediatric electronic medical record, and disseminate health quality information. We hope this new initiative will greatly improve the health outcomes of children.

In closing, I'd like for our country to get to the point where we never have to have another Cover the Uninsured Week again. Of course I greatly appreciate all the wonderful work the Robert Wood Johnson Foundation has done over the years to raise awareness about the uninsured problem. My hope is that we will eventually have universal coverage for all. Certainly, we can take the first step toward achieving that goal by providing health care coverage for all of our Nation's children.

With this reauthorization bill, Congress now has an opportunity to make profound positive changes in the lives of millions of American children and their families. I urge my colleagues to join us in support of the passage of the CHIP Reauthorization Act of 2007. I ask that the text of the bill be printed in the RECORD.
Sec. 207. Requiring responsible CHIP enrollment.

Sec. 205. Extension of authority for qualifying States to use CHIP allotments for certain Medicaid expenditures.

Sec. 206. State option to expand coverage of children under CHIP up to 300 percent of the poverty line.

Sec. 207. Requiring responsible CHIP enrollment.

Sec. 208. Effective date.

TITLE II—ENROLLING UNINSURED CHILDREN ELIGIBLE FOR CHIP AND MEDICAID

Sec. 301. “Express Lane” option for States to determine components of a child’s eligibility for Medicaid or CHIP.

Sec. 302. Information technology connections to simplify health coverage determinations.

Sec. 303. Enhanced administrative funding for translation of interpretations programs.

Sec. 304. Enhanced assistance with coverage costs for States with increasing or high coverage rates among children eligible for CHIP.

Sec. 305. Elimination of counting Medicaid child presumptive eligibility costs against title XXI allotment.

Sec. 306. State option to require certain individuals to present satisfactory documentary evidence of proof of citizenship or nationality for purposes of eligibility for Medicaid.

TITLE III—START HEALTHY, STAY HEALTHY

Sec. 401. State option to expand or add coverage of certain pregnant women under Medicaid and CHIP.

Sec. 402. Coordination with the maternal and child health program.

Sec. 403. Optional coverage of legal immigrants under Medicaid and CHIP.

Sec. 404. Improving benchmark coverage options.

Sec. 405. Requiring coverage of dental and vision health services.

Sec. 406. Clarification of requirement to provide EPSDT services for all children in benchmark benefit packages under Medicaid.

Sec. 407. Childhood obesity demonstration project.

TITLE V—IMPROVING ACCESS TO HEALTH SERVICES

Sec. 501. Promoting children’s access to covered health services.

Sec. 502. Institute of Medicine study and report on children’s access to health care.

TITLE VI—STRENGTHENING QUALITY OF CARE AND HEALTH OUTCOMES OF CHILDREN

Sec. 601. Strengthening child health quality improvement activities.

Sec. 602. Application of certain managed care quality safeguards to CHIP.

TITLE VII—OTHER IMPROVEMENTS

Sec. 701. Strengthening premium assistance programs.

Sec. 702. Permitting coverage of children of State employees.

Sec. 703. Improving data collection.

Sec. 704. Moratorium on application of PERM requirements related to eligibility reviews during period of independent study and report.

Sec. 705. Elimination of confusing program requirements.

TITLE VIII—EFFECTIVE DATE

Sec. 801. Effective date.

SEC. 2. FINDINGS.

Congress makes the following findings:

(A) CHIP and Medicaid serve as the critical health care safety net for 34,000,000 children over the course of a year, with 28,000,000 children enrolled in Medicaid and more than 6,000,000 children enrolled in CHIP.

(B) CHIP and Medicaid have accounted for a 1⁄3 decline in the rate of uninsured low-income children since 1997.

(C) During the recent economic downturn, and as the number of uninsured people has climbed to the highest number ever recorded in the United States, CHIP and Medicaid offset losses in employer-sponsored coverage that affected children and parents alike.

(D) While the number of children living in low-income families has increased between 2000 and 2005, the number of uninsured children fell due to Medicaid and CHIP.

(E) Children enrolled in CHIP or Medicaid are much more likely to have a usual source of care than uninsured children, and are much more likely than uninsured children to receive well-child care, see a doctor during the year, and get dental care. Studies have found that children enrolled in public insurance programs experienced significant improvement in measures of school performance.

(F) Since CHIP was created, coverage rates have increased significantly among children of all ethnic and racial groups.

(G) According to one Federal evaluation of CHIP, uninsured children who gained coverage through the program received more preventive care, and their parents reported better access to health care and improved communications with their children’s doctors.

(2) Even with the success of CHIP and Medicaid, more needs to be done to improve the health status of our nation’s children.

(A) There are currently 9,000,000 uninsured children under age 19, accounting for nearly 20 percent of our Nation’s uninsured.

(B) Approximately 7 out of every 10 uninsured children are eligible for CHIP or Medicaid.

(C) The cost of unmet health needs among children extends beyond measurable health system costs. For example, problems that could be prevented, managed, or treated with regular access to care can become more serious, resulting in lower school attendance and increased health care costs.

(D) Reducing the number of uninsured children in our country is an essential first step to improve health status. CHIP reauthorization presents an opportunity to secure health care coverage for more children who are eligible for CHIP or Medicaid but not yet enrolled.

(3) We must maintain coverage for the children currently enrolled in CHIP.

(A) When CHIP was enacted in 1997, Congress allocated $40,000,000,000 for the 10-year authorization.

(B) At current funding levels, nearly 2,000,000 children at risk of losing their CHIP coverage over the next 5 years because the current CHIP financing structure is inadequate and States are facing CHIP funding shortfalls.

(C) We must eliminate Federal funding shortfalls by providing States with significant new Federal resources for children’s health care.

(D) CHIP reauthorization offers an opportunity to increase CHIP funding and to provide stable, predictable Federal funding so that States not only have the ability to maintain their current caseloads but also to expand coverage to currently unenrolled children.

(4) We must reach the uninsured children who are already eligible for CHIP or Medicaid but unenrolled.

(A) More than 6,000,000 uninsured children are eligible for CHIP or Medicaid at any point during the year.

(B) In some States, it is estimated that up to 50 percent of children covered through CHIP do not remain in the program due to reenrollment barriers.

(C) Difficult renewal policies and reenrollment barriers make seamless coverage in CHIP unattainable. Studies indicate that as many as 67 percent of children who were eligible but not enrolled in CHIP or Medicaid had applied for coverage but were denied eligibility due to procedural issues.

(D) States have tools at their disposal to streamline enrollment procedures, but further Federal changes would help States reach more children.

(E) Insuring parents is an effective way to increase children’s participation in public programs and to increase children’s access to health care services.

(F) To reduce the number of uninsured children, improve our children’s health, and reduce health disparities, the reauthorization of CHIP should provide States with the tools and resources necessary to identify, enroll, and maintain coverage for children who are eligible for CHIP or Medicaid.

(5) We must support and encourage States that are leading the way with initiatives to cover more children.

(A) States in every region of the country are seeking to move forward in covering more children, either by reaching already eligible children or further expanding eligibility.

(B) The Federal government should serve as a partner in these efforts by providing sufficient funding to solidify and strengthen this momentum.

(6) We must promote high-quality health care that promotes children’s healthy development.

(A) Children and adolescents deserve better quality care than what they currently receive.

(B) Most States report using some kind of measure to evaluate and improve the quality of care children receive through their CHIP and Medicaid programs. However, State efforts are often hampered by budget constraints, limitations on information technology systems, and a need for improved measurement tools and performance measurement standards.

(C) As we improve access to health coverage as part of CHIP reauthorization, Congress also has an opportunity to enhance quality through improving and standardizing data collection efforts.

(7) We must support policies that strengthen and expand health insurance coverage.

(A) There are more than 46,000,000 uninsured Americans today.

(B) No one who is currently covered should lose coverage because of changes to CHIP or Medicaid as part of the reauthorization of CHIP.
(C) Coverage of parents through family coverage waivers furthers the objectives of CHIP in that it promotes children’s enrollment, positively impacts children’s utilization of services, and improves family well-being.

(D) Coverage of parents through family coverage waivers is also consistent with long-standing CHIP policy—the explicit authorization in the CHIP statute for the Secretary to grant waivers that are consistent with the objectives of CHIP, the parent waiver guidance for CHIP issued by the Secretary, and the flexibility broadly accorded states through CHIP.

(E) Parent coverage waivers have been granted to expand CHIP coverage in 31 states to cover children in low-income families. The character of state child and parent coverage requirements can be maintained, as many states provide flexibility to cover low-income families.

TITe I—MAKING CHILDREN'S HEALTH COVERAGE A NATIONAL PRIORITY

SEC. 101. PROVIDING NECESSARY FUNDS FOR CHIP.

Section 210(a) (42 U.S.C. 1397dd(a)) is amended—

(1) in paragraph (9), by striking “and” at the end of the paragraph; and

(2) in paragraph (10), by striking the period at the end and inserting a semicolon; and

(3) by adding at the end the following new paragraphs—

“(1) for fiscal year 2008, $8,525,000,000;”;

“(2) for fiscal year 2009, $10,075,000,000;”;

“(3) for fiscal year 2010, $11,250,000,000;”;

“(4) for fiscal year 2011, $13,150,000,000;”;

“(5) for fiscal year 2012, $15,400,000,000; and

“(6) for fiscal year 2013 and each fiscal year thereafter, the total allotment amount appropriated under this subsection for the preceding fiscal year, multiplied by the adjustment determined for such fiscal year under subsection (1)(2)(C).”;

SEC. 102. IMPROVING CHIP FINANCING.

(a) IN GENERAL.—Section 2104 (42 U.S.C. 1397ddf) is amended by adding at the end the following new subsection:

“(i) FISCAL YEAR 2008.—For fiscal year 2008, the higher of:

“(I) the total Federal payments to the State for this fiscal year, as reported and determined under subparagraph (C) for such fiscal year;

“(II) the amount allotted to the State for fiscal year 2008, as determined under subparagraph (C) for such fiscal year; and

“(III) the amount of the State’s coverage factor determined under subparagraph (C) for fiscal year 2008, as determined by the Secretary based on the most recent data from the Bureau of the Census available prior to the beginning of such fiscal year.

“(ii) FISCAL YEAR 2009.—For fiscal year 2009, the amount determined under clause (i), multiplied by the annual adjustment determined under subparagraph (C) for such fiscal year.

“(iii) FISCAL YEAR 2010 AND EACH SECOND SUCCEEDING FISCAL YEAR: PROVIDING FOR REBASED ADJUSTMENT.—Subject to subparagraphs (B) and (D), for fiscal year 2010 and each second succeeding fiscal year, the total Federal payments to the State under this title for the previous fiscal year attributable to any allotments available to the State in such fiscal year under paragraph (1) and subsection (b) multiplied by the annual adjustment determined under subparagraph (C) for that fiscal year.

“(iv) FISCAL YEAR 2011 AND EACH SECOND SUCCEEDING FISCAL YEAR.—For fiscal year 2011 and each second succeeding fiscal year, the amount under clause (i) multiplied by the annual adjustment determined under subparagraph (C) for such fiscal year.

“(v) LIMITATION AND MINIMUMS.—

“(1) IN GENERAL.—Subject to clause (ii), if the total of the amounts determined under subparagraph (A) for all States exceed in any fiscal year the total allotment amount under sub-subsection (a) for a fiscal year beginning with fiscal year 2008, the Secretary shall decrease the total amount under clause (i) by the amount of any additional spending attributable to any funds made available after the application of subsections (c)(5) and (j)(2)(C) and subparagraphs (A) and (B), if any, multiplied by the following:

“(1) the total Federal payments to the State for such fiscal year, as reported and determined under subparagraph (C) for such fiscal year;

“(2) the State’s total Federal payments for fiscal year 2008, as determined by the Secretary based on the most recent data from the Bureau of the Census available prior to the beginning of such fiscal year.

“(2) IN GENERAL.—For purposes of subparagraph (A)(ii), the uninsured children factor for a State is equal to the sum of the uninsured children for the State under such section (B); to

“(II) the sum of the uninsured children adjustments for all States determined under subparagraph (B); and

“(III) the sum of any funds made available under such section (B), less than the lesser of

“(I) the State’s total Federal payments attributable to any allotments available to the State in the prior fiscal year under sub-subsection (a) and (B), multiplied by the annual adjustment determined under subparagraph (C) for such fiscal year; and

“(II) the total Federal payments to the State for such fiscal year, as determined by the Secretary based on the most recent data from the Bureau of the Census available prior to the beginning of such fiscal year.

“(B) LIMITATION AND MINIMUMS.—

“(1) IN GENERAL.—Subject to clause (ii), if the total of the amounts determined under subparagraph (A) for all States exceeds in any fiscal year the total allotment amount under sub-subsection (a) for a fiscal year beginning with fiscal year 2008, the Secretary shall decrease the total amount under clause (i) by the amount of any additional spending attributable to any funds made available after the application of subsections (c)(5) and (j)(2)(C) and subparagraphs (A) and (B), if any, multiplied by the following:

“(1) the total Federal payments to the State for such fiscal year, as reported and determined under subparagraph (C) for such fiscal year;

“(2) the State’s total Federal payments for fiscal year 2008, as determined by the Secretary based on the most recent data from the Bureau of the Census available prior to the beginning of such fiscal year.

“(2) IN GENERAL.—For purposes of subparagraph (A)(ii), the uninsured children factor for a State is equal to the sum of the uninsured children for the State under such section (B); to

“(II) the sum of the uninsured children adjustments for all States determined under subparagraph (B); and

“(III) the sum of any funds made available under such section (B), less than the lesser of

“(I) the State’s total Federal payments attributable to any allotments available to the State in the prior fiscal year under sub-subsection (a) and (B), multiplied by the annual adjustment determined under subparagraph (C) for such fiscal year; and

“(II) the total Federal payments to the State for such fiscal year, as determined by the Secretary based on the most recent data from the Bureau of the Census available prior to the beginning of such fiscal year.

“(B) LIMITATION AND MINIMUMS.—

“(1) IN GENERAL.—Subject to clause (ii), if the total of the amounts determined under subparagraph (A) for all States exceeds in any fiscal year the total allotment amount under sub-subsection (a) for a fiscal year beginning with fiscal year 2008, the Secretary shall decrease the total amount under clause (i) by the amount of any additional spending attributable to any funds made available after the application of subsections (c)(5) and (j)(2)(C) and subparagraphs (A) and (B), if any, multiplied by the following:

“(1) the total Federal payments to the State for such fiscal year, as reported and determined under subparagraph (C) for such fiscal year;

“(2) the State’s total Federal payments for fiscal year 2008, as determined by the Secretary based on the most recent data from the Bureau of the Census available prior to the beginning of such fiscal year.

“(2) IN GENERAL.—For purposes of subparagraph (A)(ii), the uninsured children factor for a State is equal to the sum of the uninsured children for the State under such section (B); to

“(II) the sum of the uninsured children adjustments for all States determined under subparagraph (B); and

“(III) the sum of any funds made available under such section (B), less than the lesser of

“(I) the State’s total Federal payments attributable to any allotments available to the State in the prior fiscal year under sub-subsection (a) and (B), multiplied by the annual adjustment determined under subparagraph (C) for such fiscal year; and

“(II) the total Federal payments to the State for such fiscal year, as determined by the Secretary based on the most recent data from the Bureau of the Census available prior to the beginning of such fiscal year.

“(C) LIMITATION AND MINIMUMS.—

“(1) IN GENERAL.—Subject to clause (ii), if the total of the amounts determined under subparagraph (A) for all States exceeds in any fiscal year the total allotment amount under sub-subsection (a) for a fiscal year beginning with fiscal year 2008, the Secretary shall decrease the total amount under clause (i) by the amount of any additional spending attributable to any funds made available after the application of subsections (c)(5) and (j)(2)(C) and subparagraphs (A) and (B), if any, multiplied by the following:

“(1) the total Federal payments to the State for such fiscal year, as reported and determined under subparagraph (C) for such fiscal year;

“(2) the State’s total Federal payments for fiscal year 2008, as determined by the Secretary based on the most recent data from the Bureau of the Census available prior to the beginning of such fiscal year.

“(2) IN GENERAL.—For purposes of subparagraph (A)(ii), the uninsured children factor for a State is equal to the sum of the uninsured children for the State under such section (B); to

“(II) the sum of the uninsured children adjustments for all States determined under subparagraph (B); and

“(III) the sum of any funds made available under such section (B), less than the lesser of

“(I) the State’s total Federal payments attributable to any allotments available to the State in the prior fiscal year under sub-subsection (a) and (B), multiplied by the annual adjustment determined under subparagraph (C) for such fiscal year; and

“(II) the total Federal payments to the State for such fiscal year, as determined by the Secretary based on the most recent data from the Bureau of the Census available prior to the beginning of such fiscal year.

“(D) LIMITATION AND MINIMUMS.—

“(1) IN GENERAL.—Subject to clause (ii), if the total of the amounts determined under subparagraph (A) for all States exceeds in any fiscal year the total allotment amount under sub-subsection (a) for a fiscal year beginning with fiscal year 2008, the Secretary shall decrease the total amount under clause (i) by the amount of any additional spending attributable to any funds made available after the application of subsections (c)(5) and (j)(2)(C) and subparagraphs (A) and (B), if any, multiplied by the following:

“(1) the total Federal payments to the State for such fiscal year, as reported and determined under subparagraph (C) for such fiscal year;

“(2) the State’s total Federal payments for fiscal year 2008, as determined by the Secretary based on the most recent data from the Bureau of the Census available prior to the beginning of such fiscal year.

“(2) IN GENERAL.—For purposes of subparagraph (A)(ii), the uninsured children factor for a State is equal to the sum of the uninsured children for the State under such section (B); to

“(II) the sum of the uninsured children adjustments for all States determined under subparagraph (B); and

“(III) the sum of any funds made available under such section (B), less than the lesser of

“(I) the State’s total Federal payments attributable to any allotments available to the State in the prior fiscal year under sub-subsection (a) and (B), multiplied by the annual adjustment determined under subparagraph (C) for such fiscal year; and

“(II) the total Federal payments to the State for such fiscal year, as determined by the Secretary based on the most recent data from the Bureau of the Census available prior to the beginning of such fiscal year.
‘‘(11) Geographic variation in health care costs.—The adjustment for geographic variation in health care costs, as determined under subsection (b)(3).

‘‘(4) PROVISION.—In computing the amounts under paragraphs (2) and (3) and subsection (c)(5) that determine the allotments to States for each fiscal year, the Secretary shall use the most recent expenditure data for the prior year available to the Secretary before the start of each fiscal year. The Secretary may adjust such amounts and allotments necessary, on the basis of the expenditure data for the prior year reported by States on CMS Form 64 or CMS Form 21 not later than November 30 of each fiscal year but in no case shall the Secretary adjust the allotments provided under this subsection or subsection (c)(5) for a fiscal year after December 31 of such year.

‘‘(5) STATE DEFINED.—In this subsection, the term ‘State’ means one of the 50 States or the District of Columbia.’’

SEC. 202. 2-YEAR INITIAL AVAILABILITY OF CHIP ALLOTMENTS FOR ALL STATES AND TERRITORIES.

Section 2106(e) (42 U.S.C. 1397dd(e)) is amended—

(1) in subsection (a), by striking ‘‘subsection (d)’’ and inserting ‘‘subsections (d), (h), and (i)’’;

(2) in subsection (b)—

(A) in paragraph (1), by striking ‘‘subsection (d)’’ and inserting ‘‘subsections (d), (h), and (i)’’;

(B) in paragraph (3)(A), by inserting ‘‘and inserting ‘‘subsections (d), (h), and (i)’’ after ‘‘paragraph (1)(A)’’;

(C) in subsection (c)(1), by striking ‘‘subsection (d)’’ and inserting ‘‘subsections (d), (h), and (i)’’;

SEC. 203. ESTABLISHMENT OF TIMELY AND RESPONSIVE REDISTRIBUTION PROCESS.

(a) In general.—Section 2104 (42 U.S.C. 1397dd) is amended—

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

‘‘(j) TIMELY AND RESPONSIVE REDISTRIBUTIONS BEGINNING WITH FISCAL YEAR 2008.—

‘‘(1) REALLOCATION TO STATES FACING FEDERAL FUNDING SHORTFALLS.—

‘‘(A) IN GENERAL.—Notwithstanding subsection (f), in each fiscal year quarter of fiscal year 2008 and each subsequent fiscal year, the Secretary shall reallocate to a shortfall State described in subparagraph (D) from the funds available under paragraph (2) an amount equal to the projected amount of the shortfall for the fiscal year. The Secretary shall only make such a reallocation under this paragraph to the extent that there are amounts available under paragraph (2).

‘‘(B) PROJECTION RULE.—If the amounts available under paragraph (2) for any fiscal year quarter for reallocation under subparagraph (A) are less than the total shortfall amount determined under subparagraph (A), the reallocated amount to each shortfall State shall be reduced proportionally.

‘‘(2) AVAILABILITY OF REALLOCATED FUNDS.—Any funds made available to a shortfall State described in subparagraph (D) shall remain available to such State through the end of the fiscal year in which such funds are reallocated.

‘‘(3) SHORTFALL STATE DEFINED.—For purposes of this section, a ‘‘shortfall State’’ is a State (as defined in subsection (i)(5)) that has a State child health plan approved under this title (or waiver of such title approved by the Secretary) for which the Secretary estimates on a quarterly basis using the most recent data available to the Secretary as of such quarter, that the projected expenditures for such quarter (or waiver) for the State for the fiscal year will exceed the sum of—

‘‘(i) the amount of the allotments provided under subsection (b) or (i) in fiscal years preceding such fiscal year that remain available to the State;

‘‘(ii) the amount of the allotment under subsection (i) for such fiscal year to the State; and

‘‘(iii) the amount of any reallocated funds made available under subparagraph (A) in previous quarters of such fiscal year to the State.

‘‘(2) LIMITS ON WITHHOLDING FROM TOTAL ALLOTMENTS FOR CERTAIN MEDICAID EX-FEDERAL FUNDING SHORTFALLS.—Notwithstanding subsection (f), the Secretary shall determine an appropriate procedure for reallocating the total amount of Federal funding to each shortfall State because the total amount available under subsection (i) for such fiscal year shall remain available for reallocation until the limitation on expenditures under paragraph (1)(A) is met.

‘‘(B) PROJECTION RULE.—If the amounts available under paragraph (2) for any fiscal year exceed 5 percent of the total amount available under subsection (i) for such fiscal year, the total amount available for reallocation exceeds the total of all reallocated amounts under paragraph (1)(A) shall remain available for reallocation until the limitation on expenditures under paragraph (1)(A) is met.

‘‘(4) LIMITS ON WITHHOLDING FROM TOTAL ALLOTMENTS FOR PURPOSES OF REALLOCATION.—If the Secretary determines that the total amount available for reallocation under paragraph (2) for a fiscal year exceeds 10 percent of the total amount available under subsection (a) for that fiscal year, the Secretary shall reduce the total amount available for reallocation under paragraph (2) accordingly so that the total amount available for reallocation under paragraph (2) for the fiscal year does not exceed 10 percent of the total amount available under subsection (a) for such fiscal year.

‘‘(5) ANNUAL REALLOCATIONS FOR TERRITORIES BEGINNING WITH FISCAL YEAR 2008.—Of the total amount available for reallocation under paragraph (2) for a fiscal year beginning with fiscal year 2008 and remaining available after the application of subsection (j), the Secretary shall allot to each of the Commonwealths and territories described in paragraph (3) the following:

‘‘(A) FISCAL YEAR 2008.—For fiscal year 2008, the Secretary shall allot to each of the Commonwealths and territories under this title for any fiscal year occurring during the period of fiscal years 1998 through 2007, multiplied by the annual adjustment determined under subsection (i)(2)(C) for the fiscal year.

‘‘(B) FISCAL YEAR 2009 AND SUCCEEDING FISCAL YEARS.—For fiscal year 2009 and succeeding fiscal years, the amount determined under clause (i), multiplied by the annual adjustment determined under subsection (i)(2)(C) for the fiscal year.

‘‘(6) REDISTRIBUTIONS FOR TERRITORIES FACING FEDERAL FUNDING SHORTFALLS.—Notwithstanding subsection (f), the Secretary shall determine an appropriate procedure for reallocating the total amount of Federal funding to each commonwealth or territory described in paragraph (3) that would, with respect to each fiscal year quarter of fiscal year 2008 through fiscal year 2013, be reduced under paragraph (j)(1)(D) if such subsection applied to such commonwealth or territory, from the funds available under subsection (i) for such fiscal year, the same proportion as the proportion of the commonwealth’s or territory’s allotment under paragraph (2) to such percentage (not to exceed 1.65 percent) as the Secretary determines appropriate of such funds.’’.

(b) REMOVAL OF FEDERAL MATCHING PAYMENTS FOR DATA REPORTING FROM THE OVERALL LIMIT ON PAYMENTS TO TERRITORIES UNDER TITLE XIX.—Section 1108(g) (42 U.S.C. 1396b(g)) is amended by adding at the end the following new paragraph:

‘‘(4) EXCLUSION OF CERTAIN EXPENDITURES FROM PAYMENT LIMITS.—With respect to fiscal year 2008 and each fiscal year thereafter, the reduction in the Federal matching payments for data reporting from the overall limit on payments to territories under Title XIX shall be determined without regard to such payment.’’.

(c) GAO STUDY AND REPORT.—Not later than September 30, 2009, the Comptroller General of the United States shall submit a report to Congress regarding Federal funding under Medicaid and the State Children’s Health Insurance Program for Puerto Rico, the United States Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands. The report shall include the following:

(1) An analysis of all relevant factors with respect to—

(A) eligible Medicaid and CHIP populations in such commonwealths and territories;

(B) historical and projected spending needs of such commonwealths and territories and the ability of capped funding streams to respond to those spending needs;

(C) the extent to which Federal poverty guidelines are used by such commonwealths and territories to determine Medicaid and CHIP eligibility; and

(D) the extent to which such commonwealths and territories participate in data collection and reporting related to Medicaid and CHIP, including an analysis of territory participation in the Current Population Survey versus the American Community Survey.

(2) Recommendations for improving Federal funding under Medicaid and the State Children’s Health Insurance Program for such commonwealths and territories.

SEC. 205. EXTENSION OF AUTHORITY FOR QUALIFYING STATES TO USE CHIP ALLOTMENTS FOR CERTAIN MEDICAID EXPENDITURES.

Section 2105(g)(1)(A) (42 U.S.C. 1397ee(g)(1)(A)), as amended by section 211(b) of the National Health Insurance Reform Act of 2006 (Public Law 109-482) is amended by striking ‘‘not more than 20 percent of any

Section 210(b)(1)(B) (42 U.S.C. 1397jj(b)(1)(B)) is amended—

(i) in clause (i), by striking ‘‘or’’ at the end and inserting a semicolon;

(ii) in clause (ii), by striking ‘‘and’’ at the end and inserting ‘‘or’’; and

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

‘‘(iii) a child—’

(A) whose family income exceeds 300 percent of the poverty line but does not exceed 500 percent of the poverty line and considering applicable income disregards applied under the State child health plan on the date of enactment of this clause; and

(B) whose family income exceeds 300 percent of the poverty line but does not exceed 50 percentage points above the effective income level (expressed as a percent of the poverty line and considering applicable income disregards) applied under the State child health plan on the date of enactment of this clause; and

(ii) by adding at the end the following new paragraph:

‘‘(ii) UNINSURED RATE FOR LOW-INCOME CHILDREN IS BELOW THE NATIONAL AVERAGE.—With respect to each fiscal year in which the expansion amendment is in effect, the percentage of children without adequate health coverage who are uninsured is below the national average percentage of such children, for the most recent year for which such data are available determined by the Secretary on the basis of the 2 most recent Annual Social and Economic Supplements of the Current Population Survey of the Bureau of the Census.

(iii) OPEN ENROLLMENT: MAINTENANCE OF ELIGIBILITY STANDARDS.—The State does not impose any numerical limitation, waiting list, or similar limitation on eligibility for targeted low-income children described in section 2110(b)(1)(B)(ii) under the State child health plan, or to make more restrictive the eligibility criteria for such children, while the expansion amendment is in effect.

(iv) IMPLEMENTATION OF SIMPLIFIED OUTREACH AND ENROLLMENT PROCEDURES.—The State submits to the expansion amendment that has implemented procedures to effectively enroll and retain children eligible for medical assistance under title XIX and children eligible for medical assistance under this title by adopting and effectively implementing with respect to such children at least 3 of the following policies and procedures described in this title:

(A) JOINT APPLICATION AND RENEWAL PROCESS THAT PERMITS APPLICATION OTHER THAN IN PERSON.—The application and renewal process for both medical assistance and information verification process is the same for purposes of establishing and renewing eligibility for children for medical assistance under title XIX and child health assistance under this title, and such process does not require an application to be made in person or a face-to-face interview.

(B) NO ASSETS TEST.—The State does not apply any assets test for eligibility under title XIX and this title with respect to children.

(C) 12-MONTHS CONTINUOUS ELIGIBILITY.—The State has elected the option of continuous eligibility for a full 12 months for children described in subparagraph (A) of section 2106(c) under title XIX, and applies such option under this title.

(D) PREASSUMED ELIGIBILITY FOR CHILDREN WHOSE FAMILY INCOME EXCEEDS 300 PERCENT OF THE POVERTY LINE.—The State has adopted and effectively implemented procedures to effectively enroll and redetermine or renew eligibility for children whose family income exceeds the highest income eligibility level permitted under section 2110(b)(1)(B)(iii) (in this clause referred to as an ‘‘expansion waiver’’) under section 2110(b)(1)(B)(ii) (in this paragraph referred to as a ‘‘normal waiver’’) and determines that the conditions described in each of subparagraphs (I) through (IV) of section 2106(b)(3)(B)(iii) are met (and determines on an ongoing basis, that such conditions continue to be met while the expansion waiver is in effect).’’.

(v) TITLE III—ENROLLING UNINSURED CHILDREN ELIGIBLE FOR CHIP AND MEDICAID

SEC. 208. ‘‘EXPRESS LANE’’ OPTION FOR STATES TO DETERMINE COMPONENTS OF A CHILD’S ELIGIBILITY FOR MEDICAID AND CHAMPUS.

(a) MEDICAID.—Section 1902(e) (42 U.S.C. 1396a(e)) is amended by adding at the end the following new paragraph:

‘‘(19)(A) In the absence of the State, notwithstanding any other provision of law, including subsections (a)(46)(B) and sections 1137(d) and 1903(x), the State may on a determination made within a reasonable period (as determined by the State) by an Express Lane agency (as defined in subparagraph (F)(i)) to determine whether an individual or family may be determined to be eligible for medical assistance under this title (including under a waiver of the requirements of this title),

(ii) the option under clause (i) shall apply to redeterminations or renewals of eligibility for medical assistance, as well as to initial applications for such assistance;

(iii) the option under clause (i) shall apply to a child who is under an age specified by the State (not to exceed 21 years of age) and, at State option, may also apply to an individual who is not a child.

(B) Nothing in this paragraph shall be construed to relieve a State of the obligation under section 2115(a) for medical assistance assistance under this title if such individual (or, in the case of an individual under age 19 or if the State elects the
option under subparagraph (A), age 20 or 21) who is not authorized to consent to medical care, the individual’s parent, guardian, or other caretaker relative) has acknowledged notice of such determination and has consented to being enrolled in the State plan under this title. The State (at its option) may waive any otherwise applicable requirements for signatures by or on behalf of an individual who has so consented.

“(ii) In the case of an individual enrolled pursuant to clause (i), the State shall inform the individual (or, in the case of an individual the individual’s parent, guardian, or other caretaker relative) about the significance of such enrollment, including appropriate methods to access covered services.

“(F) In this paragraph, the term ‘Express Lane agency’ means a Federal or State agency, or a public or private entity making such determination on behalf of such agency, specified by the plan, including an agency administering the State program funded under part A of title IV, the State child health plan under title XXI, the Food Stamp Act of 1977, the Richard B. Russell National School Lunch Act, or the Child Nutrition Act of 1966, including any differences in budget unit, disregard, deeming, or other methodologies, but only if—

“(i) the agency or entity has fiscal liabilities or responsibilities affected by such determination;

“(ii) the agency or entity notifies the child’s family;

“(iii) the information which shall be disclosed in accordance with this paragraph;

“(D) that the information disclosed will be used solely for purposes of determining eligibility, determinations made by an agency other than the State Medicaid agency.

(b) SIGNATURE REQUIREMENTS.—Section 1905 (42 U.S.C. 1396d) is amended by redesignating section 1905(a)(3) as section 1905(a)(4) and inserting after “State” the following new subparagraph:

“(B) by inserting after section 1938 the following new section:

“‘SEC. 304. ENHANCED ASSISTANCE WITH COVERAGE COSTS FOR STATES WITH INCREASING COVERAGE RATES AMONG CHILDREN.’

Section 1905 (42 U.S.C. 1396d(a)(2)) is amended by adding at the end the following new subparagraph:

“(E) an amount equal to 75 percent of so much of the sums expended during such quarter (as found necessary by the Secretary for the proper and efficient administration of the State plan) as are attributable to translation or interpretation services in connection with the enrollment and use of services under this title by individuals for whom English is not their primary language; plus’’.

(c) CRIMINAL PENALTY.—A person described in the subsection (a) who publishes, disseminates, discloses, or makes known in any manner, or to any extent not authorized by Federal law, any information obtained under this section shall be fined not more than $1,000 or imprisoned not more than 1 year, or both, for each such unauthorized activity.

“(D) RULE OF CONSTRUCTION.—The limitations requirements contained in this section shall not be construed to prohibit the conveyance or disclosure of data or information otherwise permitted under Federal law (without regard to this section).’’.

(2) CONFORMING AMENDMENT TO TITLE XXI.—Section 2107(e)(1) (42 U.S.C. 1396g(e)(1)), as amended by section 301(b), is amended by adding at the end the following new subparagraph:

“(F) Section 1939 (relating to authorization to receive data potentially pertinent to eligibility determinations).’’.

(3) CONFORMING AMENDMENT TO ASSURE ACCESS TO NATIONAL NEW HIRES DATABASE.—Section 453(i) (42 U.S.C. 1396m(i)) is amended by striking “and programs funded under part A” and inserting “, programs funded under part A and State plans approved under title XIX or XXI’’.

(4) CONFORMING AMENDMENT TO PROVIDE CHIP PROGRAMS WITH ACCESS TO NATIONAL INCOME DATA.—Section 6103(b)(7)(D)(ii) of the Internal Revenue Code of 1986 is amended by inserting “or title XXIX” after “title XIX”.

(5) CONFORMING AMENDMENT TO PROVIDE ACCESS TO DATA ABOUT ENROLLMENT IN INSURANCE PROGRAMS AND PROVISIONS OF INCOME TAX FORMS.—Section 1902(a)(25)(1)(I) (42 U.S.C. 1396a(a)(25)(1)(I)) is amended—

(A) by inserting “(and, at option, State plan to use the data and information obtained under this section to determine or interpret services in connection with the enrollment and use of services under this title by individuals for whom English is not their primary language; plus’’;

(B) by inserting “under this title (and, at State option, child health assistance under title XXI)” after “the State plan’’.

SEC. 303. ENHANCED ADMINISTRATIVE FUNDING FOR TRANSLATION OR INTERPRETATION SERVICES IN CONNECTION WITH THE ELIGIBILITY DETERMINATIONS OF INDIVIDUALS WHO ARE ELIGIBLE FOR MEDICAL ASSISTANCE UNDER THIS TITLE.

Section 1903(a)(2) (42 U.S.C. 1396b(a)(2)) is amended by adding at the end the following new subparagraph:

“(E) an amount equal to 75 percent of so much of the sums expended during each quarter (as found necessary by the Secretary for the proper and efficient administration of the State plan) as are attributable to translation or interpretation services in connection with the enrollment and use of services under this title by individuals for whom English is not their primary language; plus’’.
of subsection (y)(2) in the preceding fiscal year, by the number of percentage points determined under subparagraph (D) of that subsection and, in the case of a State described in subparagraph (A) of subsection (y), the number of percentage points determined under paragraph (1)(B) or (2)(D) of subsection (y) by adding at the end the following new subsection:

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(2) LIMITATION ON INCREASE .—In no event may the Federal medical assistance percentage for a State for a fiscal year exceed 85 percent as a result of an increase under this paragraph.
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(b) LIMITATION ON WAIVER AUTHORITY.—Notwithstanding any provision of section 1115 of the Social Security Act (42 U.S.C. 1315), or any other provision of law, the Secretary of Health and Human Services, in waiving the requirements of section 1902(a)(46)(B) of such Act (42 U.S.C. 1396a(a)(46)(B)) with respect to a State, shall be deemed to include a reference to pregnancy-related assistance with respect to such women is deemed to include a reference to a targeted low-income pregnant woman.

(2) Any such reference to child health assistance with respect to such women is deemed a reference to pregnancy-related assistance.

(3) Any such reference to a child is deemed a reference to a woman pregnant with respect to whom the child is born.

(4) In applying section 2102(b)(2)(B), any reference to children found through screening to be eligible for medical assistance under the State Medicaid plan under title XIX is deemed a reference to pregnant women.

(5) There shall be no exclusion of benefits for services described in subsection (b)(1) based on any preexisting condition and no waiting period (including any waiting period based on any preexisting condition) to carry out section 2102(b)(3)(C) shall apply.

(6) In applying section 2102(b)(3)(B) in the case of a pregnant woman provided coverage under this section, the limitation on total annual aggregate cost sharing shall be applied to such pregnant woman.

(7) In applying section 2102(b)(3)(C) in the case of a pregnant woman provided coverage under this section, the limitation on total annual aggregate cost sharing shall be applied to such pregnant woman.

(8) In applying section 2102(b)(3)(C) in the case of a pregnant woman provided coverage under this section, the limitation on total annual aggregate cost sharing shall be applied to such pregnant woman.

(9) In applying section 2102(b)(3)(C) in the case of a pregnant woman provided coverage under this section, the limitation on total annual aggregate cost sharing shall be applied to such pregnant woman.

(10) In applying section 2102(b)(3)(C) in the case of a pregnant woman provided coverage under this section, the limitation on total annual aggregate cost sharing shall be applied to such pregnant woman.

(11) In applying section 2102(b)(3)(C) in the case of a pregnant woman provided coverage under this section, the limitation on total annual aggregate cost sharing shall be applied to such pregnant woman.

(12) In applying section 2102(b)(3)(C) in the case of a pregnant woman provided coverage under this section, the limitation on total annual aggregate cost sharing shall be applied to such pregnant woman.

(13) In applying section 2102(b)(3)(C) in the case of a pregnant woman provided coverage under this section, the limitation on total annual aggregate cost sharing shall be applied to such pregnant woman.

(14) In applying section 2102(b)(3)(C) in the case of a pregnant woman provided coverage under this section, the limitation on total annual aggregate cost sharing shall be applied to such pregnant woman.

(15) In applying section 2102(b)(3)(C) in the case of a pregnant woman provided coverage under this section, the limitation on total annual aggregate cost sharing shall be applied to such pregnant woman.

(16) In applying section 2102(b)(3)(C) in the case of a pregnant woman provided coverage under this section, the limitation on total annual aggregate cost sharing shall be applied to such pregnant woman.

(17) In applying section 2102(b)(3)(C) in the case of a pregnant woman provided coverage under this section, the limitation on total annual aggregate cost sharing shall be applied to such pregnant woman.

(18) In applying section 2102(b)(3)(C) in the case of a pregnant woman provided coverage under this section, the limitation on total annual aggregate cost sharing shall be applied to such pregnant woman.

(19) In applying section 2102(b)(3)(C) in the case of a pregnant woman provided coverage under this section, the limitation on total annual aggregate cost sharing shall be applied to such pregnant woman.

(20) In applying section 2102(b)(3)(C) in the case of a pregnant woman provided coverage under this section, the limitation on total annual aggregate cost sharing shall be applied to such pregnant woman.
“(7) The reference in section 2107(e)(1)(F) to section 1920A(a) (relating to presumptive eligibility for children) is deemed a reference to section 1920 (relating to presumptive eligibility for a parent-grownup).”

“(d) AUTOMATIC ENROLLMENT FOR CHILDREN BORN TO WOMEN RECEIVING PREGNANCY-RELATED ELIGIBILITY.—If a child is born to a targeted pregnant woman who was receiving pregnancy-related assistance under this section on the date of the child’s birth, the child shall be deemed to have applied for medical assistance under the State child health plan and to have been found eligible for such assistance under such plan or to have applied for medical assistance under the State child health plan and to have been found eligible for such assistance under such plan, as appropriate, on the date of such birth and to remain eligible for such assistance until the child attains 1 year of age. During the period in which a child is deemed under the preceding sentence to be eligible for child health or medical assistance, the child health or medical assistance eligibility identification number of the mother shall also serve as the identification number of the child, and all claims shall be submitted and paid in the name of the mother (unless the State issues a separate identification number for the child before such period expires).”

(2) ADDITIONAL CONFORMING AMENDMENTS.—

(A) CHANGING TITLE.—Section 2010(a)(4) (42 U.S.C. 1397bb(a)(4)) is amended by—

(1) in the heading, by striking “OR PREGNANCY-RELATED BENEFITS” after “PREVENTIVE SERVICES” and

(ii) by inserting before the period at the end the following new clause: “or for pregnancy-related services”;

(B) NO WAITING PERIOD.—Section 2102(b)(1)(B) (42 U.S.C. 1397bb(b)(1)(B)) is amended by—

(i) in clause (1), by striking “,” and “and” at the end and inserting a semicolon;

(ii) in clause (ii), by striking the period at the end and inserting “; and”;

and

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

“(iii) may not apply a waiting period (including a waiting period to carry out paragraphs (1) and (2) in the case of a targeted low-income pregnant woman.”

(c) OTHER AMENDMENTS TO MEDICAID.—

(1) A NEWBORN.—Section 1902(a)(4)(d) (42 U.S.C. 1396a(a)(4)(d)) is amended in the first sentence by striking “so long as the child is a member of the woman’s household and the child would remain (or would remain if pregnant) eligible for such assistance”.

(2) APPLICATION OF QUALIFIED ENTITIES TO PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN UNDER MEDICAID.—Section 1920(b) (42 U.S.C. 1396b-1(b)) is amended by adding after paragraph (2) the following new flush sentence:

“The term ‘qualified provider’ includes a qualified entity as defined in section 1920a(b)(3).”

SEC. 402. COORDINATION WITH THE MATERNAL AND CHILD HEALTH PROGRAM.

(a) IN GENERAL.—Section 2102(b)(3) (42 U.S.C. 1397bb(b)(3)) is amended—

(1) in subparagraph (D), by striking “and” at the end;

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

and

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

“(F) that operations and activities under this title are developed and implemented in consultation and coordination with the program operated by the State under title V in areas including outreach and enrollment, benefits and services, service delivery standards, public health and social service agency relationships, and quality assurance and data reporting.”

(b) CONFORMING MEDICAID AMENDMENT.—

Section 1920a(a)(11) (42 U.S.C. 1396a(a)(11)) is amended—

(1) by striking “and” before “(C)”; and

(2) by inserting before the semicolon at the end of the preceding sentence “, and (D) provide that operations and activities under this title are developed and implemented in consultation and coordination with the program operated by the State under title V in areas including outreach and enrollment, benefits and service delivery standards, public health and social service agency relationships, and quality assurance and data reporting”.

SEC. 403. OPTIONAL COVERAGE OF LEGAL IMMIGRANTS UNDER MEDICAID AND CHAMPUS.

(a) MEDICAID PROGRAM.—Section 1903(v) (42 U.S.C. 1396d(v)) is amended—

(1) in paragraph (1), by striking “paragraph (2)” and inserting “paragraphs (2) and (4)”; and

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

“(4)(A) State may elect in a plan amendment under this title to provide medical assistance to legal immigrants with this subpart under this title if at the beginning of the period during which the State is eligible for such assistance the immigrant meets the requirements in subsection (c).

(B) The Department of Health and Human Services shall, in applying such regulations, defer, consistent with the Social Security Act, to the extent possible, to the State’s determinations of eligibility and enrollment when the State has established an equivalent system for determining eligibility and enrollment.

SEC. 404. IMPROVING BENCHMARK COVERAGE.

(a) LIMITATION ON USE OF SECRETARY-APPROVED COVERAGE.—Section 2103(a)(4) (42 U.S.C. 1397cc(a)(4)) is amended by striking the period at the end and inserting “, but only if such determination was made before March 1, 2007.”

(b) STATE EMPLOYEE COVERAGE BENCHMARK.—Section 2103(b)(2) (42 U.S.C. 1397cc(b)(2)) is amended—

(1) by striking “A health benefits coverage plan” and inserting “The health benefits coverage plan”;

and

(2) by inserting “and that has the largest enrollment among such employees with dependent coverage in either of the 2 previous plan years” before the period.

SEC. 405. REQUIRING COVERAGE OF DENTAL AND MENTAL HEALTH SERVICES.

(a) REQUIRED COVERAGE OF DENTAL AND MENTAL HEALTH SERVICES.—Section 2103 (42 U.S.C. 1397cc(c)) is amended—

(1) in subsection (a), in the matter preceding paragraph (1), by striking “subsection (c)(5)” and inserting “paragraphs (5) and (6) of subsection (c)”;

and

(2) in subsection (c)—

(A) by redesigning paragraph (5) as paragraph (6); and

(B) by inserting after paragraph (4), the following new paragraph:

“(5) OTHER REQUIRED SERVICES.—The health assistance provided to a targeted low-income child shall include coverage of the following:

“(A) DENTAL SERVICES.—Dental services described in section 1905(f)(3) and provided in accordance with section 1922(a)(3).

“(B) MENTAL HEALTH SERVICES.—Mental health services.”

(b) STATE CHILD HEALTH PLAN REQUIREMENTS.—Section 2020(b)(7)(B) (42 U.S.C. 1397bb(b)(7)(B)) is amended by inserting “and services described in section 2103(c)(6)” after “emergency services”.

(c) CONFORMING AMENDMENTS.—Section 2103(c)(2) (42 U.S.C. 1397cc(c)(2)) is amended—

(1) by striking subparagraph (B); and

(2) by striking “benchmark coverage described in subsection (b)(1) or benchmark equivalent coverage described in subsection (b)(2)”;

(3) by striking paragraph (C) and inserting the following new subparagraph:

“(C) STATE OPTION TO PROVIDE ADDITIONAL BENEFITS.—A State, at its option, may provide such additional benefits to benchmark coverage described in subsection (b)(1) or benchmark equivalent coverage described in subsection (b)(2) as the State may specify.”

and

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

“(E) REQUIRING COVERAGE OF EPSDT SERVICES.—Nothing in this section shall be construed as affecting a child’s entitlement to EPSDT services described in section 1905(e)(1) and provided in accordance with section 1905(e)(3) whether provided through benchmark coverage, benchmark equivalent coverage, or otherwise.”

(d) EFFECTIVE DATE.—The amendments made by this subsection shall take effect as if included in the amendment made by section 604(a) of the Deficit Reduction Act of 2005.

SEC. 406. CLARIFICATION OF REQUIREMENT TO PROVIDE ADDITIONAL BENEFITS FOR ALL CHILDREN IN BENCHMARK BENEFIT PACKAGES UNDER MEDICAID.

(a) IN GENERAL.—Section 1905(e)(1) as inserted by section 604(a) of the Deficit Reduction Act of 2005, is amended—

(1) in subparagraph (A), by striking “Notwithstanding any other provision of this title” and inserting “Subject to subparagraph (E)”; and

(B) by striking “enrollment in coverage that provides” and all that follows and inserting “benchmark coverage described in subsection (b)(1) or benchmark equivalent coverage described in subsection (b)(2)”;

(2) by striking subparagraph (C) and inserting the following new subparagraph:

“(C) STATE OPTION TO PROVIDE ADDITIONAL BENEFITS.—A State, at its option, may provide such additional benefits to benchmark coverage described in subsection (b)(1) or benchmark equivalent coverage described in subsection (b)(2) as the State may specify.”

and

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

“(E) REQUIRING COVERAGE OF EPSDT SERVICES.—Nothing in this section shall be construed as affecting a child’s entitlement to EPSDT services described in section 1905(e)(1) and provided in accordance with section 1905(e)(3) whether provided through benchmark coverage, benchmark equivalent coverage, or otherwise.”

(b) EFFECTIVE DATE.—The amendments made by this subsection shall take effect as if included in the amendment made by section 604(a) of the Deficit Reduction Act of 2005.

SEC. 407. CHILDHOOD OBESITY DEMONSTRATION PROJECT.

(a) AUTHORITY TO CONDUCT DEMONSTRATION PROJECT.—The Secretary, in consultation with the Administrator of the Centers for Medicare & Medicaid Services, shall conduct a demonstration project to develop a comprehensive system for preventing and reducing childhood obesity by awarding grants to eligible entities to carry out such project.

Such model shall—

(1) identify, through self-assessment, behavioral risk factors for obesity among children;

(2) identify, through self-assessment, need for preventive and screening services among those children identified as target individuals on the basis of such risk factors;
(3) provide ongoing support to such target individuals and their families to reduce risk factors and promote the appropriate use of preventive and screening benefits; and

(b) be designed to improve health outcomes, satisfaction, quality of life, and appropriate use of items and services for which medical assistance is available under title XIX of the Social Security Act or child health assistance is available under title XXI of such Act among such target individuals.

(b) Eligibility Entities.—For purposes of this section, an eligible entity is any of the following:

(1) A city, county, or Indian tribe.
(2) A local or tribal educational agency.
(3) An accredited university, college, or community college.
(4) A federally-qualified health center.
(5) A local health department.
(6) A health care provider.
(7) A community-based organization.
(8) Any other entity determined appropriate by the Secretary, including a consortium or partnership of entities described in any of paragraphs (1) through (7).

(c) Use of Funds.—An eligible entity awarded a grant under this section may use the funds made available under the grant to—

(1) carry out community-based activities related to reducing childhood obesity, including—

(A) forming partnerships with entities, including schools and other facilities providing recreational services, to establish programs for after school and weekend community activities that are designed to reduce childhood obesity;

(B) needing partnerships with day care facilities to establish programs that promote healthy eating behaviors and physical activity; and

(C) developing and evaluating community educational activities targeting good nutrition and promoting healthy eating behaviors;

(2) carry out age-appropriate school-based activities that are designed to reduce childhood obesity, including—

(i) after hours physical activity programs; and

(ii) science-based interventions with multiple components to prevent eating disorders including nutritional content, understanding and reducing emotional eating, and positive body image development, positive self-esteem development, and learning life skills (such as stress management, communication skills, problem-solving and decision-making skills), as well as consideration of cultural and developmental issues, and the role of family, school, and community;

(3) carry out nutrition and training to educational professionals regarding how to promote healthy eating behaviors and habits in youth, which may include—

(i) physical activity programs; and

(ii) establishing special project programs designed to promote healthy eating behaviors and habits in youth, which may include—

(A) developing and testing educational curricula and special project programs targeted at reducing childhood obesity; and

(B) using science-based interventions with multiple components to prevent eating disorders including nutritional content, understanding and reducing emotional eating, and positive body image development, positive self-esteem development, and learning life skills (such as stress management, communication skills, problem-solving and decision-making skills), as well as consideration of cultural and developmental issues, and the role of family, school, and community;

(4) be designed to support and enhance activities developed under grants in the years following the fiscal year for which they receive grants under this section;

(5) located in communities that are medically underserved, as determined by the Secretary;

(6) located in areas in which the average poverty rate is at least 150 percent or higher compared to the average poverty rate in the State involved, as determined by the Secretary; and

(7) that submit plans that include multi-sectoral, cooperative conduct that includes the involvement of a broad range of stakeholders, including—

(A) community-based organizations;

(B) local governments;

(C) local educational agencies;

(D) the private sector;

(E) State or local departments of health;

(F) accredited colleges, universities, and community colleges;

(G) health care providers;

(H) State and local departments of transportation and city planning; and

(I) other entities determined appropriate by the Secretary.

(e) Program Design.—

(1) Initial Design.—Not later than 1 year after the enactment of this Act, the Secretary shall design the demonstration project. The demonstration should draw upon promising, innovative models and interventions to reduce behavioral risk factors. The Administrator of the Centers for Medicare & Medicaid Services shall consult with the Director of the Centers for Disease Control and Prevention, the Office of Minority Health, the heads of other agencies in the Department of Health and Human Services, and such professional organizations, as the Secretary determines to be appropriate, on the design, conduct, and evaluation of the demonstration.

(2) Amendments and Incorporation.—Not later than 2 years after the date of enactment of this Act, the Secretary shall award 1 grant that is specifically designed to determine whether similar programs to be conducted by other grantees under this section should be implemented with respect to the general population of children who are eligible for child health assistance under State child health plans under title XXI of the Social Security Act in order to reduce the incidence of childhood obesity among such population.

(f) Report to Congress.—Not later than 3 years after the date the Secretary implements the demonstration project under this section, the Secretary shall submit to Congress a report that describes the project, evaluates the effectiveness and cost-effectiveness of the project, and includes any such other information as the Secretary determines to be appropriate.

(g) Definitions.—In this section:

(1) Federally-qualified Health Center.—The term "Federally-qualified health center" means an entity that is designated as a "Federally-qualified health center" in section 1905(h)(2)(B) of the Social Security Act (42 U.S.C. 1396d(l)(2)(B)).

(2) Indian Tribe.—The term "Indian tribe" means an entity that is designated as an Indian tribe in section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1683).

(3) Self-assessment.—The term "self-assessment" means a form that—

(A) includes questions regarding—

(i) behavioral risk factors; and

(ii) needed preventive and screening services; and

(B) provides patient education and counseling to increase physical activity and promote healthy eating behaviors;

(C) training health professionals on how to identify, refer, and work with overweight and obesity individuals which may include nutrition and physical activity counseling; and

(D) providing community education by a health professional about eating behaviors and physical activity to develop a better understanding of the relationship between diet, physical activity, and eating disorders, obesity, or being overweight, and obesity.

(4) provide, through qualified health professionals, training and supervision for community health workers;

(5) develop and test strategies to improve nutrition, establish healthy eating patterns, and establish appropriate levels of physical activity; and

(6) educate and guide parents regarding the ability to model and communicate positive health behaviors.

(4) Priority.—In awarding grants under subsection (a), the Secretary shall give priority to awarding grants to eligible entities—

(1) that demonstrate that they have previously applied successfully for funds to carry out activities that seek to promote individual and community health and to prevent chronic disease and that can cite published and peer-reviewed research demonstrating that the activities that the entities propose to carry out with funds made available under the grant are effective;

(2) that will carry out programs or activities that seek to accomplish a goal or goals set by the State in the Healthy People 2010 plan of the State;

(3) that provide non-Federal contributions, either in cash or in kind, to the costs of funding activities under the grants;

(4) that develop comprehensive plans that include a strategy for extending program activities developed under grants in the years following the fiscal year for which they receive grants under this section;

(5) located in communities that are medically underserved, as determined by the Secretary;

(6) located in areas in which the average poverty rate is at least 150 percent or higher compared to the average poverty rate in the State involved, as determined by the Secretary; and

(7) that submit plans that include multi-sectoral, cooperative conduct that includes the involvement of a broad range of stakeholders, including—

(A) community-based organizations;

(B) local governments;

(C) local educational agencies;

(D) the private sector;

(E) State or local departments of health;

(F) accredited colleges, universities, and community colleges;

(G) health care providers;

(H) State and local departments of transportation and city planning; and

(I) other entities determined appropriate by the Secretary.

(e) Program Design.—

(1) Initial Design.—Not later than 1 year after the enactment of this Act, the Secretary shall design the demonstration project. The demonstration should draw upon promising, innovative models and interventions to reduce behavioral risk factors. The Administrator of the Centers for Medicare & Medicaid Services shall consult with the Director of the Centers for Disease Control and Prevention, the Office of Minority Health, the heads of other agencies in the Department of Health and Human Services, and such professional organizations, as the Secretary determines to be appropriate, on the design, conduct, and evaluation of the demonstration.

(2) Amendments and Incorporation.—Not later than 2 years after the date of enactment of this Act, the Secretary shall award 1 grant that is specifically designed to determine whether similar programs to be conducted by other grantees under this section should be implemented with respect to the general population of children who are eligible for child health assistance under State child health plans under title XXI of the Social Security Act in order to reduce the incidence of childhood obesity among such population.

(f) Report to Congress.—Not later than 3 years after the date the Secretary implements the demonstration project under this section, the Secretary shall submit to Congress a report that describes the project, evaluates the effectiveness and cost-effectiveness of the project, and includes any such other information as the Secretary determines to be appropriate.

(g) Definitions.—In this section:

(1) Federally-qualified Health Center.—The term ‘Federally-qualified health center’ means an entity that is designated as a ‘Federally-qualified health center’ in section 1905(h)(2)(B) of the Social Security Act (42 U.S.C. 1396d(l)(2)(B)).

(2) Indian Tribe.—The term ‘Indian tribe’ means an entity that is designated as an Indian tribe in section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1683).

(3) Self-assessment.—The term ‘self-assessment’ means a form that—

(A) includes questions regarding—

(i) behavioral risk factors; and

(ii) needed preventive and screening services; and

(iii) target individuals’ preferences for receiving follow-up information;

(B) is assessed using a computer generated assessment program; and

(C) allows for the provision of such ongoing support to the individual as the Secretary determines to be appropriate.

(4) Ongoing Support.—The term ‘ongoing support’ means—

(A) to provide any target individual with information, feedback, coaching, and recommendations regarding—

(i) the results of a self-assessment given to the individual;

(ii) behavior modification based on the self-assessment; and

(iii) any need for clinical preventive and screening services or treatment including medication therapy;

(B) to provide any target individual with referrals to community resources and programs available to assist the target individual in reducing health risks; and

(C) to provide the information described in subparagraph (A) to a health care provider, if designated by the target individual to receive such information.

(h) Authorization of Appropriations.—There is authorized to be appropriated to carry out this section $450,000 for each of fiscal years 2008 through 2012.

TITLE V—IMPROVING ACCESS TO HEALTH CARE FOR CHILDREN

SEC. 501. PROMOTING CHILDREN’S ACCESS TO COVERED HEALTH CARE PROGRAMS.

(a) Medicaid and CHIP Payment and Access Commission.—

(TITLE XIX [42 U.S.C. 1396 et seq.] is amended by adding at the end thereof a new section 1936 and redesignating the provisions as amended by such addition as section 1936 et seq., to read as follows:—

"SEC. 1936. (a) Establishment.—There is hereby established the Medicaid and CHIP Payment and Access Commission (in this section referred to as ‘MACPAC’)."

(b) Medicaid and CHIP Payment and Access Commission.—

(TITLE XIX [42 U.S.C. 1396 et seq.] is amended by adding at the end thereof a new section 1936 and redesignating the provisions as amended by such addition as section 1936 et seq., to read as follows:—

"SEC. 1936. (a) Establishment.—There is hereby established the Medicaid and CHIP Payment and Access Commission (in this section referred to as ‘MACPAC’)."
(b) Duties.—

(1) Review of access policies and annual reports.—MACPAC shall—

(A) review policies of the Medicaid programs in the States that affect access to health care services on such programs, including policies relating to the program under this title or title XXI as may be requested by such chairmen and members and as MACPAC deems appropriate.

(B) review annual reports of the Secretary to the Congress containing the results of such reviews and MACPAC's recommendations concerning such policies; and

(C) by not later than March 1 of each year (beginning with 2009), submit a report to Congress containing the results of such reviews and MACPAC's recommendations concerning such policies; and

(D) by not later than June 1 of each year (beginning with 2009), submit a report to Congress containing an examination of issues affecting Medicaid and CHIP, including the implications of changes in health care delivery in the United States and in the market for health care services on such programs.

(2) Specific topics to be reviewed.—Specifically, MACPAC shall review and assess the following:

(A) Medicaid and CHIP payment policies.—Payment policies under Medicaid and CHIP, including—

(i) the factors affecting expenditures for items and services in different sectors, including the process for updating hospital, skilled nursing facility, physician, Federally-qualified health center, rural health center, and other fees;

(ii) payment methodologies; and

(iii) the relationship of such factors and methodologies to access and quality of care for Medicaid and CHIP beneficiaries.

(B) effect of Medicaid and CHIP payment policies with health care delivery generally.—The effect of Medicaid and CHIP payment policies on access to items and services for children and other Medicaid and CHIP populations other than under this title or title XXI and the implications of changes in health care delivery in the United States and in the general market for health care items and services on Medicaid and CHIP.

(C) other access policies.—The effect of other Medicaid and CHIP policies on access to covered items and services, including policies relating to transportation and language barriers.

(3) Creation of early-warning system.—MACPAC shall create an early-warning system to identify provider shortages or any other problems that threaten access to care or the health care status of Medicaid and CHIP beneficiaries.

(4) Comments on certain secretarial reports.—The Secretary submits to Congress (or a committee of Congress) a report that is required by law and that relates to access policies, including with respect to payment policies under Medicaid or CHIP, the Secretary shall transmit a copy of the report to MACPAC. MACPAC shall review the report and, not later than 6 months after the date of submittal of the Secretary's report to Congress, shall submit to the appropriate committees of Congress written comments on such report. Such comments may include recommendations as MACPAC deems appropriate.

(5) Agenda and additional reviews.—MACPAC shall consult periodically with the chairmen and minority members of the appropriate committees of Congress regarding MACPAC’s agenda and progress toward achieving the agenda. MACPAC may conduct informal reviews, and submit additional reports to the appropriate committees of Congress, from time to time on such topics relating to the program under this title or title XXI as may be requested by such chairmen and members and as MACPAC deems appropriate.

(6) Availability of reports.—MACPAC shall transmit to the Secretary a copy of each report submitted under this subsection and shall make such reports available to the public.

(7) Appropriate Committee of Congress.—For purposes of this section, the term 'appropriate committees of Congress' shall include—

(A) the Committee on Finance of the Senate.

(B) the Committee on Ways and Means of the House of Representatives and the Committee on Finance of the Senate.

(C) the Committee on Energy and Commerce of the House of Representatives and the Committee on Finance of the Senate.

(8) Exclusion of budget consequences.—With respect to each recommendation contained in a report submitted under paragraph (1), each member of MACPAC responsible for that recommendation, after consultation with MACPAC, shall include, by member, the results of that vote in the report containing the recommendation.

(9) Examination of budget consequences.—Before making any recommendations, MACPAC shall examine the budget consequences of such recommendations, directly or through consultation with appropriate expert entities.

(10) Membership.—

(A) Nomination and appointment.—MACPAC shall be composed of 17 members appointed by the Comptroller General of the United States.

(B) Qualifications.—

(A) in general.—The membership of MACPAC shall include individuals who have had direct experience as enrollees or parents of enrollees in Medicaid or CHIP and individuals with national recognition for their expertise in Federal safety net health programs, health finance and economics, actuaries, health facility management, health plans and integrated delivery systems, reimbursement of health facilities, health information technology, pediatric physicians, dentists, and other providers of health services, and other related fields, who provide a mix of different professionals, broad geographic representation, and a balance between urban and rural representatives.

(B) Inclusion.—The membership of MACPAC shall be representative of (but not limited to) physicians and other health professionals, employers, third-party payers, and individuals with expertise in the delivery of health care services. Membership shall also include consumers representing children, pregnant women, the elderly, and individuals with disabilities, current or former representatives of State agencies administering Medicaid, and current or former representatives of State agencies responsible for administering CHIP.

(C) Representation of providers.—Individuals who are directly involved in the provision, or management of the delivery, of items and services covered under Medicaid or CHIP shall not constitute a majority of the membership of MACPAC.

(D) Ethical disclosure.—The Comptroller General of the United States shall establish a system for public disclosure by members of MACPAC of financial and other potential conflicts of interest relating to such members. Members of MACPAC shall be treated as required for purposes of applying title I of the Ethics in Government Act of 1978 (Public Law 95–521).

(11) Chairperson; vice chairperson.—The Comptroller General of the United States shall designate a member of MACPAC, at the time of appointment of the member as Chairperson and a member as Vice Chairperson, and, in the event of the vacancy of the Chairperson or Vice Chairperson, the Comptroller General of the United States may designate another member for the remainder of that member’s term.

(12) Meetings.—MACPAC shall meet at the call of the Chairperson.

(13) Director and staff; experts and consultants.—Subject to such review as the Comptroller General of the United States deems necessary to assure the efficient administration of MACPAC, MACPAC may—

(A) employ and fix the compensation of an Executive Director (subject to the approval of the Comptroller General of the United States); and such other employees or experts as may be necessary to carry out its duties (without regard to the provisions of title 5, United States Code, to the extent that any employee or consultant is an agency employee, or consultant comparability allowance by MACPAC in the same manner as Government physicians may be provided such an allowance by an agency under section 5948 of title 5, United States Code, and for such purpose subsection (i) of such section shall apply to MACPAC in the same manner as it applies to the Tennessee Valley Authority. For purposes of pay (other than pay of members of MACPAC) and employment benefits, rights, and privileges, all personnel of MACPAC shall be treated as if they were employees of the United States Senate.

(B) designate a member of MACPAC, at the time of appointment of the member as Chairperson and a member as Vice Chairperson, and, in the event of the vacancy of the Chairperson or Vice Chairperson, the Comptroller General of the United States may designate another member for the remainder of that member’s term.

(14) Meetings.—MACPAC shall meet at the call of the Chairperson.

(15) Director and staff; experts and consultants.—Subject to such review as the Comptroller General of the United States deems necessary to assure the efficient administration of MACPAC, MACPAC may—

(A) obtain and pay for such data as the Chairperson may request from any Federal or State agency or office or in the manner in which the original appointment was made.

(B) seek such assistance and support as may be required in the performance of its duties from appropriate Federal departments and agencies.

(C) enter into contracts or make other arrangements, as may be necessary for the conduct of the work of MACPAC (without regard to section 3709 of the Revised Statutes (41 U.S.C. 5));

(D) make advance, progress, and other payments which relate to the work of MACPAC.

(16) Transportation and subsistence for persons serving without compensation.—MACPAC may provide transportation and subsistence for persons serving without compensation.

(17) Records and reports.—MACPAC shall keep and submit such records and reports as the Comptroller General of the United States may require.

(18) Records and reports.—MACPAC shall keep and submit such records and reports as the Comptroller General of the United States may require.

(19) Extension and modification of terms.—The terms of members of MACPAC shall be extended, modified, or both, as the Comptroller General of the United States may require.

(20) Powers of MACPAC.—MACPAC may, subject to such review as the Comptroller General of the United States deems necessary to assure the efficient administration of MACPAC, MACPAC may—

(A) employ and fix the compensation of an Executive Director (subject to the approval of the Comptroller General of the United States); and such other employees or experts as may be necessary to carry out its duties (without regard to the provisions of title 5, United States Code, to the extent that any employee or consultant is an agency employee, or consultant comparability allowance by MACPAC in the same manner as Government physicians may be provided such an allowance by an agency under section 5948 of title 5, United States Code, and for such purpose subsection (i) of such section shall apply to MACPAC in the same manner as it applies to the Tennessee Valley Authority. For purposes of pay (other than pay of members of MACPAC) and employment benefits, rights, and privileges, all personnel of MACPAC shall be treated as if they were employees of the United States Senate.

(B) designate a member of MACPAC, at the time of appointment of the member as Chairperson and a member as Vice Chairperson, and, in the event of the vacancy of the Chairperson or Vice Chairperson, the Comptroller General of the United States may designate another member for the remainder of that member’s term.

(C) enter into contracts or make other arrangements, as may be necessary for the conduct of the work of MACPAC (without regard to section 3709 of the Revised Statutes (41 U.S.C. 5));

(D) make advance, progress, and other payments which relate to the work of MACPAC.

(21) Records and reports.—MACPAC shall keep and submit such records and reports as the Comptroller General of the United States may require.

(22) Data collection.—In order to carry out its functions, MACPAC shall—
TITLE VI—STRENGTHENING QUALITY OF CARE AND HEALTH OUTCOMES OF CHILDREN

SEC. 601. STRENGTHENING CHILD HEALTH QUALITY MEASURES.

(a) UPDATING AND ENHANCEMENT OF QUALITY OF CARE MEASURES FOR CHILDREN.—

(1) IN GENERAL.—Not later than January 1, 2009, the Secretary shall—

(A) UPDATE AND ENHANCE QUALITY MEASURES.—In consultation with States, providers, and child health experts, update and enhance the existing health care quality measures for children under Medicaid or CHIP to include additional and more comprehensive information with respect to health care delivered to children in both ambulatory and inpatient settings, that can be used to develop national quality measures and perform comparative analyses.

(B) ENCOURAGE VOLUNTARY REPORTING.—In consultation with States, develop procedures to encourage States to voluntarily report the same set of measures with respect to the quality of care for children under Medicaid and CHIP.

(C) ADOPTION OF BEST PRACTICES.—Develop programs to identify best practices with respect to the quality of health care for children and improve such best practices, including in areas such as provider reporting compliance, successful quality improvement strategies, and improved efficiency in data collection using health information technology.

(D) TECHNICAL ASSISTANCE.—Provide technical assistance to States to help them comply with the measures updated in accordance with subparagraph (A) and adopt the best practices identified in accordance with subparagraph (B).

(E) DISSEMINATION OF HEALTH QUALITY INFORMATION.—

(i) STATE-SPECIFIC REPORT ON CHILD HEALTH QUALITY MEASURES.—Not later than January 1, 2008, and annually thereafter, the Secretary shall collect, analyze, and make publicly available State-specific data on child health quality measures, including State-specific data collected on external quality review activities related to managed care organizations under Medicaid and CHIP.

(ii) REPORT ON CHILD HEALTH REPORTING COMPLIANCE.—Not later than January 1, 2008, and every 3 years thereafter, the Secretary shall report to Congress on—

(A) the status of the Secretary's efforts to improve—

(i) children's health care, including children's needs with respect to preventive, acute, and chronic health care; and

(ii) all domains of quality, including safety, family experience of care, and elimination of disparities; and

(B) the quality of care furnished to medically needy, medically fragile, or developmental condition recognized as having an effect on growth and development in children and adolescents.

(iii) DEVELOPMENT, ENDORSEMENT, AND UPDATING OF CHILD-SPECIFIC HEALTH QUALITY MEASURES.—

(A) IN GENERAL.—Not later than January 1, 2009, the Secretary shall establish a program to support the development of quality measures for children's health care services.

(B) AUTHORITY TO AWARD GRANTS AND CONTRACTS.—As part of such program, the Secretary shall award grants and contracts for the—

(i) development of new child health quality measures to supplement or replace, as appropriate, the HEDIS measures updated and enhanced in accordance with subsection (a)(1)(A)

(ii) advancement (through validation and private health insurance programs.

(C) ESTABLISHMENT OF AREAS OF NEED AND PRIORITIES.—For purposes of identifying gaps in child health quality measures used as of the date of enactment of this Act and establishing priorities for development—

(i) States.

(ii) Medicaid or CHIP payment and access commissions.

(iii) Consumers.

(iv) Other entities with expertise in pediatric quality measures, such as quality improvement organizations.

(B) ESTABLISHMENT OF PORTFOLIO OF MEASURES.—For purposes of developing a portfolio of child health quality measures for use by States, other purchasers, and providers, an organization involved in the advancement of consensus on evidence-based measures of health care, such as the National Quality Forum.

(C) ESTABLISHMENT OF MEDICAID AND CHIP CORE PEDIATRIC QUALITY MEASURES.—For purposes of identifying a core pediatric data set that includes specific quality measures for Medicaid and CHIP, States, health care providers, consumers, purchasers, child health experts, and public and private organizations with experience in data collection and outreach and enrollment of children in public and private health insurance programs.

(E) CORE PEDIATRIC DATA SET.—The core pediatric data set identified under paragraph (3) shall include specific quality measures for Medicaid and CHIP, with respect to at least the following:

(i) State-specific quality measures for Medicaid and CHIP (including State-specific data on enrollment and retention of eligible children; coordination of Medicaid and CHIP children's coverage; measures of children's access to preventive, acute and chronic care, including the availability of providers and adequacy of provider payments relative to private coverage).

(ii) Liability measures and data for health plans and providers at the State, plan, and provider levels of care.

(iv) QUALITY MEASURES.—In identifying quality measures for Medicaid and CHIP, the Secretary shall—

(A) IDENTIFY MEASURES SPECIFIC TO MANAGED CARE PLANS AND PROVIDERS OF PRIMARY CARE CASE MANAGEMENT SERVICES.

(B) BUILD ON THE CORE SET OF QUALITY MEASURES REPORTED BY STATES AS OF THE DATE OF ENACTMENT OF THIS ACT, INCLUDING HEDIS MEASURES AND EVIDENCE-BASED MEASURES (TO THE EXTENT SUCH MEASURES ARE AVAILABLE).

(C) SELECT MEASURES THAT HAVE BEEN APPROVED THROUGH AN INDEPENDENT PROCESS THAT INCLUDES A BROAD CONSENSUS DETERMINED BY A VOLUNTARY, STANDARD SETTING ORGANIZATION WITH WIDESPREAD PARTICIPATION BY PROVIDERS, PATIENT ADVOCATES, HEALTH PLANS, AND PURCHASERS.

(D) ASSURE THAT THE MEASURES MEET THE CRITERIA FOR WHICH AMELIORATION IS NECESSARY TO PROMOTE GROWTH AND DEVELOPMENT.

(E) ASSURE THAT THE MEASURES ARE EVIDENCE-BASED AND RISK ADJUSTED.

(F) ASSURE THAT THE MEASURES PROVIDE A MECHANISM FOR THE IDENTIFICATION AND ELIMINATION OF RACIAL AND ETHNIC DISPARITIES IN THE PROVISION OF CARE.

(G) IMPROVE THE PRECISION AND ACCURACY OF DATA USED FOR SUCH MEASURES.
quality and data at a State, plan, and provider level; and
(viii) periodically update such measures.

(d) Demonstration Projects for Improving the Quality of Children’s Health Care and the Use of Health Information Technology.—
(1) IN GENERAL.—The Secretary shall award grants to one or more through health care providers to conduct demonstration projects to evaluate promising ideas for improving the quality of children’s health care, including projects that—
(A) experiment with, and evaluate the use of, new measures of the quality of children’s health care (including testing the validity and suitability for reporting of such measures);
(B) promote the use of health information technology in care delivery for children; or
(C) evaluate value-based purchasing of health care services for children.

(2) AUTHORITY FOR MULTI-STATE PROJECTS.—A demonstration project conducted with a grant awarded under this subsection may be conducted on a multi-State basis, as needed.

(e) Increased Matching Rate for Collecting and Reporting on Child Health Measures.—Section 1906(a)(3)(A) (42 U.S.C. 1396a(a)(3)(A), as amended by section 302, is amended—
(1) by striking “and” at the end of clause (ii); and
(2) by adding at the end the following new clause:
(iv) an amount equal to 75 percent of so much of the expenditures that the State establishes to the satisfaction of the Secretary that the aggregate amount of such coverage is less than the expenditures that the State would have made to enroll the family in the State child health plan.

(2) by redesignating subparagraphs (A) and (B) as clauses (i) and (ii) and inserting appropriately:
(2) by striking “Payment may be made” and inserting the following:
(A) IN GENERAL.—Subject to the succeeding projects described in this paragraph, payment may be made; and
(B) by adding at the end the following new subparagraph:
(i) APPLICATION OF FAMILY-BASED TRST.—Coverage described in subparagraph (A) shall be deemed cost-effective if the State establishes to the satisfaction of the Secretary that the cost of such coverage is less than the expenditures that the State would have made to enroll the family in the State child health plan.

(f) Development of Model Electronic Health Record for Children.—Not later than January 1, 2009, the Secretary shall establish a program to encourage the development and dissemination of a model electronic health record for children. Such model electronic health record should be—
(1) subject to State laws, accessible to parents and guardians for the purpose of demonstrating compliance with school or leisure activity requirements, such as appropriate immunizations or physicals; and
(2) designed to allow interoperable exchanges that conform with Federal and State privacy and security requirements.

(g) Definition of HEDIS Measures.—In this section, the term “HEDIS measures” means the Health Plan Employer Data and Information Set (HEDIS) measures established by the National Committee for Quality Assurance.

(h) Appropriations.—Out of any funds in the Treasury not otherwise appropriated, there is appropriated for each of fiscal years 2008 through 2010, $400,000 for the purpose of carrying out this section. Funds appropriated under this subsection shall remain available until expended.

SEC. 602. APPLICATION OF CERTAIN MANAGED CARE QUALITY SAFEGUARDS TO CHIP.

Section 210(f)(e)(1) (42 U.S.C. 1397gg(e)(1)), as amended by sections 301(b), 302(b)(2), and 402(b), is amended by redesignating subparagraph (G) as subparagraph (H), and by inserting after subparagraph (F) the following new subparagraph:
(G) Family years beginning (a)(5), (b), (c), (d), and (e) of section 3932 (relating to requirements for managed care).". 
SECRETARY OF COMMERCE shall do the following:

(A) Make appropriate adjustments to the Current Population Survey to develop more accurate estimates associated with the number of children enrolled in health coverage under title XIX or this title.

(B) Make appropriate adjustments to the Current Population Survey to develop more accurate estimates associated with the number of children enrolled in health coverage under title XIX or this title.

(C) REGULATIONS.—Not later than 6 months after the date on which the report required under subsection (b)(3) has been submitted to the Secretary, the Secretary, after taking into consideration the recommendations contained in the report, shall promulgate such regulations revising the PERM requirements as the Secretary determines are appropriate.

(D) APPROPRIATIONS.—Out of any funds in the Treasury not otherwise appropriated, there is appropriated for fiscal year 2008 such sums as may be necessary for the purpose of carrying out this section, not to exceed $1,000,000. Funds appropriated under this subsection shall remain available until expended.

SEC. 705. ELIMINATION OF CONFUSING PROGRAM REFERENCES.

Section 704 of the Medicare, Medicaid, and CHIP Balanced Budget Refinement Act of 1999, as enacted into law by division B of Public Law 106-113 (113 Stat. 1501A-462) is repealed.

TITLE VIII—EFFECTIVE DATE

SEC. 801. EFFECTIVE DATE.

(a) IN GENERAL.—Unless otherwise provided, amendments made by this Act shall take effect on October 1, 2007, and shall apply to the Federal Government and to all programs, activities, or functions on or after that date.

(b) EXCEPTION FOR STATE LEGISLATION.—In the case of a State plan under title XIX or title XXI of the Social Security Act, which the Secretary determines requires State legislation in order for the plan to meet the additional requirements imposed by an amendment made by this Act, the State plan shall not be regarded as failing to comply with the requirements of such Act solely on the basis of its failure to meet these additional requirements before the first day of the first calendar quarter beginning after the close of the first regular session of the State legislature that begins after the date of enactment of this Act. For purposes of the preceding sentence, in the case of a State legislature that meets in a year legislative session, each year of the session shall be considered to be a separate regular session of the State legislature.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. DURBIN (for himself and Mr. OBAMA).


Mr. DURBIN. Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the text of the bill was ordered to be printed in the RECORD, as follows:

S. 1228

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

SECTION 1. Short title.

This Act may be cited as the “Campus Law Enforcement Emergency Response Act of 2007.”

SEC. 2. LAW ENFORCEMENT EMERGENCIES.

Section 485(f) of the Higher Education Act of 1965 (20 U.S.C. 1092(f)) is amended—

(1) by redesignating paragraphs (9) through (15) as paragraphs (10) through (16), respectively;

(2) by inserting after paragraph (8) the following:

“(9)(A) Each institution of higher education participating in any program under this title shall develop and distribute as part of any contract or grant described in this paragraph a statement of policy regarding the institution’s law enforcement emergency response program; and

“(B) The Secretary shall, on a periodic basis, compile and publish data and statistics concerning the occurrence of law enforcement emergencies on the campuses of the institution.

“(10) The term ‘law enforcement emergency’ means a shooting, the presence of an armed and dangerous person, a bomb threat, the presence of an unauthorized hazardous or toxic material that poses a threat to health and safety, a lock-down, a reverse evacuation, or any other comparable type of incident, on the campus of an institution of higher education, that involves the participation of one or more law enforcement agencies.

“(11) Each institution of higher education shall develop and distribute as part of any contract or grant described in this paragraph a statement of policy regarding the institution’s law enforcement emergency response program; and

“(12) The Secretary shall, on a periodic basis, compile and publish data and statistics concerning the occurrence of law enforcement emergencies on the campuses of the institution.

“(13) Nothing in this subsection shall preclude an institution of higher education from developing and distributing such a statement of policy as it determines is appropriate.

“(14) Each institution of higher education receiving financial assistance under any program under this title shall develop and distribute as part of any contract or grant described in this paragraph a statement of policy regarding the institution’s law enforcement emergency response program; and

“(15) The Secretary shall, on a periodic basis, compile and publish data and statistics concerning the occurrence of law enforcement emergencies on the campuses of the institution.”