SA 340. Mr. McCONNELL (for Mr. Daines) proposed an amendment to amendment SA 267 proposed by Mr. McConnell to the bill H.R. 1628, supra; which was ordered to lie on the table.
SA 341. Ms. UDALL (for himself, Ms. Cantwell, Ms. Cortez Masto, Ms. Heitkamp, Mr. Franken, Mrs. Murray, Mr. Schatz, Ms. Stabenow, Mr. Tester, and Mr. Merkley) submitted an amendment intended to be proposed by him to the bill H.R. 1628, supra; which was ordered to lie on the table.
SA 342. Mr. MURPHY submitted an amendment intended to be proposed by him to the bill H.R. 1628, supra; which was ordered to lie on the table.
SA 343. Mr. MURPHY submitted an amendment intended to be proposed by him to the bill H.R. 1628, supra; which was ordered to lie on the table.
SA 344. Mr. MURPHY submitted an amendment intended to be proposed by him to the bill H.R. 1628, supra; which was ordered to lie on the table.
SA 345. Mr. MURPHY submitted an amendment intended to be proposed by him to the bill H.R. 1628, supra; which was ordered to lie on the table.
SA 346. Mr. MURPHY submitted an amendment intended to be proposed by him to the bill H.R. 1628, supra; which was ordered to lie on the table.
SA 347. Mr. MURPHY submitted an amendment intended to be proposed by him to the bill H.R. 1628, supra; which was ordered to lie on the table.
SA 348. Mr. MURPHY submitted an amendment intended to be proposed by him to the bill H.R. 1628, supra; which was ordered to lie on the table.
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SA 350. Mr. MURPHY submitted an amendment intended to be proposed by him to the bill H.R. 1628, supra; which was ordered to lie on the table.
SA 351. Mr. MURPHY submitted an amendment intended to be proposed by him to the bill H.R. 1628, supra; which was ordered to lie on the table.
SA 352. Mr. MURPHY submitted an amendment intended to be proposed by him to the bill H.R. 1628, supra; which was ordered to lie on the table.
SA 353. Mr. MURPHY submitted an amendment intended to be proposed by him to the bill H.R. 1628, supra; which was ordered to lie on the table.
SA 354. Mr. MURPHY submitted an amendment intended to be proposed by him to the bill H.R. 1628, supra; which was ordered to lie on the table.
SA 355. Mr. MURPHY submitted an amendment intended to be proposed by him to the bill H.R. 1628, supra; which was ordered to lie on the table.
SA 356. Mr. MURPHY submitted an amendment intended to be proposed by him to the bill H.R. 1628, supra; which was ordered to lie on the table.
SA 357. Mr. MURPHY submitted an amendment intended to be proposed by him to the bill H.R. 1628, supra; which was ordered to lie on the table.
SA 358. Mr. MURPHY submitted an amendment intended to be proposed by him to the bill H.R. 1628, supra; which was ordered to lie on the table.
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SA 360. Mr. MURPHY submitted an amendment intended to be proposed by him to the bill H.R. 1628, supra; which was ordered to lie on the table.
SA 361. Mr. MURPHY submitted an amendment intended to be proposed by him to the bill H.R. 1628, supra; which was ordered to lie on the table.
SA 362. Mr. MURPHY submitted an amendment intended to be proposed by him to the bill H.R. 1628, supra; which was ordered to lie on the table.
SA 363. Mr. MURPHY submitted an amendment intended to be proposed by him to the bill H.R. 1628, supra; which was ordered to lie on the table.
SA 364. Mr. MURPHY submitted an amendment intended to be proposed by him to the bill H.R. 1628, supra; which was ordered to lie on the table.
SA 365. Mr. MURPHY submitted an amendment intended to be proposed by him to the bill H.R. 1628, supra; which was ordered to lie on the table.
SA 366. Mr. KAINE (for himself, Mr. Blumenthal, Mr. Carper, and Mrs. Shaheen) submitted an amendment intended to be proposed by him to the bill H.R. 1628, supra; which was ordered to lie on the table.
SA 367. Ms. DUCKWORTH submitted an amendment intended to be proposed by her to the bill H.R. 2810, supra; which was ordered to lie on the table.
SA 368. Ms. DUCKWORTH submitted an amendment intended to be proposed by her to the bill H.R. 2810, supra; which was ordered to lie on the table.
SA 369. Ms. DUCKWORTH submitted an amendment intended to be proposed by her to the bill H.R. 2810, supra; which was ordered to lie on the table.
SA 370. Ms. DUCKWORTH submitted an amendment intended to be proposed by her to the bill H.R. 2810, supra; which was ordered to lie on the table.
SA 371. Ms. DUCKWORTH submitted an amendment intended to be proposed by her to the bill H.R. 2810, supra; which was ordered to lie on the table.
SA 372. Ms. DUCKWORTH submitted an amendment intended to be proposed by her to the bill H.R. 2810, supra; which was ordered to lie on the table.
SA 373. Ms. DUCKWORTH submitted an amendment intended to be proposed by her to the bill H.R. 2810, supra; which was ordered to lie on the table.
SA 374. Ms. DUCKWORTH submitted an amendment intended to be proposed by her to the bill H.R. 2810, supra; which was ordered to lie on the table.
SA 375. Ms. DUCKWORTH submitted an amendment intended to be proposed by her to the bill H.R. 2810, supra; which was ordered to lie on the table.
SA 376. Ms. DUCKWORTH (for herself, Mr. Durbin, Ms. Ernst, and Mr. Grassley) submitted an amendment intended to be proposed by her to the bill H.R. 2810, supra; which was ordered to lie on the table.
SA 377. Mr. MENENDEZ (for himself, Mr. Durbin, Mr. Booker, and Mr. Heitkamp) submitted an amendment intended to be proposed by him to the bill H.R. 1628, supra; which was ordered to lie on the table.
SA 378. Mr. KAINE (for himself, Mr. Durbin, Ms. Duckworth, Mr. Van Hollen, Ms. Stabenow, Ms. Duckworth, and Mr. Markey) submitted an amendment intended to be proposed by him to the bill H.R. 1628, supra; which was ordered to lie on the table.
SA 379. Mr. MARKEY submitted an amendment intended to be proposed by him to the bill H.R. 1628, supra; which was ordered to lie on the table.
SA 380. Mr. MARKEY submitted an amendment intended to be proposed by him to the bill H.R. 1628, supra; which was ordered to lie on the table.
SA 381. Mr. MARKEY submitted an amendment intended to be proposed by him to the bill H.R. 1628, supra; which was ordered to lie on the table.
SA 382. Mr. MARKEY submitted an amendment intended to be proposed by him to the bill H.R. 1628, supra; which was ordered to lie on the table.
SA 383. Mr. MARKEY submitted an amendment intended to be proposed by him to the bill H.R. 1628, supra; which was ordered to lie on the table.
SA 384. Mr. MARKEY submitted an amendment intended to be proposed by him to the bill H.R. 1628, supra; which was ordered to lie on the table.
SA 385. Mr. MARKEY submitted an amendment intended to be proposed by him to the bill H.R. 1628, supra; which was ordered to lie on the table.
SA 386. Mr. MARKEY submitted an amendment intended to be proposed by him to the bill H.R. 1628, supra; which was ordered to lie on the table.
SA 387. Mr. MARKEY submitted an amendment intended to be proposed by him to the bill H.R. 1628, supra; which was ordered to lie on the table.
SA 388. Ms. CRAPO (for himself and Mr. Risch) submitted an amendment intended to be proposed by him to the bill H.R. 2810, to authorize appropriations for fiscal year 2018 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes; which was ordered to lie on the table.
SA 389. Mr. MARKEY submitted an amendment intended to be proposed by him to the bill H.R. 2810, to authorize appropriations for fiscal year 2018 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes; which was ordered to lie on the table.
SA 390. Mr. MARKEY submitted an amendment intended to be proposed by him to the bill H.R. 2810, to authorize appropriations for fiscal year 2018 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes; which was ordered to lie on the table.
SA 391. Mr. GRAHAM (for himself and Mr. Cassidy) submitted an amendment intended to be proposed by him to the bill H.R. 1628, supra; which was ordered to lie on the table.
SA 392. Mr. STRANGE submitted an amendment intended to be proposed by him to the bill H.R. 1628, supra; which was ordered to lie on the table.
SA 393. Mr. STRANGE submitted an amendment intended to be proposed by him to the bill H.R. 1628, supra; which was ordered to lie on the table.
SA 394. Mr. STRANGE submitted an amendment intended to be proposed by him to the bill H.R. 1628, supra; which was ordered to lie on the table.
SA 395. Mr. STRANGE submitted an amendment intended to be proposed by him to the bill H.R. 1628, supra; which was ordered to lie on the table.
SA 396. Mr. STRANGE submitted an amendment intended to be proposed by him to the bill H.R. 1628, supra; which was ordered to lie on the table.
SA 397. Mr. STRANGE submitted an amendment intended to be proposed by him to the bill H.R. 1628, supra; which was ordered to lie on the table.
the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

At the end of title I, insert the following:

SEC. 122. SMALL BUSINESS HEALTH PLANS.

(a) Tax Treatment of Small Business Health Plans.—A small business health plan (as defined in section 801(a) of the Employee Retirement Income Security Act of 1974) shall be treated as—

(1) a group health plan (as defined in section 2791 of the Public Health Service Act (42 U.S.C. 300gg–91)) for purposes of applying title XIX of the Public Health Service Act (42 U.S.C. 300gg et seq.) and title XXII of such Act (42 U.S.C. 300bb–1);

(2) as a group health plan (as defined in section 1181b of the Internal Revenue Code of 1986), for purposes of applying sections 4980B and 5000 and chapter 100 of the Internal Revenue Code of 1986; and


(b) RULES.—Subtitle B of title I of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1192 et seq.) is amended by adding at the end the following new part:

PRT 8—RULES GOVERNING SMALL BUSINESS HEALTH PLANS.

SEC. 801. SMALL BUSINESS HEALTH PLANS.

"(a) IN GENERAL.—For purposes of this part, the term ‘small business health plan’ means—

"(1) a fully insured group health plan, offered by a health insurance issuer in the large group market; or

"(2) a self-insured group health plan, whose sponsor is described in subsection (b).

"(b) SPONSOR.—The sponsor of a group health plan is described in this subsection if such sponsor—

"(1) is a qualified sponsor and receives certification by the Secretary;

"(2) is organized and maintained in good faith, with a constitution or bylaws specifically stating its purpose and providing for periodic meetings on at least an annual basis; and

"(3) is established as a permanent entity; and

"(4) does not condition membership on the basis of a minimum group size.

SEC. 802. FILING, CERTIFICATION, AND RECOGNITION OF SMALL BUSINESS HEALTH PLANS.

"(a) FILING FEE.—A small business health plan shall pay to the Secretary at the time of filing an application for certification under subsection (b) a filing fee in the amount of $5,000, which shall be available to the Secretary for the sole purpose of administering the certification procedure applicable with respect to small business health plans.

"(b) CERTIFICATION.—

"(1) IN GENERAL.—Not later than 6 months after the date of enactment of this part, the Secretary shall prescribe by interim final rule amendments to such regulation after the date of enactment of this part, the Secretary shall provide for the recertification of small business health plans under this part.

"(2) shall provide for the revocation of a certification if the applicable authority finds that the small business health plan involved fails to comply with the requirements of this part.

"(3) shall conduct oversight of certified plan sponsors, including periodic review, and consistent with section 504, applying the requirements of sections 518, 519, and 520; and

"(4) will consult with a State with respect to a small business health plan domiciled in such State to ensure the authority under this part and other enforcement authority under sections 502 and 504.

"(2) INFORMATION TO BE INCLUDED IN APPLICATION.—An application for certification under this part meets the requirements of this section only if it includes, in a manner and form which shall be prescribed by the Secretary by regulation, at least the following information:

"(A) identifying information.

"(B) such information in which the plan intends to do business.

"(C) Bonding requirements.

"(D) Plan documents.

"(E) Agreements with service providers.

"(F) REQUIREMENTS FOR CERTIFIED PLAN SPONSORS.—Not later than 6 months after the date of enactment of this part, the Secretary shall prescribe by interim final rule requirements for certified plan sponsors that include requirements regarding—

"(1) structure and requirements for boards of trustees or administrators.

"(B) notification of material changes; and

"(C) notification for voluntary termination.

"(3) FILING NOTICE OF CERTIFICATION WITH STATES.—A certification granted under this part to a small business health plan offered by a health insurance issuer, as described in section 801(a)(1), shall not be effective unless a written notice of such certification is filed by the plan sponsor with the applicable authority of each State in which the small business health plan is offered.

"(4) EXPEDITED AND DEEMED CERTIFICATION.—

"(1) IN GENERAL.—If the Secretary fails to act on a complete application for certification under this section within 90 days of receipt of such complete application, the small business health plan sponsor shall be deemed certified until such time as the Secretary may deny for cause the application for certification.

"(2) PENALTY.—The Secretary may assess a penalty against trustees, plan administrator, and plan sponsor (jointly and severally) of a small business health plan sponsor that is deemed certified under paragraph (1) of this subsection for any employee not covered under the plan, with respect to a health insurance issuer in a State, the State insurance commissioner or official or officials designated by the Secretary with respect to such insured

"(3) REQUIREMENTS AND COVERAGES REQUIRED.—

"(A) COVERED EMPLOYERS AND INDIVIDUALS.—The requirements of this subsection are met with respect to a small business health plan if, under the terms of the plan—

"(A) a participating employer must—

"(B) the sponsor; or

"(C) an affiliated member of the sponsor, except that, in the case of a sponsor which is a professional association or other individual-based association, if at least one of the officers, directors, or employees of an employer, or at least one of the individuals who are partners in an employer and who actively participates in the business, is a member or such an affiliated member of the sponsor, participating employers may also include such employers.

"(2) a participating employer is not deemed to be a plan sponsor in applying requirements relating to coverage renewal; and

"(3) the plan year for a participating employer under the plan after certification under this part must be—

"(A) an active or retired owner (including a self-employed individual with or without employees), officer, director, or employee of, or partner in, a participating employer;

"(B) an eligible employee;

"(c) a dependent of an individual described in subparagraph (A) or (B).

"(d) Prohibition of Discrimination Against Eligible Individuals Who Are Affiliated Members.—The requirements of this subsection are met with respect to a small business health plan if—

"(2) under the terms of the plan, no participating employer may provide health insurance coverage in the individual market for any employee not covered under the plan, if the exclusion of the employment from coverage under the plan is based on a health status-related factor with respect to the employee and such employee would, for such exclusion on such basis, be eligible for coverage under the plan; and

"(2) information regarding all coverage options available under the plan is made readily available to any employer eligible to participate.

SEC. 804. DEFINITIONS; RENEWAL.

"(a) AFFILIATED MEMBER.—The term ‘affiliated member’ means, in connection with a sponsor—

"(A) a person who is otherwise eligible to be a member of the same group health plan but who selects an affiliated status with the sponsor,

"(B) in the case of a sponsor with members which consist of associations, a person who is a member of an employee of any such association and elects an affiliated status with the sponsor.

"(2) APPLICABLE AUTHORITY.—The term ‘applicable authority’ means, in connection with a sponsor—

"(A) with respect to a health insurance issuer in a State, the State insurance commissioner or official or officials designated by the State to enforce the requirements of title XXVII of the Public Health Service Act for the State involved with respect to such issuer; and

"(B) with respect to a group health plan, the Secretary of Labor.

"(3) ELIGIBLE INDIVIDUAL.—The term ‘eligible individual’ means any individual who—

"(A) is a member of a participating employer; and

"(B)(i) is not employed or self-employed; or

"(ii) is employed by an employer who does not offer the individual the option to enroll in group health insurance.

"(4) FRANCHISOR; FRANCHISEE.—The terms ‘franchisor’ and ‘franchisee’ have the meanings given such terms for purposes of section 436.2(a) through 436.2(c) of title 16, Code of Federal Regulations (including any such amendments to such regulation after the date of enactment of this part) and, for purposes of this part, franchisor or franchisee employers participating in such a group health plan shall not be treated as the employer, co-employer, or joint employer of the employees of any employing franchisor or franchisee employer for any purpose.

"(5) HEALTH PLAN TERMS.—The terms ‘group health plan’, ‘health insurance coverage’, and ‘health insurance issuer’ have the meanings given such terms in section 733.

"(6) INDIVIDUAL MARKET.—The term ‘individual market’ means the market for health insurance offered to individuals other than in connection with a group health plan.

"(7) TREATMENT OF VERY SMALL GROUPS.—

"(1) IN GENERAL.—Subject to clause (ii), such term includes coverage offered in connection with a group health plan that has fewer than 2 participating employers or participants described in section 732(b)(3) on the first day of the plan year.
(ii) STATE EXCEPTION.—Clause (i) shall not apply in the case of health insurance coverage offered in a State if such State regulates the coverage described in such clause in the same manner and to the same extent as such coverage in the small group market (as defined in section 2791(e)(5) of the Public Health Service Act) is regulated by such State.

(7) PARTICIPATING EMPLOYER.—The term ‘participating employer’ means, in connection with a small business health plan, any employer or individual who—

(a) is an employee of such employer, a partner in such employer, or a self-employed individual who is such employer, including a self-employed individual with additional employees or any dependent, as defined under the terms of the plan, of such individual; or

(b) was covered under such plan in connection with the status of such individual as such an employee, partner, or self-employed individual in relation to the plan.”

(c) PREEMPTION RULES.—Section 514 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1144) is amended by adding at the end the following:

“(4) Exempt as provided in subsection (b)(4), the provisions of this title shall supersede any and all State laws insofar as they may now or hereafter preclude a health insurer issuing individual health insurance coverage in connection with a small business health plan which is certified under part 8 or provides a self-insured small business health plan which is certified under part 8 from operating.

(2) Nothing in subparagraph (1) shall be construed to limit the authority of a State to otherwise regulate health plans offered by a health insurance issuer in such State.”

(d) Section 3(16)(B) of such Act (29 U.S.C. 102(16)(B)) is amended by adding at the end the following new sentence: “Such term also includes a person serving as the sponsor of a small business health plan under part 8.”

(e) SAVINGS CLAUSE.—Section 731(c) of such Act is amended by inserting “or part 8” after “this Act”.

(f) EFFECTIVE DATE.—The amendments made by this section shall take effect 1 year after the date of enactment of this Act.

The Secretary of Labor shall—

(1) issue such regulations necessary to carry out the amendments made by this section within 6 months after the date of enactment of this Act;

(2) the Department of Defense is required to submit a report to the Congress on the extent to which such regulations are necessary to implement this section.

SA 283. Mr. ROUNDS submitted an amendment intended to be proposed by him to the bill H.R. 2810, to authorize appropriations for fiscal year 2018 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes; which was ordered to lie on the table; as follows:

At the end of title C of title XVII, add the following:

SEC. 1630C. SENSE OF CONGRESS ON USE OF INTERGOVERNMENTAL PERSONAL VEHICLES.

It is the sense of Congress that—

(1) the Department of Defense should fully use the Intergovernmental Personal Vehicular Program (IPAMP) and the Department of Defense Information Technology Exchange Program (ITEP) to obtain cybersecurity personnel across the Government by leveraging cybersecurity capabilities found at the State and local government and in the private sector in order to meet the needs of the Department for cybersecurity professionals; and

(2) the Department should implement at the earliest practicable date a strategy that includes policies and plans to fully use such programs to obtain such personnel for the Department.

SA 284. Mr. KENNEDY submitted an amendment intended to be proposed by Mr. MCCONNELL to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017, which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. 100. WORK REQUIREMENT FOR NON-DISABLED, NONELDERLY, NONPREGNANT INDIVIDUALS.

Section 1902 of the Social Security Act (42 U.S.C. 1396a), as previously amended, is further amended by adding at the end the following new subsection:

“(oo) WORK REQUIREMENT FOR NON-DISABLED, NONELDERLY, NONPREGNANT INDIVIDUALS.—

“(1) IN GENERAL.—Beginning October 1, 2017, subject to paragraph (3), States shall provide medical assistance to a non-disabled, nonelderly, nonpregnant individual under this title upon such an individual’s satisfaction of a work requirement (as defined in paragraph (2)).

“(2) WORK REQUIREMENT DEFINED.—In this section, the term ‘work requirement’ means, with respect to an individual, the individual’s participation in work activities (as defined in section 407(d)) for such period of time as determined by the State, and as directed and administered by the State.

“(3) Required exceptions.—States may not apply a work requirement under this subsection to—

“(A) a woman during pregnancy through the sixth month of pregnancy; or

“(B) an individual who is a veteran during the 30-day period (beginning on the last day of her pregnancy) ends;
was ordered to lie on the table; as follows:

SEC. 23. NULLIFICATION OF CERTAIN PROVISIONS.

The provisions of, and the amendments made by, this Act that would harm individuals with Alzheimer’s disease by increasing their premiums or cutting Federal Medicaid funding that supports those in nursing homes, shall be null and void and this Act shall be applied and administered as if such provisions and amendments had never been enacted.

SA 295. Ms. WARREN submitted an amendment intended to be proposed by her to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. 24. NULLIFICATION OF CERTAIN PROVISIONS.

The provisions of, and the amendments made by, this Act that would harm individuals with Alzheimer’s disease by increasing their premiums or cutting Federal Medicaid funding that supports those in nursing homes, shall be null and void and this Act shall be applied and administered as if such provisions and amendments had never been enacted.

SA 296. Ms. WARREN submitted an amendment intended to be proposed by her to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. 25. NULLIFICATION OF CERTAIN PROVISIONS.

The provisions of, and the amendments made by, this Act that would harm individuals with Alzheimer’s disease by increasing their premiums or cutting Federal Medicaid funding that supports those in nursing homes, shall be null and void and this Act shall be applied and administered as if such provisions and amendments had never been enacted.

SA 297. Ms. WARREN submitted an amendment intended to be proposed by her to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. 26. NULLIFICATION OF CERTAIN PROVISIONS.

The provisions of, and the amendments made by, this Act that would harm individuals with Alzheimer’s disease by increasing their premiums or cutting Federal Medicaid funding that supports those in nursing homes, shall be null and void and this Act shall be applied and administered as if such provisions and amendments had never been enacted.

SA 298. Mr. HELLER submitted an amendment intended to be proposed to amendment SA 267 proposed by Mr. MCCONNELL to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. 27. SENSE OF THE SENATE.

It is the Sense of the Senate that—

(1) the committee of jurisdiction of the Senate—

(A) should review the issue of Medicaid expansion and coverage for low-income Americans, and the incentives such expansion provides States for certain services;

(B) should consider legislation that provides incentives for States to prioritize Medicaid services for individuals who have the greatest medical need, including individuals with disabilities;

(C) should consider legislation that reduces or eliminates benefits or coverage for individuals who are currently eligible for Medicaid;

(D) should not consider legislation that prevents or discourages a State from expanding its Medicaid program to include groups or individuals that are operational under current law; and

(E) should not consider legislation that shifts costs to States to cover such care;

(2) Obamacare should be repealed because it increases costs, limits patient choice of health plans and doctors, forces Americans to buy insurance that they do not want, cannot afford, or may not be able to access, increases taxes on middle class families, which is evidenced by the facts that—

(A) premiums for health plans offered under the Federal Exchange have doubled on average over the last 4 years, and those increases are projected to continue;

(B) 70 percent of counties have only a few options for Obamacare insurance in 2017, and at least 40 counties are expected to have zero insurers planning their Exchange for 2018;

(C) 2,300,000 Americans on the Exchange are projected to have only one insurer to choose from for plan year 2018; and

(D) the Joint Committee on Taxation has identified significant and widespread tax increases on individuals earning less than $200,000; and

(3) Obamacare should be replaced with patient-centered legislation that—

(A) provides access to quality, affordable private health care coverage for Americans and their families by increasing competition, State flexibility, and individual choice; and

(B) strengthens Medicaid and empowers States through increased flexibility to best meet the needs of each State’s population.

SA 289. Mr. DAINES submitted an amendment intended to be proposed to amendment SA 267 proposed by Mr. MCCONNELL to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

On page 5, strike lines 20 through 22 and insert the following:

(b) EFFECTIVE DATE.—The amendments made by this section shall apply to months beginning after December 31, 2013.

(c) TAXPAYER REFUND PROGRAM.—

(1) In general.—The Secretary of the Treasury shall implement a program under which taxpayers who have paid a penalty under section 5000A of the Internal Revenue Code of 1986 for any taxable year receive a payment in refund of all such penalties paid, without regard to whether or not an amended return is filed. Such payment shall be made not later than April 15, 2018.

(2) WAIVER OF STATUTE OF LIMITATIONS.— Solely for purposes of claiming the refund under paragraph (1), the period prescribed by section 6501(a) of the Internal Revenue Code of 1986 with respect to any payment of a penalty under section 5000A shall be extended until the date prescribed by law (including extensions) for filing the return for the taxable year that includes December 31, 2017.

SA 299. Ms. WARREN (for herself, Mr. MARKEY, Mr. CARPER, Mr. DURBIN, Ms. STABENOW, Ms. HIRONO, Mr. VAN HOLLEN, and Mr. BROWN) submitted an amendment intended to be proposed by her to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. 28. NULLIFICATION OF CERTAIN PROVISIONS.

The provisions of, and the amendments made by, this Act that would harm individuals with Alzheimer’s disease by increasing their premiums or cutting Federal Medicaid funding that supports those in nursing homes, shall be null and void and this Act shall be applied and administered as if such provisions and amendments had never been enacted.

SA 300. Ms. WARREN submitted an amendment intended to be proposed by her to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. 29. NULLIFICATION OF CERTAIN PROVISIONS.

The provisions of, and the amendments made by, this Act that would harm individuals with Alzheimer’s disease by increasing their premiums or cutting Federal Medicaid funding that supports those in nursing homes, shall be null and void and this Act shall be applied and administered as if such provisions and amendments had never been enacted.

SA 301. Ms. WARREN submitted an amendment intended to be proposed by her to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. 30. NULLIFICATION OF CERTAIN PROVISIONS.

The provisions of, and the amendments made by, this Act that would harm individuals with Alzheimer’s disease by increasing their premiums or cutting Federal Medicaid funding that supports those in nursing homes, shall be null and void and this Act shall be applied and administered as if such provisions and amendments had never been enacted.
her to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. ___ NULLIFICATION OF CERTAIN PROVISIONS.

The provisions of, and the amendments made by, this Act that would make it harder for a pregnant woman to access health care, shall be null and void and this Act shall be applied and administered as if such provisions and amendments had never been enacted.

SA 297. Ms. WARREN submitted an amendment intended to be proposed by her to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. ___ NULLIFICATION OF CERTAIN PROVISIONS.

The provisions of, and the amendments made by, this Act that would make it harder for a person with cervical cancer to access health care, shall be null and void and this Act shall be applied and administered as if such provisions and amendments had never been enacted.

SA 298. Ms. WARREN submitted an amendment intended to be proposed by her to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. ___ NULLIFICATION OF CERTAIN PROVISIONS.

The provisions of, and the amendments made by, this Act that would make it harder for a victim of sexual violence to access health care, shall be null and void and this Act shall be applied and administered as if such provisions and amendments had never been enacted.

SA 299. Ms. WARREN submitted an amendment intended to be proposed by her to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. ___ NULLIFICATION OF CERTAIN PROVISIONS.

The provisions of, and the amendments made by, this Act that would make it harder for a pregnant woman to access health care, shall be null and void and this Act shall be applied and administered as if such provisions and amendments had never been enacted.

SA 300. Ms. WARREN submitted an amendment intended to be proposed by her to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. ___ NULLIFICATION OF CERTAIN PROVISIONS.

The provisions of, and the amendments made by, this Act that would make it harder for a person with breast cancer to access health care, shall be null and void and this Act shall be applied and administered as if such provisions and amendments had never been enacted.

SA 301. Ms. WARREN submitted an amendment intended to be proposed by her to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. ___ NULLIFICATION OF CERTAIN PROVISIONS.

The provisions of, and the amendments made by, this Act that would make it harder for a victim of sexual violence to access health care, shall be null and void and this Act shall be applied and administered as if such provisions and amendments had never been enacted.

SA 302. Ms. WARREN submitted an amendment intended to be proposed by her to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. ___ NULLIFICATION OF CERTAIN PROVISIONS.

The provisions of, and the amendments made by, this Act that would make it harder for a pregnant woman to access health care, shall be null and void and this Act shall be applied and administered as if such provisions and amendments had never been enacted.

SA 303. Ms. WARREN submitted an amendment intended to be proposed by her to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. ___ NULLIFICATION OF CERTAIN PROVISIONS.

The provisions of, and the amendments made by, this Act that would make it harder for a person with breast cancer to access health care, shall be null and void and this Act shall be applied and administered as if such provisions and amendments had never been enacted.

SA 304. Ms. WARREN submitted an amendment intended to be proposed by her to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. ___ NULLIFICATION OF CERTAIN PROVISIONS.

The provisions of, and the amendments made by, this Act that would make it harder for a pregnant woman to access health care, shall be null and void and this Act shall be applied and administered as if such provisions and amendments had never been enacted.

SA 305. Ms. WARREN submitted an amendment intended to be proposed by her to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. ___ NULLIFICATION OF CERTAIN PROVISIONS.

The provisions of, and the amendments made by, this Act that would make it harder for a pregnant woman to access health care, shall be null and void and this Act shall be applied and administered as if such provisions and amendments had never been enacted.

SA 306. Ms. WARREN submitted an amendment intended to be proposed by her to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. ___ NULLIFICATION OF CERTAIN PROVISIONS.

The provisions of, and the amendments made by, this Act that would threaten to make health insurance unaffordable for people receiving long term services and supports shall be null and void and this Act shall be applied and administered as if such provisions and amendments had never been enacted.

SA 307. Ms. WARREN submitted an amendment intended to be proposed by her to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. ___ NULLIFICATION OF CERTAIN PROVISIONS.

The provisions of, and the amendments made by, this Act that would threaten to make health insurance unaffordable for people seeking treatment for opioid addiction shall be null and void and this Act shall be applied and administered as if such provisions and amendments had never been enacted.

SA 308. Ms. WARREN submitted an amendment intended to be proposed by her to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. ___ NULLIFICATION OF CERTAIN PROVISIONS.

The provisions of, and the amendments made by, this Act that would threaten to make health insurance unaffordable for people with any substance use disorder shall be null and void and this Act shall be applied and administered as if such provisions and amendments had never been enacted.

SA 309. Ms. WARREN submitted an amendment intended to be proposed by
her to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. ... NULLIFICATION OF CERTAIN PROVISIONS.

The provisions of, and the amendments made by, this Act that would threaten to make health insurance unaffordable for people seeking mental health care shall be null and void and this Act shall be applied and administered as if such provisions and amendments had never been enacted.

SA 310. Ms. WARREN submitted an amendment intended to be proposed by her to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. ... NULLIFICATION OF CERTAIN PROVISIONS.

The provisions of, and the amendments made by, this Act that would threaten to make health insurance unaffordable for people with brain cancer shall be null and void and this Act shall be applied and administered as if such provisions and amendments had never been enacted.

SA 311. Ms. WARREN submitted an amendment intended to be proposed by her to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. ... NULLIFICATION OF CERTAIN PROVISIONS.

The provisions of, and the amendments made by, this Act that would threaten to make health insurance unaffordable for people receiving Social Security benefits, including SSI and SSDI shall be null and void and this Act shall be applied and administered as if such provisions and amendments had never been enacted.

SA 312. Ms. WARREN submitted an amendment intended to be proposed by her to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. ... NULLIFICATION OF CERTAIN PROVISIONS.

The provisions of, and the amendments made by, this Act that would threaten to make health insurance unaffordable for people living in a rural area shall be null and void and this Act shall be applied and administered as if such provisions and amendments had never been enacted.

SA 313. Ms. WARREN submitted an amendment intended to be proposed by her to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. ... NULLIFICATION OF CERTAIN PROVISIONS.

The provisions of, and the amendments made by, this Act that would threaten to make health insurance unaffordable for people with diabetes shall be null and void and this Act shall be applied and administered as if such provisions and amendments had never been enacted.

SA 314. Ms. WARREN submitted an amendment intended to be proposed by her to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. ... NULLIFICATION OF CERTAIN PROVISIONS.

The provisions of, and the amendments made by, this Act that would threaten to make health insurance unaffordable for veterans shall be null and void and this Act shall be applied and administered as if such provisions and amendments had never been enacted.

SA 315. Ms. WARREN submitted an amendment intended to be proposed by her to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. ... NULLIFICATION OF CERTAIN PROVISIONS.

The provisions of, and the amendments made by, this Act that would threaten to make health insurance unaffordable for people over the age of 50 shall be null and void and this Act shall be applied and administered as if such provisions and amendments had never been enacted.

SA 316. Ms. WARREN submitted an amendment intended to be proposed by her to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. ... NULLIFICATION OF CERTAIN PROVISIONS.

The provisions of, and the amendments made by, this Act that would threaten to make health insurance unaffordable for people with ALS shall be null and void and this Act shall be applied and administered as if such provisions and amendments had never been enacted.

SA 317. Ms. WARREN submitted an amendment intended to be proposed by her to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. ... NULLIFICATION OF CERTAIN PROVISIONS.

The provisions of, and the amendments made by, this Act that would threaten to make health insurance unaffordable for people with heart disease shall be null and void and this Act shall be applied and administered as if such provisions and amendments had never been enacted.

SA 318. Ms. WARREN submitted an amendment intended to be proposed by her to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. ... NULLIFICATION OF CERTAIN PROVISIONS.

The provisions of, and the amendments made by, this Act that would threaten to make health insurance unaffordable for people receiving Social Security benefits, including SSI and SSDI shall be null and void and this Act shall be applied and administered as if such provisions and amendments had never been enacted.

SA 319. Ms. WARREN submitted an amendment intended to be proposed by her to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. ... NULLIFICATION OF CERTAIN PROVISIONS.

The provisions of, and the amendments made by, this Act that would threaten to make health insurance unaffordable for people with heart disease shall be null and void and this Act shall be applied and administered as if such provisions and amendments had never been enacted.

SA 320. Ms. WARREN submitted an amendment intended to be proposed by her to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. ... NULLIFICATION OF CERTAIN PROVISIONS.

The provisions of, and the amendments made by, this Act that would threaten to make health insurance unaffordable for people with heart disease shall be null and void and this Act shall be applied and administered as if such provisions and amendments had never been enacted.

SA 321. Mr. NELSON submitted an amendment intended to be proposed by him to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. ... NULLIFICATION OF CERTAIN PROVISIONS.

The provisions of, and the amendments made by, this Act that would threaten to make health insurance unaffordable for people with prostate cancer shall be null and void and this Act shall be applied and administered as if such provisions and amendments had never been enacted.

SA 322. Ms. WARREN submitted an amendment intended to be proposed by her to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. ... NULLIFICATION OF CERTAIN PROVISIONS.

The provisions of, and the amendments made by, this Act that would threaten to make health insurance unaffordable for people with cancer shall be null and void and this Act shall be applied and administered as if such provisions and amendments had never been enacted.

SA 323. Ms. WARREN submitted an amendment intended to be proposed by her to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. ... NULLIFICATION OF CERTAIN PROVISIONS.

The provisions of, and the amendments made by, this Act that would threaten to make health insurance unaffordable for people with glaucoma shall be null and void and this Act shall be applied and administered as if such provisions and amendments had never been enacted.

SA 324. Ms. WARREN submitted an amendment intended to be proposed by her to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. ... NULLIFICATION OF CERTAIN PROVISIONS.

The provisions of, and the amendments made by, this Act that would threaten to make health insurance unaffordable for people with diabetes shall be null and void and this Act shall be applied and administered as if such provisions and amendments had never been enacted.
engaging in fraud, an illegal bribe or kickback, or any other illegal transaction (as such term is defined by the Secretary) under any law of the United States, or under any law of any State or possession of the United States (generally enforced), no deduction shall be allowed under subsection (a) for any taxable year during the 18-year period subsequent to the date on which such criminal penalty was imposed.”.

(b) HEALTH CARE FRAUD PENALTIES.—Section 1947(a) of title 18, United States Code, is amended by—

(1) by striking “10 years” and inserting “15 years”.

(2) by striking “20 years” and inserting “25 years”.

(c) ESTABLISHMENT OF HEALTH CARE FRAUD EXCISE TAX.—

(1) HEALTH CARE FRAUD EXCISE TAX.—

(A) IN GENERAL.—Subchapter C of chapter 100 of subtitle K of the Internal Revenue Code of 1986 is amended by adding at the end the following new section:

“SEC. 9835. HEALTH CARE FRAUD EXCISE TAX.

“(a) IN GENERAL.—In the case of any payment relating to health care benefits, items, or services which is made by health insurance issuer (as defined in section 9832(c)(2)) to a person engaged in a violation of section 1947(a) of title 18, United States Code, there is hereby imposed a tax equal to 20 percent of such payment.

“(b) KNOWLEDGE REQUIREMENT.—With respect to the tax imposed under subsection (a), the health insurance issuer shall not be required to have knowledge of the violation under section 1947(a) of title 18, United States Code.”.

(B) CLERICAL AMENDMENT.—The table of sections for such subchapter is amended by adding at the end the following new item:

“Sec. 9835. Health care fraud excise tax.”.

(C) EFFECTIVE DATE.—The amendments made by this paragraph shall apply to payments made after the date of the enactment of this Act.

(2) HEALTH CARE FRAUD TRUST FUND.—

(A) IN GENERAL.—Subchapter A of chapter 98 of the Internal Revenue Code of 1986 is amended by adding at the end the following new section:

“SEC. 9851. HEALTH CARE FRAUD TRUST FUND.

“(a) CREATION OF TRUST FUND.—There is established in the Treasury of the United States a trust fund to be known as the ‘Health Care Fraud Trust Fund’, consisting of any payments appropriated or credited to the Trust Fund as provided in this section or section 9862(b).

“(b) TRANSFERS TO TRUST FUND.—There is hereby appropriated to the Health Care Fraud Trust Fund amounts equivalent to the revenues received in the Treasury from the tax imposed by section 9835.

“(c) EXPENDITURES.—Amounts in the Health Care Fraud Trust Fund shall be available, without further appropriation, to the Secretary of Health and Human Services for providing grants to—

“(1) local law enforcement authorities for health care fraud prevention efforts, with priority given to authorities operating in areas experiencing high rates of health care fraud or drug abuse, and

“(2) qualified drug addiction treatment centers.

“(d) DEFINITIONS.—

“(1) LOCAL LAW ENFORCEMENT AUTHORITY.—The term ‘local law enforcement authority’ means a duly recognized law enforcement agency legally organized under a political subdivision of a state or possession of the United States.

SA 322. Mr. HEINRICH submitted an amendment intended to be proposed by

the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017, which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. 1. POINT OF ORDER AGAINST LEGISLATION THAT WOULD DECREASE MEDICAL CHIP ENROLLMENT OF CHILDREN.

(a) POINT OF ORDER.—It shall not be in order in the Senate to consider any bill, joint resolution, motion, amendment, or conference report that would result in an increase in the rate of uninsured individuals in rural areas, a reduction or a decrease in the health care profession for prospective or a shortage of employment opportunities, or a decrease in the rate of uninsured individuals in rural areas.

(b) WAIVER AND APPEAL.—Subsection (a) may be waived by a point of order in the Senate, or by the unanimous consent of the Senate, only by an affirmative vote of three-fifths of the Members, duly chosen and sworn. An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under subsection (a).

SA 323. Mr. HEINRICH submitted an amendment intended to be proposed by

him to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017, which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. 2. POINT OF ORDER AGAINST LEGISLATION THAT WOULD AFFECT ADVERSELY IMPACT UNINSURED INDIVIDUALS IN RURAL AREAS.

(a) POINT OF ORDER.—It shall not be in order in the Senate to consider any bill, joint resolution, motion, amendment, or conference report that would result in an increase in the rate of uninsured individuals in rural areas, a reduction or a decrease in the health care profession for prospective or a shortage of employment opportunities, or a decrease in the rate of uninsured individuals in rural areas.

(b) WAIVER AND APPEAL.—Subsection (a) may be waived by a point of order in the Senate, or by the unanimous consent of the Senate, only by an affirmative vote of three-fifths of the Members, duly chosen and sworn. An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under subsection (a).

SA 324. Mr. HEINRICH (for himself and Mr. Udall) submitted an amendment intended to be proposed by

him to the bill H.R. 2810, to authorize appropriations for fiscal year 2018 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes; which was ordered to lie on the table; as follows:

At the end of subtitle B of title XXXI, add the following:

SEC. 3116. PLUTONIUM CAPABILITIES.

(a) REPORT.—Not later than 30 days after the date of the enactment of this Act, the Administrator for Nuclear Security shall submit to the congressional defense committees, the Secretary of Energy, the Director of the National Nuclear Security Administration, the Secretary of Defense, and the Director of Cost Assessment and Program Evaluation a report on the recommended alternative endorsed by the Administrator for recapitalization of plutonium science and production capabilities in the nuclear sector. The report shall identify the recommended alternative endorsed by the Administrator and contain the analysis of alternatives, including costs, upon which the Administrator relied in making such endorsement.

(b) CERTIFICATION.—Not later than 60 days after the date on which the Secretary of Defense receives the non-legislative subsection (a), the Chairman of the Nuclear Weapons Council shall submit to the congressional defense committees the written certification of the Chairman regarding whether the recommended alternative endorsed by the Administrator—

(1) is acceptable to the Secretary of Defense and the Nuclear Weapons Council and meets the requirements of the Secretary for plutonium pit production capacity and capability;

(2) is likely to meet the pit production timelines and milestones required by section 4219 of the Atomic Energy Defense Act (50 U.S.C. 2538a); and

(3) is likely to meet pit production timelines and requirements responsive to military requirements;

is cost effective and has reasonable near-term and lifecycle costs that are minimized, to the extent practicable, as compared to other alternatives, and has tested and documented the cost estimates for each alternative to risks and changes in key assumptions;

contains minimized and manageable risks as compared to other alternatives;

can be accepted and accounted for any differences in the conclusions made by the Office of Cost Assessment and Program Evaluation of the Department of Defense in the business case analysis of plutonium pit production capability issued in 2013; and

has documented the assumptions and constraints used in the analysis of alternatives.

(c) FAILURE TO CERTIFY.—If the Chairman is unable to submit the certification under subsection (b), the Chairman shall submit to the congressional defense committees a briefing containing the assessment of the Director of the analysis of alternatives conducted by the Administrator for recapitalization of plutonium science and production capabilities.

(d) ASSESSMENT.—Not later than 120 days after the date on which the Director of Cost Assessment and Program Evaluation receives the notification under subsection (a), the Director shall provide to the congressional defense committees a briefing containing the assessment of the Director of the analysis of alternatives conducted by the Administrator for recapitalization of plutonium science and production capabilities.

SA 325. Mr. HEINRICH (for himself and Mr. Udall) submitted an amendment intended to be proposed by

him to the bill H.R. 2810, to authorize appropriations for fiscal year 2018 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:
At the end of subtitle E of title X, add the following:

SEC. 4. AIR FORCE PILOT PROGRAM ON EDUCATION AND TRAINING AND CERTIFICATION OF SECONDARY AND POST-SECONDARY STUDENTS AS AIRCRAFT TECHNICIANS.

(a) PILOT PROGRAM.—

(1) IN GENERAL.—The Secretary of the Air Force shall carry out a pilot program to assess the feasibility and advisability of—

(A) providing education and training leading to certification as an aircraft technician for the Air Force to secondary and post-secondary students in the skills and qualifications required to lead to certification as an aircraft technician for the Air Force levels 3–5; and

(B) certifying individuals who successfully complete education and training under the pilot program as aircraft technicians for the Air Force.

(2) LOCATIONS.—The secondary schools and institutions of higher education selected by the Secretary for purposes of the pilot program—

(A) must be located in the vicinity of installations of the Air Force at which there is, or is anticipated to be, a shortfall in aircraft technicians with skill levels 3–5; and

(B) must seek to pursue education and training under the pilot program in order to become certified as aircraft technicians of the Air Force.

(b) ELIGIBLE PARTICIPANTS.—Individuals eligible to participate in the pilot program are—

(1) have education, skills, or both appropriate for pursuit of education and training leading to certification as an aircraft technician of the Air Force; and

(2) seek to pursue education and training under the pilot program in order to become certified as aircraft technicians of the Air Force.

(c) SECONDARY SCHOOLS AND INSTITUTIONS OF HIGHER EDUCATION.—

(1) IN GENERAL.—The Secretary shall carry out the pilot program through secondary schools and institutions of higher education selected by the Secretary for purposes of the pilot program.

(2) LOCATIONS.—The secondary schools and institutions of higher education selected pursuant to paragraph (1) shall, to the extent practicable, be located in the vicinity of installations of the Air Force at which there is, or is anticipated to be, a shortfall in aircraft technicians with skill levels 3–5.

(d) COORDINATION.—The pilot program may be carried out at a secondary school only with the approval of the local educational agency that serves the secondary school. The pilot program may be carried out at an institution of higher education only with the approval of the board of trustees or other appropriate leadership of the institution.

(e) GRANTS.—In carrying out the pilot program, the Secretary may award a grant to any secondary school or institution of higher education participating in the pilot program for purposes of providing education and training under the pilot program.

(f) EMPLOYMENT AS AIR FORCE AIRCRAFT TECHNICIANS.—As part of the pilot program, the Secretary may employ, and may afford an emphasis on employment, in the Department of the Air Force as aircraft technicians of the Air Force any individuals who obtain certification under the pilot program as aircraft technicians of the Air Force.

(g) FUNDING.—

(1) IN GENERAL.—The amount authorized to be appropriated for fiscal year 2018 for the Department of the Air Force is hereby increased by $5,000,000, with the amount of the increase to be available for the pilot program, including for the award of grants pursuant to subsection (e) and for support of the development of curriculum and training equipment pursuant to subsection (d).

(2) OPPORTUNITY.—The amount authorized to be appropriated for fiscal year 2018 by section 301 is hereby reduced by $5,000,000, with the amount of the reduction to be applied against amounts available for operation and maintenance, Defense-wide, for SAG 4GTV Office of the Inspector General.

SA 326. Mrs. LANKFORD (for himself, Mr. CRUZ, Mrs. FISCHER, and Mr. INHOFE) submitted an amendment intended to be proposed by her to the bill S. 2810, to authorize appropriations for fiscal year 2018 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes; which was ordered to lie on the table; as follows:

At the end of subtitle C of title XII, add the following:

SEC. 3. STRENGTHS FOR DEFENSE ACTIVITIES OF THE DEPARTMENT OF ENERGY.

(a) IN GENERAL.—Section 152d of title 42, United States Code, is amended by adding at the end the following:

"(w) The Secretary of Energy shall, in carrying out the programs and activities described in this section, ensure that—

(1) each program or activity is consistent with State and local plans and programs for environmental, economic, and community revitalization; and

(2) the Secretary coordinates with the appropriate State agencies, local governments, and other interested parties to ensure that—

(A) the development and implementation of each program or activity is consistent with the policies and plans of the State and local governments; and

(B) the programs and activities described in this section are made available to the public in accordance with paragraph (1); and

(C) the Secretary assesses the economic impact of each program or activity, and makes a determination, based on the assessment, that—

(i) the program or activity will not have an adverse effect on the economy of any region of the United States; and

(ii) the program or activity is consistent with the policies and plans of the State and local governments; and

(D) the Secretary submits a report to the Congress not later than 180 days after the date of enactment of this Act, which includes—

(i) a description of the method of pay-
(d) DUTIES.—

(1) REVIEW.—The Group shall review the current situation with respect to the United States military and diplomatic strategy in Syria, including a review of current United States objectives in Syria and the desired end state in Syria.

(2) ASSESSMENT AND RECOMMENDATIONS.—The Group shall—

(A) conduct a comprehensive assessment of the current situation in Syria, its impact on neighboring countries, resulting regional and geopolitical threats to the United States, and current military, diplomatic, and political efforts to stabilize Syria;

(B) develop recommendations on a military and diplomatic strategy for the United States with respect to the conflict in Syria.

(e) COOPERATION FROM UNITED STATES GOVERNMENT.—

(1) IN GENERAL.—The Group shall receive the full and timely cooperation of the Secretary of Defense, the Secretary of State, the Director of National Intelligence in providing the Group with analyses, briefings, and other information necessary for the discharge of the duties of the Group.

(2) LIASON.—The Secretary of Defense, the Secretary of State, and the Director of National Intelligence shall each designate at least one officer or employee of their respective organizations to serve as a liaison officer to the Group.

(f) REPORT.—

(1) FINAL REPORT.—Not later than September 30, 2018, the Group shall submit to the President, the Secretary of Defense, the Secretaries of the Treasury, the Secretary of the Treasury, the Committee on Armed Services of the House of Representatives, the Committee on Foreign Relations of the Senate, and the Committee on Foreign Affairs of the House of Representatives a report on the findings, conclusions, and recommendations of the Group under this section. The report shall do each of the following:

(A) Assess the current security, political, humanitarian, and economic situation in Syria.

(B) Assess the current participation and objectives of various external actors in Syria.

(C) Assess the consequences of continued conflict in Syria.

(D) Provide recommendations for a diplomatic resolution of the conflict in Syria, including options for a gradual political transition to a post-Assad Syria and actions necessary for reconciliation.

(E) Provide a roadmap for a United States and coalition strategy to reestablish security and governance in Syria, including recommendations for the synchronization of stabilization, development, counterterrorism, and reconstruction efforts.

(F) Address any other matters with respect to the conflict in Syria that the Group considers appropriate.

(2) INTERIM BRIEFING.—Not later than June 30, 2018, the Group shall provide to the Committees on Armed Services of the Senate and the House of Representatives a briefing on the status of its review and assessment of any interim recommendations developed by the Group as of the date of the briefing.

(g) FORM OF REPORT.—The report submitted to Congress under paragraph (1) shall be submitted in unclassified form, but may include a classified section.

(h) TERMINATION.—The Group shall terminate six months after the date on which it submits the report required by subsection (f)(1).

(i) FUNDING.—Of the amounts authorized to be appropriated for fiscal year 2018 for the Department of Defense by this Act, $1,500,000 is available to fund the activities of the Group.

SA 328. Mrs. SHAHEEN submitted an amendment intended to be proposed by her to the bill H.R. 2810, to authorize appropriations for fiscal year 2018 for military activities of the Department of Defense, foreign operations, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. 2. FOREIGN AGENTS REGISTRATION.

(a) SHORT TITLE.—This section may be cited as the "Foreign Agents Registration Modernization and Enforcement Act".

(b) CIVIL INVESTIGATIVE DEMAND AUTHORITY.—The Foreign Agents Registration Act of 1938 (22 U.S.C. 611 et seq.) is amended—

(1) by redesignating sections 9, 10, 11, 12, 13, and 14 as sections 9, 10, 11, 12, 13, and 14, respectively; and

(2) by inserting after section 7 (2 U.S.C. 617) the following:

"CIVIL INVESTIGATIVE DEMAND AUTHORITY—

SEC. 8. (a) Whenever the Attorney General has reason to believe that any person or entity, in connection with the provision of law applicable to such violation—

(1) contain any requirement that would make available until expended.

(d), in subsection (c), by striking ''Expect to defray the expenses of the FARA described herein, shall credit such fees to this appropriation, to remain available until expended.''

"FEES—

SEC. 15. The Attorney General shall—

(1) establish and collect a registration fee, to help defray the expenses of the FARA Registration Unit (to include salaries, supplies, equipment and training) pursuant to the Foreign Agents Registration Act, and shall credit such fees to this appropriation, to remain available until expended.

(2) REGISTRATION FEE.—The Foreign Agents Registration Act of 1938, as amended, (22 U.S.C. 611 et seq.), is amended by this Act, is further amended by adding after section 14, as redesignated by subsection (b)(1), the following:

"FEES—

SEC. 15. The Attorney General shall—

(1) establish and collect a registration fee, as part of the initial filing requirement, to help defray the expenses of the FARA Registration Unit; and

(2) credit such fees to the amount appropriated to carry out the activities of the National Security Division, which shall remain available until expended.

"Reports to Congress—Section 12 of the Foreign Agents Registration Act of 1938, as amended, by redesignated by subsection (b)(1), is amended to read as follows:
VONDERHEIDE—SUPPORT OF AMERICA’S DEFENSE INDUSTRY ACT—SEC. 203. EXPANSION AND MODIFICATION OF SMALL EMPLOYERS.—Subparagraph (A) of section 45R(e)(1) of the Internal Revenue Code of 1986 is amended by striking "(B)" and inserting "(A) a fraction—. SEC. 204. EXPANSION OF CREDIT PERIOD.—Subparagraph (B) of section 45R(d)(3)(B) of the Internal Revenue Code of 1986 is amended by striking "three times" and inserting "two and a half times". SEC. 205. AVERAGE ANNUAL WAGE LIMITATION.—Subparagraph (B) of section 45R(d)(3)(B) of the Internal Revenue Code of 1986 is amended by striking "with a value of $50" and inserting "with a value of $100". SEC. 206. LEVEL OF COVERAGE.—A State granted a waiver under section 1332 of the Patient Protection and Affordable Care Act (42 U.S.C. 18052), as amended by this Act, shall ensure that new essential health benefits provided under the waiver provide at least a level of coverage that is equivalent to the essential health benefits provided to Members of Congress. SEC. 207. NOTICExREQUEST.—The President shall notify in writing any individual who receives a cut in health care benefits, lower quality health insurance, or loses health insurance altogether that these changes are the result of this Act and the amendments made by this Act.
proposed to amendment SA 267 proposed by Mr. McCONNELL to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. 1. REDUCING INFANT MORTALITY.

The Secretary of Health and Human Services shall implement programs to protect, preserve, maintain, sustain, and expand all programs related to addressing, identifying the cause of, and reducing infant mortality.

SA 337. Mr. KING (for himself, Mr. BLUMENTHAL, and Mrs. SHAHEEN) submitted an amendment intended to be proposed to amendment SA 267 proposed by Mr. McCONNELL to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. 2. NATIONAL HEALTH SERVICE CORPS.

There are authorized to be appropriated, and there are appropriated, for each of fiscal years 2017 through 2026, $400,000,000 to carry out the National Health Service Corps program under part D of title III of the Public Health Service Act (42 U.S.C. 254d et seq.) and the scholarship program and loan repayment program under part III of title III of the Public Health Service Act (42 U.S.C. 254e et seq.).

SA 338. Mr. KING (for himself, Mr. BLUMENTHAL, and Mrs. SHAHEEN) submitted an amendment intended to be proposed to amendment SA 267 proposed by Mr. McCONNELL to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

Strike section 201.

SA 339. Mr. GRASSLEY submitted an amendment intended to be proposed to amendment SA 267 proposed by Mr. McCONNELL to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. 3. PRESERVATION OF RIGHT TO MAINTAIN EXISTING COVERAGE.

(a) In General.—Section 1251 of the Patient Protection and Affordable Care Act (42 U.S.C. 18011) is amended:

(1) in subsection (e), by inserting "other than a plan or coverage described in subsection (f)" before the period; and

(2) by adding at the end the following:

"(f) Preservation of Existing Options.—In the case of a group health plan or health insurance issuer offering a grandfathered plan, the issuer may continue to offer such a plan or coverage that was offered on an exchange established pursuant to this Act) offered to the members of an agricultural organization exempt from the tax imposed by section 501(c)(5) of the Internal Revenue Code of 1986, in existence since 1918, that has been providing health coverage to members since 1970, to the extent permitted by applicable State law—

"(1) such title and subtitle A (and the amendments made by such subtitles) shall not apply, and

"(2) such plan or coverage shall not be subject to any requirement of this Act that does not apply to such plan or coverage. This subsection shall apply to such plan or coverage, including with respect to new enrollees."

(b) Effective Date.—This section shall be effective for plan and policy years beginning on or after January 1, 2018.

SA 340. Mr. McCONNELL (for Mr. DAINES) proposed an amendment to amendment SA 267 proposed by Mr. McCONNELL to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; as follows:

In lieu of the matter proposed to be inserted, insert the following:

1. SHORT TITLE; TABLE OF CONTENTS.

(a) Short Title.—This Act may be cited as the "Expanded & Improved Medicare For All Act".

(b) Table of Contents.—The table of contents for this Act is as follows:

Sec. 1. Short title and table of contents.
Sec. 2. Definitions and terms.

TITLE I—ELIGIBILITY AND BENEFITS

Subtitle A—Budgeting and Payments
Sec. 201. Budgeting process.
Sec. 202. Payment of providers and health care clinicians.
Sec. 203. Payment for long-term care.
Sec. 204. Mental health services.
Sec. 205. Payment for prescription medications, medical supplies, and medically necessary assistive devices.
Sec. 206. Consultation in establishing reimbursement levels.
Subtitle B—Funding
Sec. 211. Overview: funding the Medicare For All Program.
Sec. 212. Appropriations for existing programs.

TITLE II—ADMINISTRATION
Sec. 301. Public administration; appointment of Director.
Sec. 302. Office of Quality Control.
Sec. 303. Regional and State administration; employment of displaced clerical workers.
Sec. 304. Confidential electronic patient record system.
Sec. 305. National Board of Universal Quality and Access.

TITLE IV—ADDITIONAL PROVISIONS
Sec. 401. Treatment of VA and IHS health programs.
Sec. 402. Public health and prevention.
Sec. 403. Reducing health disparities.
TITLE V—EFFECTIVE DATE
Sec. 501. Effective date.

SEC. 2. DEFINITIONS AND TERMS.

In this Act:

(1) Medicare for All Program; Program.—The terms "Medicare For All Program" and "Program" mean the program of benefits provided under this Act and, unless the context otherwise requires, the Secretary with respect to functions relating to carrying out such program.

(2) National Board of Universal Quality and Access.—The term "National Board of Universal Quality and Access" means such Board established under section 305.

(3) Regional Office.—The term "Regional office" means a Regional office established under section 303.

(4) Secretary.—The term "Secretary" means the Secretary of Health and Human Services.

(5) Director.—The term "Director" means, in relation to the Program, the Director appointed under section 301.

TITLE I—ELIGIBILITY AND BENEFITS

SEC. 101. ELIGIBILITY AND REGISTRATION.

(a) In General.—All individuals residing in the United States (including any territory of the United States) are covered under the Medicare For All Program entitling them to a universal, best quality standard of care. Each such individual shall receive a card with a unique number in the mail. An individual's Social Security number shall not be used for purposes of registration under this section.

(b) Registration.—Individuals and families shall receive a Medicare For All Program Card in the mail, after filling out a Medicare For All Program application form at a health care provider. Such application forms shall be no more than one page long.

(c) Presumption.—Individuals who present themselves for covered services from a participating provider shall be presumed to be eligible for benefits under this Act, but shall complete an application for benefits in order to receive a Medicare For All Program Card and have payment made for such benefits.

(d) Residency Criteria.—The Secretary shall promulgate a rule that provides criteria for determining residency for eligibility purposes under the Medicare For All Program.

(e) Coverage for Visitors.—The Secretary shall promulgate a rule regarding visitors from other countries who seek pre-medicated non-emergency surgical procedures. Such a rule should facilitate the establishment of country-to-country reimbursement arrangements or self pay arrangements between the visitor and the provider of care.

SEC. 102. BENEFITS AND PORTABILITY.

(a) In General.—The health care benefits under this Act cover all medically necessary services, including at least the following:

(1) Primary care and prevention.
(2) Approved dietary and nutritional therapies.
(3) Inpatient care.
(4) Outpatient care.
(5) Emergency care.
(6) Prescription drugs.
(7) Durable medical equipment.
(8) Long-term care.
(9) Palliative care.
(10) Mental health services.
(11) The full scope of dental services, services, including periodontics, oral surgery, and endodontics, but not including cosmetic dentistry.

(12) Substance abuse treatment services.
(13) Chiropathic services, not including electrical stimulation.
(14) Basic vision care and vision correction (other than laser vision correction for cosmetic purposes).

(15) Hearing services, including coverage of hearing aids.

(16) Podiatric care.

(b) Portability.—Such benefits are available through any licensed clinician anywhere in the United States that is legally qualified to provide the benefits.
TITLE II—FINANCES
Subtitle A—Establishment of Operating Budgets
and Capital Expenditures Budget
SEC. 201. BUDGETING PROCESS.

(a) ESTABLISHMENT OF OPERATING BUDGET AND CAPITAL EXPENDITURES BUDGET.—

(1) IN GENERAL.—To carry out this Act there are established on an annual basis consistent with this title—

(A) an operating budget, including amounts for optimal physician, nurse, and other health care staffing;
(B) a capital expenditures budget;
(C) reimbursement levels for providers consistent with subtitle B; and
(D) a health professional education budget, including amounts for the continued funding of resident physician training programs.

(2) REGIONAL ALLOCATION.—After Congress appropriates amounts for the annual budget for the Medicare For All Program, the Director shall provide the regional offices with an annual funding allotment to cover the costs of each region. Such an allotment shall cover global budgets, reimbursements to clinicians, health professional education, and capital expenditures. Regional offices may receive additional funds from the national program at the discretion of the Director.

(b) OPERATING BUDGET.—The operating budget shall be used for—

(1) payment for services rendered by physicians and other clinicians;
(2) global budgets for institutional providers;
(3) capital payments for capitated groups; and
(4) administration of the Program.

(c) CAPITAL EXPENDITURES BUDGET.—The capital expenditures budget shall be used for funds needed for—

(1) the construction or renovation of health facilities; and
(2) for major equipment purchases.

(d) MECHANISM FOR CONVERSION PROCESS.—

(1) ESTABLISHMENT OF GLOBAL BUDGETS; MONTHLY LUMP SUM.—

(1) IN GENERAL.—The Medicare For All Program shall pay each institutional provider of care, including hospitals, nursing homes, community or migrant health centers, home care agencies, or other institutional providers, a monthly lump sum to cover all operating expenses under a global budget.

(2) ESTABLISHMENT OF GROSS BUDGETS.—

The global budget of a provider shall be set through negotiations between providers, State directors, and regional directors, but are subject to the approval of the Director. The budget shall be negotiated annually, based on past expenditures, projected changes in levels of services, wages and input, costs of a provider’s maximum capacity to provide care, and proposed new and innovative programs.

(b) THREE PAYMENT OPTIONS FOR PHYSICIANS AND CERTAIN OTHER HEALTH PROFESSIONALS.—

(1) IN GENERAL.—The Program shall pay physicians, dentists, doctors of osteopathy, optometrists, chiropractors, doctors of optometry, nurse practitioners, nurse midwives, physicians’ assistants, and other advanced practice clinicians as licensed and regulated by the States by the following payment methods:

(A) Fee for service payment under paragraph (2).
(B) Salaried positions in institutions receiving global budgets under paragraph (3).

(2) FEE FOR SERVICE.—

(a) IN GENERAL.—The Program shall negotiate a simplified fee schedule that is fair and optimal with representatives of physicians and other clinicians, after close consultation with the National Board of Universal Quality and regional and State directors. Initially, the current prevailing fees or reimbursement would be the basis for the fee negotiation for all professional services covered under this Act.

(b) CONSIDERATIONS.—In establishing such schedule, the Director shall take into consideration the following:

(i) The need for a uniform national standard.

(ii) The goal of ensuring that physicians, clinicians, pharmacists, and other medical professionals be compensated in a manner which reflects their expertise and the value of their services, regardless of geographic region and patient fee schedules.

(c) STATE PHYSICIAN PRACTICE REVIEW BOARDS.—The State director for each State, in consultation with representatives of the physician community of that State, shall establish and appoint a physician practice review board to assure quality, cost effectiveness, and fair reimbursements for physician delivered services.

(d) FINAL GUIDELINES.—The Director shall be responsible for promulgating final guidelines to all providers.

SEC. 202. PAYMENT OF PROVIDERS AND HEALTH PROFESSIONALS.

(a) ESTABLISHING GLOBAL BUDGETS; MONTHLY LUMP SUM.—

(1) IN GENERAL.—The Medicare For All Program shall pay each regional office, shall pay each institutional provider of care, including hospitals, nursing homes, community or migrant health centers, home care agencies, or other institutional providers, a monthly lump sum to cover all operating expenses under a global budget.

(2) ESTABLISHMENT OF GLOBAL BUDGETS.—

The global budget of a provider shall be set through negotiations between providers, State directors, and regional directors, but are subject to the approval of the Director. The budget shall be negotiated annually, based on past expenditures, projected changes in levels of services, wages and input, costs of a provider’s maximum capacity to provide care, and proposed new and innovative programs.

(b) THREE PAYMENT OPTIONS FOR PHYSICIANS AND CERTAIN OTHER HEALTH PROFESSIONALS.—

(1) IN GENERAL.—The Program shall pay physicians, dentists, doctors of osteopathy, optometrists, chiropractors, doctors of optometry, nurse practitioners, nurse midwives, physicians’ assistants, and other advanced practice clinicians as licensed and regulated by the States by the following payment methods:

(A) Fee for service payment under paragraph (2).
(B) Salaried positions in institutions receiving global budgets under paragraph (3).

(2) FEE FOR SERVICE.—

(a) IN GENERAL.—The Program shall negotiate a simplified fee schedule that is fair and optimal with representatives of physicians and other clinicians, after close consultation with the National Board of Universal Quality and regional and State directors. Initially, the current prevailing fees or reimbursement would be the basis for the fee negotiation for all professional services covered under this Act.

(b) CONSIDERATIONS.—In establishing such schedule, the Director shall take into consideration the following:

(i) The need for a uniform national standard.

(ii) The goal of ensuring that physicians, clinicians, pharmacists, and other medical professionals be compensated in a manner which reflects their expertise and the value of their services, regardless of geographic region and patient fee schedules.

(c) STATE PHYSICIAN PRACTICE REVIEW BOARDS.—The State director for each State, in consultation with representatives of the physician community of that State, shall establish and appoint a physician practice review board to assure quality, cost effectiveness, and fair reimbursements for physician delivered services.

(d) FINAL GUIDELINES.—The Director shall be responsible for promulgating final guidelines to all providers.

(3) SALARIES WITHIN INSTITUTIONS RECEIVING GLOBAL BUDGETS.

(A) IN GENERAL.—In the case of an institution, such as a hospital, health center, group practice, community and migrant health center, or a home care agency that elects to be paid a monthly global budget for the delivery of health care as well as for education and prevention programs, physicians and other clinicians employed by such institutions shall be reimbursed through a salary included as part of such a budget.

(B) SALARY RANGES.—Salary range for health care providers shall be determined in the same way as fee schedules under paragraph (2).

(4) SALARIES WITHIN CAPITATED GROUPS.—

(A) IN GENERAL.—Health maintenance organizations, group practices, and other institutions may elect to pay capitation payments to cover all outpatient, physician, and other medical home care providers enrolled to receive benefits through the organization or entity.

(B) SCOPE.—Such capitation may include the costs of services provided by physicians and other licensed, independent practitioners provided to inpatients. Other costs of

SEC. 102. QUALIFICATION OF PARTICIPATING PROVIDERS.

(a) REQUIREMENT TO BE PUBLIC OR NON-PROFIT.—

(1) IN GENERAL.—No institution may be a participating provider unless it is a public or not-for-profit institution. Private physicians, private clinics, and private health care providers shall continue to operate as private entities, but are prohibited from being self-owned.

(2) CONVERSION OF INVESTOR-OWNED PROVIDERS.—A profit provider of capital that participates shall be required to convert to non-profit status.

(3) PRIVATE DELIVERY OF CARE REQUIREMENTS.—For-profits of care that convert to non-profit status shall remain privately owned and operated entities.

(4) COMPENSATION FOR CONVERSION.—The owners of such for-profit providers shall be compensated for reasonable financial losses incurred as a result of the conversion from for-profit to non-profit status.

(5) PROVIDERS QUALIFIED TO PARTICIPATE.—Providers shall be qualified to participate if the Treasury such sums as are necessary to compensate investor-owned providers as provided for under paragraph (3) shall not be made for loss of business profits.

(6) REQUIREMENTS.—The payments to owners of converting for-profit providers shall occur during a 15-year period, through the sale of U.S. Treasury Bonds. Payment for conversions under paragraph (3) shall not be made for loss of business profits.

(b) REQUIREMENTS.—The Secretary shall promulgate a rule to provide a mechanism to further the timely, efficient, and feasible conversion of for-profit providers of care.

(c) Billing Standards.—

(1) IN GENERAL.—Health care delivery facilities must meet State quality and licensing guidelines as a condition of participation under such program, including guidelines regarding safe staffing and quality of care.

(2) LICENSURE REQUIREMENTS.—Participating physicians must be licensed in their State of practice and meet the quality standards for their area of care. No clinician whose license is under suspension or who is under disciplinary action in any State may be a participating physician.

(d) PARTICIPATION OF HEALTH MAINTENANCE ORGANIZATIONS.—

(1) IN GENERAL.—Non-profit health maintenance organizations that deliver care in their own facilities and employ clinicians on a salaried basis may participate in the program and receive global budgets or capitation payments as specified in section 202.

(2) EXCLUSION OF CERTAIN HEALTH MAINTENANCE ORGANIZATIONS.—Other health maintenance organizations which principally contract for services delivered by non-employees shall be classified as insurance plans. Such organizations shall not be participating providers, and are subject to the regulations promulgated by reason of section 104(a) (relating to prohibition against duplicating coverage).

(e) FRIENDLY OF CHOICE.—Patients shall have free choice of participating physicians and other clinicians, hospitals, and inpatient care facilities.
inpatient and institutional care shall be excluded from capitation payments, and shall be covered under institutions’ global budgets.

C. Prohibition of Selective Enrollment.—Patients shall be permitted to enroll or disenroll from such organizations or entities without discrimination and with appropriate notice.

D. Health Maintenance Organizations.—Under this Act:
(i) health maintenance organizations shall be required to reimburse physicians based on a salary; and
(ii) financial incentives between such organizations and physicians based on utilization are prohibited.

SEC. 203. PAYMENT FOR LONG-TERM CARE.

(a) Allotment for Regions.—The Program shall provide for each region a single budget to cover all long-term care services under this Act.

(b) Regional Budgets.—Each region shall provide a global budget to local long-term care providers for the full range of needed services, including in-home, nursing home, and community-based care.

(c) Basis for Budgets.—Budgets for long-term care services under this section shall be based on past expenditures, financial and clinical needs, such as age, race, income, utilization, and projected changes in service, wages, and other related factors.

(d) Favoring Non-Institutional Care.—All efforts shall be made under this Act to provide long-term care in a home- or community-based setting, as opposed to institutional care.

SEC. 204. MENTAL HEALTH SERVICES.

(a) In General.—The Program shall provide coverage for all medically necessary mental health care on the same basis as the coverage for other conditions. Licensed mental health clinicians shall be paid in the same manner as specified for other health professionals, as provided for in section 202(b).

(b) Favoring Community-Based Care.—The Medicare For All Program shall cover supported residences, occupational therapy, and ongoing mental health and counseling services outside the hospital for patients with serious mental illnesses. In all cases the highest quality and most effective care shall be provided, and, for some individuals, this may mean institutional care.

SEC. 205. PAYMENT FOR PRESCRIPTION MEDICATIONS, MEDICAL SUPPLIES, AND MEDICALLY NECESSARY ASSISTIVE EQUIMENT.

(a) Negotiated Prices.—The prices to be paid each year under this Act for covered pharmaceuticals, medical supplies, and medically necessary assistive equipment shall be negotiated annually by the Program.

(b) Prescription Drug Formulary.—
(i) In General.—The Program shall establish a prescription drug formulary system, which shall encourage best-practices in prescribing, discourage the use of ineffective, dangerous, or excessively costly medications when better alternatives are available.

(ii) Promotion of Use of Generics.—The formulary shall promote the use of generic medications but allow the use of brand-name and off-formulary medications.

(iii) Formulary Updates and Petition Rights.—The formulary shall be updated frequently and clinicians and patients may petition their region or the Director to add new pharmaceuticals or to remove ineffective or dangerous medications from the formulary.

SEC. 206. CONSULTATION IN ESTABLISHING REGIONAL LEVELS.

Reimbursement levels under this subtitle shall be set after close consultation with regional and State Directors and after the annual meeting of National Board of Universal Quality and Access.

Subtitle B—Funding

SEC. 211. OVERVIEW: FUNDING THE MEDICARE FOR ALL PROGRAM.

(a) In General.—The Medicare For All Program is to be funded as provided in subsection (c)(1).

(b) Medicare For All Trust Fund.—There shall be established a Medicare For All Trust Fund in which funds provided under this section are deposited and from which expenditures under this Act are made.

(c) Funding.—
(1) In General.—There are appropriated to the Medicare For All Trust Fund amounts sufficient to carry out this Act from the following sources:
(A) Existing sources of Federal Government revenues for health care.
(B) Increasing personal income taxes on the top 5 percent income earners.
(C) Instituting a modest and progressive excise tax on payroll and self-employment income.
(D) Instituting a modest tax on unearned income.
(E) Instituting a small tax on stock and bond transactions.
(2) System Savings as a Source of Financing.—Funding otherwise required for the Program is reduced as a result of:
(A) vastly reducing the unnecessary duplication of medications under section 205(a); and
(B) Improved access to preventive health care.

(3) Additional Annual Appropriations to Medicare for All Program.—Additional sums are authorized to be appropriated annually to maintain maximum quality, efficiency, and access under the Program.

SEC. 212. APPROPRIATIONS FOR EXISTING PROGRAMS.

Notwithstanding any other provision of law, there are hereby transferred and appropriated to carry out this Act, amounts from the Treasury equivalent to the amounts the Secretary estimates would have been appropriated and expended for Federal public health care programs, including funds that would have been appropriated under the Medicare program under title XVIII of the Social Security Act, under the Medicaid program under title XIX of such Act, and under the Children’s Health Insurance Program under title XXI of such Act.

TITLE III—ADMINISTRATION

SEC. 301. PUBLIC ADMINISTRATION; APPOINTMENT OF DIRECTOR.

(a) In General.—Except as otherwise specifically provided, this Act shall be administered by the Secretary through a Director appointed by the Secretary.

(b) Long-Term Care.—The Director shall appoint a director for long-term care who shall be responsible for administration of this Act and ensuring the availability and accessibility of high quality long-term care services.

(c) Mental Health.—The Director shall appoint a director for mental health who shall be responsible for administration of this Act and ensuring the availability and accessibility of high quality mental health services.

SEC. 302. OFFICE OF QUALITY CONTROL.

The Director shall appoint a director for an Office of Quality Control. Such director shall, after consultation with State and regional directors, provide annual recommendations to the President, the Secretary, and other Program officials on how to ensure the highest quality health care service delivery. The director of the Office of Quality Control shall conduct an annual review on the adequacy of medically necessary services, and shall make recommendations of any proposed changes to the Congress, the President, the Secretary, and other Medicare For All Program officials.

SEC. 303. REGIONAL AND STATE ADMINISTRATION; EMPLOYMENT OF DISPLACED CLERICAL WORKERS.

(a) Establishment of Medicare for All Program Regional Offices.—The Secretary shall establish and maintain Medicare For All regional offices for the purpose of distributing funds to providers of care. Whenever possible, the Secretary should incorporate pre-existing Medicare infrastructure for this purpose.

(b) Appointment of Regional and State Directors.—In each such regional office there shall be—
(1) one regional director appointed by the Director; and
(2) for each State in the region, a deputy director (in this Act referred to as a “State Director”) appointed by the governor of that State.

(c) Regional Office Duties.—Regional offices of the Program shall be responsible for the following:

(1) coordinating funding to health care providers and physicians; and
(2) coordinating billing and reimbursement with physicians and health care providers through a State-based reimbursement system.

(d) State Director’s Duties.—Each State Director shall be responsible for the following duties:

(1) Providing an annual State health care needs assessment report to the National Board of Universal Quality and Access, and the regional board, after a thorough examination of health needs, in consultation with public health officials, clinicians, patients, and patient advocates.

(2) Health planning, including oversight of the placement of new hospitals, clinics, and other health care delivery facilities.

(3) Health planning, including oversight of the purchase and placement of new health equipment to ensure timely access to care and to avoid duplication.

(4) Submitting annual budgets to the regional director.

(5) Recommending changes in provider reimbursement or payment for delivery of health services in the State.

(6) Establishing a quality assurance mechanism in the State in order to minimize both under utilization and over utilization and to assure that all providers meet high quality standards.

(7) Reviewing program disbursements on a quarterly basis and recommending needed adjustments in fee schedules needed to achieve budgetary targets and assure adequate access to needed care.

SEC. 401. PLANNING, TRAINING AND JOB PLACEMENT; 2 YEARS OF SALARY PARITY BENEFITS.—The Program shall provide that clerical, administrative, and billing personnel in insurance companies, doctors offices, hospitals, nursing facilities, and other facilities whose jobs are eliminated due to reduced administration shall have first priority in retraining and job placement in the new system.

(2) shall be eligible to receive two years of Medicare For All employment transition benefits with each year’s benefit equal to salary earned during the last 12 months of employment, but shall not exceed $100,000 per year.

(b) Establishment of Medicare For All Employment Transition Fund.—The Secretary shall establish a trust fund from
which expenditures shall be made to recipients of the benefits allocated in subsection (e).

g. ANNUAL APPROPRIATIONS TO MEDICARE FOR ALL AMERICAN INDIANS OR ALASKA NATIVES.—Sums are authorized to be appropriated annually as needed to fund the Medicare For All American Indian and Alaska Native Program.

(h) BILLS OR RESOLUTIONS.—Nothing in this section shall be interpreted as a waiver of Medicare For All American Indian or Alaska Native Program benefits.

(i) NO AMPLIFICATION.—Nothing in this section shall be construed as an amendment to the Medicare For All American Indian or Alaska Native Program.

SEC. 304. CONFIDENTIAL ELECTRONIC PATIENT RECORD SYSTEM.

(a) In General.—The Secretary shall create a standardized, confidential electronic patient record system in accordance with laws and regulations to maintain accurate patient records and to simplify the billing process, thereby reducing medical errors and bureaucracy.

(b) Patient Option.—Notwithstanding that all billing shall be preformed electronically, patients shall have the option of keeping any portion of their medical records separate from their electronic medical record.

SEC. 305. NATIONAL BOARD OF UNIVERSAL QUALITY CARE FOR AMERICAN INDIANS OR ALASKA NATIVES.

(a) Establishment.—

(1) IN GENERAL.—There is established a National Board of Universal Quality and Access (in this section referred to as the “Board”) consisting of 15 members appointed by the President, by and with the advice and consent of the Senate.

(2) QUALIFICATIONS.—The appointed members of the Board shall include at least one of the following:

(A) Health care professionals.

(B) Representatives of institutional providers of health care.

(C) Representatives of health care advocacy groups.

(D) Representatives of labor unions.

(E) Citizen patient advocates.

(3) TERMS.—Each member shall be appointed for a term of 6 years, except that the President shall stagger the terms of members initially appointed so that the term of no more than 3 members expires in any year.

(4) CONFLICTS OR INTEREST.—No member of the Board shall have a financial conflict of interest with the duties before the Board.

(b) Duties.—

(1) IN GENERAL.—The Board shall meet at least once per year and shall advise the Secretary and the Director on a regular basis to ensure access and affordability.

(2) SPECIFIC ISSUES.—The Board shall specifically address the following issues:

(A) Access to care.

(B) Quality improvement.

(C) Efficiency of administration.

(D) Adequacy of budget and funding.

(E) Appropriateness of reimbursement levels of physicians and other providers.

(F) Capital expenditure needs.

(G) Long-term care.

(H) Mental health and substance abuse services.

(I) Staffing levels and working conditions in health care delivery facilities.

(J) ESTABLISHMENT OF UNIVERSAL, BEST QUALITY STANDARD OF CARE.—The Board shall specifically establish a universal, best quality standard of care with respect to—

(a) appropriate staffing levels;

(b) appropriate medical technology;

(c) design and scope of work in the health workplace;

(d) best practices; and

(e) indicators of safe and effective working conditions of physicians, clinicians, nurses, other medical professionals, and appropriate support staff.

(4) TWICE-A-YEAR REPORT.—The Board shall report its recommendations twice each year to the Secretary, the Director, Congress, and the President.

(c) COMMISSION, ETC.—The following provisions of section 1805 of the Social Security Act shall apply to the Board in the same manner as they apply to the Medicare Payment Advisory Commission (such rules shall apply even if any reference to the Commission or the Comptroller General shall be treated as references to the Board and the Secretary, respectively):

(1) Subsection (c)(4) (relating to compensation of Board members).

(2) Subsection (c)(5) (relating to chairman and vice chairman).

(3) Subsection (c)(6) (relating to meetings).

(4) Subsection (d) (relating to director and staff; experts and consultants).

(b) Civil Sanctions.—Nothing in this section shall be construed to prevent the imposition of civil sanctions against the Board or any individual participating in the Board's proceedings who is found to have violated a provision of this section by the Secretary.

TITLE IV—ADDITIONAL PROVISIONS

SEC. 401. TREATMENT OF VA AND IHS HEALTH PROGRAMS.

(a) VA HEALTH PROGRAMS.—This Act provides for health programs for the Department of Veterans' Affairs to initially remain independent for the 10-year period that begins on the date of the establishment of the Medicare For All Program. After such program is integrated into the Medicare For All Program, the Board shall provide for the development of policies and procedures to ensure that such programs remain independent and consistent with the policies and procedures of the Department of Veterans Affairs.

(b) INDIAN HEALTH SERVICE PROGRAMS.—This Act provides for health programs for the Indian Health Service to initially remain independent for the 5-year period that begins on the date of the establishment of the Medicare For All Program, after which such programs shall be integrated into the Medicare For All Program.

SEC. 402. PUBLIC HEALTH AND PREVENTION.

It is the intent of this Act that the Program at all times stress the importance of good public health through the prevention of disease.

SEC. 403. REDUCTION IN HEALTH DISPARITIES.

It is the intent of this Act to reduce health disparities by race, ethnicity, income and geographic region, and to provide high quality, cost-effective, culturally appropriate care to all individuals regardless of race, ethnicity, gender, sexual orientation or age.

TITLE V—EFFECTIVE DATE

SEC. 501. EFFECTIVE DATE.

Except as otherwise specifically provided, this Act shall take effect upon the date of the enactment of this Act, and shall apply to items and services furnished or furnished on or after such date.

SEC. 502. PROTECTION OF INDIVIDUALS' HEALTH PLANS.

This Act and any amendments made by this Act shall not take effect until the Chief Actuary of the Centers for Medicare & Medicaid Services certifies to Congress that the implementation of this Act (and amendments) will not result in increased deductibles under employer-sponsored insurance.

SEC. 503. PROTECTION OF INDIVIDUALS' HEALTH PLANS.

This Act and any amendments made by this Act shall not take effect until the Chief Actuary of the Centers for Medicare & Medicaid Services certifies to Congress that the implementation of this Act (and amendments) will not result in increased deductibles under employer-sponsored insurance.

SEC. 504. PROTECTION OF INDIVIDUALS' HEALTH PLANS.

This Act and any amendments made by this Act shall not take effect until the Chief Actuary of the Centers for Medicare & Medicaid Services certifies to Congress that the implementation of this Act (and amendments) will not result in increased deductibles under employer-sponsored insurance.
SA 345. Mr. MURPHY submitted an amendment intended to be proposed by him to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. __. PROTECTION OF INDIVIDUALS' HEALTH PLANS.

This Act (and the amendments made by this Act) shall not take effect until the Chief Actuary of the Centers for Medicare & Medicaid Services certifies to Congress that the implementation of this Act (and amendments) will not result in the loss of mental health and substance use disorder services, including behavioral health treatment (including counseling and psychotherapy) under qualified health plans.

SA 346. Mr. MURPHY submitted an amendment intended to be proposed by him to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. __. NO INCREASES IN DEDUCTIBLES.

This Act (and the amendments made by this Act) shall not take effect until the Chief Actuary of the Centers for Medicare & Medicaid Services certifies to Congress that the implementation of this Act (and amendments) will not result in increased deductibles under qualified health plans.

SA 347. Mr. MURPHY submitted an amendment intended to be proposed by him to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. __. PROTECTION OF INDIVIDUALS' HEALTH PLANS.

This Act (and the amendments made by this Act) shall not take effect until the Chief Actuary of the Centers for Medicare & Medicaid Services certifies to Congress that the implementation of this Act (and amendments) will not result in the loss of coverage for people under qualified health plans.

SA 348. Mr. MURPHY submitted an amendment intended to be proposed by him to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. __. NO INCREASES IN UNCOMPENSATED CARE.

This Act (and the amendments made by this Act) shall not take effect until the Chief Actuary of the Centers for Medicare & Medicaid Services certifies to Congress that the implementation of this Act (and amendments) will not increase uncompensated care at nonprofit or hospitals operated by the Federal Government.

SA 349. Mr. MURPHY submitted an amendment intended to be proposed by him to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

On page 129, strike lines 3 through 10 and insert the following:

SEC. 221. SUPPORT FOR STATE RESPONSE TO OPIOID ADDICTION.

There is authorized to be appropriated, and is appropriated, out of monies in the Treasury not otherwise obligated, $10,000,000,000 for fiscal year 2018 to the Secretary of Health and Human Services to provide grants to States to support treatment for opioid addiction. Funds appropriated under this section shall remain available until expended.

SA 350. Mr. MURPHY submitted an amendment intended to be proposed by him to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

On page 129, strike lines 3 through 10 and insert the following:

SEC. 221. SUPPORT FOR STATE RESPONSE TO DOMESTIC VIOLENCE.

There is authorized to be appropriated, and is appropriated, out of monies in the Treasury not otherwise obligated, $10,000,000,000 for fiscal year 2018 to the Secretary of Health and Human Services to provide grants to States to support assistance for victims of domestic violence. Funds appropriated under this section shall remain available until expended.

SA 351. Mr. MURPHY submitted an amendment intended to be proposed by him to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

On page 129, strike lines 3 through 10 and insert the following:

SEC. 221. SUPPORT FOR STATE RESPONSE TO PRE-EXISTING CONDITIONS.

States to support treatment of adults with pre-existing conditions. Funds appropriated under this section shall remain available until expended.

SA 352. Mr. MURPHY submitted an amendment intended to be proposed by him to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

On page 129, strike lines 3 through 10 and insert the following:

SEC. 221. SUPPORT FOR STATE RESPONSE TO DOMESTIC VIOLENCE.

There is authorized to be appropriated, and is appropriated, out of monies in the Treasury not otherwise obligated, $10,000,000,000 for fiscal year 2018 to the Secretary of Health and Human Services to provide grants to States to support assistance for victims of domestic violence. Funds appropriated under this section shall remain available until expended.

SA 353. Mr. MURPHY submitted an amendment intended to be proposed by him to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

SEC. 221. SUPPORT FOR STATE RESPONSE TO PRE-EXISTING CONDITIONS.

There is authorized to be appropriated, and is appropriated, out of monies in the Treasury not otherwise obligated, $10,000,000,000 for fiscal year 2018 to the Secretary of Health and Human Services to provide grants to States to support treatment of adults with pre-existing conditions. Funds appropriated under this section shall remain available until expended.

SA 354. Mr. MURPHY submitted an amendment intended to be proposed by him to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

On page 129, strike lines 3 through 10 and insert the following:

SEC. 221. SUPPORT FOR STATE RESPONSE TO DOMESTIC VIOLENCE.

There is authorized to be appropriated, and is appropriated, out of monies in the Treasury not otherwise obligated, $10,000,000,000 for fiscal year 2018 to the Secretary of Health and Human Services to provide grants to States to support treatment of adults with pre-existing conditions. Funds appropriated under this section shall remain available until expended.

SA 355. Mr. MURPHY submitted an amendment intended to be proposed by him to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

On page 129, strike lines 3 through 10 and insert the following:

SEC. 221. SUPPORT FOR STATE RESPONSE TO OPIOID ADDICTION.

There is authorized to be appropriated, and is appropriated, out of monies in the Treasury not otherwise obligated, $10,000,000,000 for fiscal year 2018 to the Secretary of Health and Human Services to provide grants to States to support treatment for opioid addiction. Funds appropriated under this section shall remain available until expended.

SA 356. Mr. MURPHY submitted an amendment intended to be proposed by him to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

On page 129, strike lines 3 through 10 and insert the following:

SEC. 221. SUPPORT FOR STATE RESPONSE TO PRE-EXISTING CONDITIONS.

There is authorized to be appropriated, and is appropriated, out of monies in the Treasury not otherwise obligated, $10,000,000,000 for fiscal year 2018 to the Secretary of Health and Human Services to provide grants to States to support treatment of adults with pre-existing conditions. Funds appropriated under this section shall remain available until expended.

SA 357. Mr. MURPHY submitted an amendment intended to be proposed by him to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:
Mr. MURPHY submitted an amendment intended to be proposed by him to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

On page 129, strike lines 3 through 10 and insert the following:

SEC. 221. SUPPORT FOR STATE RESPONSE TO MENTAL ILLNESS.

There is authorized to be appropriated, and is appropriated, out of monies in the Treasury not otherwise obligated, $10,000,000,000 for fiscal year 2018 to the Secretary of Health and Human Services to provide grants to States to support treatment of individuals with mental illness. Funds appropriated under this section shall remain available until expended.

SA 358. Mr. MURPHY submitted an amendment intended to be proposed by him to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

On page 129, strike lines 3 through 10 and insert the following:

SEC. 221. SUPPORT FOR STATE RESPONSE TO HEART DISEASE.

There is authorized to be appropriated, and is appropriated, out of monies in the Treasury not otherwise obligated, $10,000,000,000 for fiscal year 2018 to the Secretary of Health and Human Services to provide grants to States to support treatment of individuals with heart disease. Funds appropriated under this section shall remain available until expended.

SA 359. Mr. MURPHY submitted an amendment intended to be proposed by him to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

On page 129, strike lines 3 through 10 and insert the following:

SEC. 221. SUPPORT FOR STATE RESPONSE TO ALZHEIMER’S DISEASE.

There is authorized to be appropriated, and is appropriated, out of monies in the Treasury not otherwise obligated, $10,000,000,000 for fiscal year 2018 to the Secretary of Health and Human Services to provide grants to States to support treatment of individuals with Alzheimer’s disease. Funds appropriated under this section shall remain available until expended.

SA 360. Mr. MURPHY submitted an amendment intended to be proposed by him to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

On page 129, strike lines 3 through 10 and insert the following:

SEC. 221. SUPPORT FOR STATE RESPONSE TO BREAST CANCER.

There is authorized to be appropriated, and is appropriated, out of monies in the Treasury not otherwise obligated, $10,000,000,000 for fiscal year 2018 to the Secretary of Health and Human Services to provide grants to States to support treatment of individuals with breast cancer. Funds appropriated under this section shall remain available until expended.

SA 361. Mr. MURPHY submitted an amendment intended to be proposed by him to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

On page 129, strike lines 3 through 10 and insert the following:

SEC. 221. SUPPORT FOR STATE RESPONSE TO PARKINSON’S DISEASE.

There is authorized to be appropriated, and is appropriated, out of monies in the Treasury not otherwise obligated, $10,000,000,000 for fiscal year 2018 to the Secretary of Health and Human Services to provide grants to States to support treatment of individuals with Parkinson’s disease. Funds appropriated under this section shall remain available until expended.

SA 362. Mr. MURPHY submitted an amendment intended to be proposed by him to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

On page 129, strike lines 3 through 10 and insert the following:

SEC. 221. SUPPORT FOR STATE RESPONSE TO POST-TRAUMATIC STRESS DISORDER.

There is authorized to be appropriated, and is appropriated, out of monies in the Treasury not otherwise obligated, $10,000,000,000 for fiscal year 2018 to the Secretary of Health and Human Services to provide grants to States to support treatment of individuals with post-traumatic stress disorder. Funds appropriated under this section shall remain available until expended.

SA 363. Mr. MURPHY submitted an amendment intended to be proposed by him to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

On page 129, strike lines 3 through 10 and insert the following:

SEC. 221. SUPPORT FOR STATE RESPONSE TO DIABETES.

There is authorized to be appropriated, and is appropriated, out of monies in the Treasury not otherwise obligated, $10,000,000,000 for fiscal year 2018 to the Secretary of Health and Human Services to provide grants to States to support treatment of individuals with diabetes. Funds appropriated under this section shall remain available until expended.

SA 364. Mr. MURPHY submitted an amendment intended to be proposed by him to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. 2. PROTECTION OF INDIVIDUALS’ HEALTH CARE.

This Act (and the amendments made by this Act) shall not take effect until the Chief Actuary of the Centers for Medicare & Medicaid Services certifies to Congress that the implementation of this Act (and amendments) will not result in the loss of mental health and substance use disorder services, including behavioral health treatment (including counseling and psychotherapy) under the Medicaid program.

SA 365. Mr. MURPHY submitted an amendment intended to be proposed by him to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. 3. ORDER ON POSSIBLE IMPROVEMENTS TO PROCESSING RETIREMENT MILESTONES AND MEDICAL DISCHARGES.

(a) REPORT REQUIRED.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Defense shall, in consultation with the Secretary of Veterans Affairs, submit to the congressional defense committees and the Committees on Veterans’ Affairs of the Senate and the House of Representatives a report on improvements to the transition of members of the Armed Forces to veteran status.
(b) ELEMENTS.—The report under subsection (a) shall address the following:

(1) Feasibility of requiring members of the Armed Forces to apply for benefits administered by the Secretary of Veterans Affairs before such members complete discharge from the Armed Forces.

(2) Feasibility of requiring members of the Armed Forces to undergo compensation and pension examinations (to be administered by the Secretary of Defense) for purposes of obtaining benefits described in paragraph (1) before such members complete discharge from the Armed Forces.

(3) Possible improvements to the timeliness of the process for transitioning members who are authorized to dispense care provided by the Secretary of Veterans Affairs.

SA 370. Ms. DUCKWORTH submitted an amendment intended to be proposed by her to the bill H.R. 2810, to authorize appropriations for fiscal year 2018 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes; which was ordered to lie on the table; as follows:

At the end of subtitle B of title VII, add the following:

SEC. 61. TRAINING REQUIREMENT FOR HEALTH CARE PROFESSIONALS OF THE DEPARTMENT OF DEFENSE PRESCRIBING OPIOIDS FOR TREATMENT OF PAIN.

(a) TRAINING.

(1) IN GENERAL.—The Secretary of Defense shall ensure that health care professionals of the Department of Defense, other than pharmacists, who are authorized to prescribe or otherwise dispense opioids for the treatment of pain—

(A) complete the training described in paragraph (2) not less frequently than once every three years; or

(B) are licensed in a State that requires training that is equivalent to or greater than the training described in paragraph (2) with respect to the prescribing or dispensing of opioids for the treatment of pain.

(2) TRAINING DESCRIBED.—The training described in this paragraph is not fewer than 3 hours of training (through classroom situations, seminars at professional society meetings, electronic communications, or otherwise) that is provided by organizations specified in subparagraph (B) with respect to—

(i) pain management treatment guidelines and best practices;

(ii) early detection of opioid addiction; and

(iii) the treatment and management of opioid-dependent patients.

(B) ORGANIZATIONS SPECIFIED.—The organizations specified in this subparagraph are the following:

(1) The American Society of Addiction Medicine.

(2) The American Academy of Addiction Psychiatry.

(3) The American Medical Association.


(vii) The American Pain Society.


(xi) The American Board of Pain Medicine.

(x) The American Society of Interventional Pain Physicians.

(xi) Such other organizations as the Secretary of Defense determines appropriate for purposes of this subsection.

(b) ESTABLISHMENT OF TRAINING MODU- LES.

(1) IN GENERAL.—The Secretary of Defense shall establish or support the establishment of one or more training modules to be used to provide the training required under subsection (a).

(2) SUPPORT FOR ORGANIZATIONS.—The Secretary may support the establishment of a training module by—

(i) (A) an organization specified in paragraph (2)(B) of subsection (a); or

(ii) any other organization that the Secretary of Defense determines is appropriate to provide the training required under such subsection.

SA 371. Ms. DUCKWORTH submitted an amendment intended to be proposed by her to the bill H.R. 2810, to authorize appropriations for fiscal year 2018 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes; which was ordered to lie on the table; as follows:

At the end of subtitle C of title VII, add the following:

SEC. 62. PROVISION OF SUPPORT BY DEPART- MENT OF DEFENSE TO DEPARTMENT OF VETERANS AFFAIRS REGARDING ELECTRONIC HEALTH RECORD SYSTEM.

(a) IN GENERAL.—The Secretary of Defense may support the Secretary of Veterans Affairs, to the extent the Secretary of Defense and the Secretary of Veterans Affairs jointly consider feasible and advisable, in the development and implementation of an electronic health record system that—

(i) is derivative of the Military Health System Genesis record being developed and implemented by the Secretary of Defense as of the date of the enactment of this Act; and

(ii) achieves complete interoperability with the Military Health System Genesis.

(b) ANNUAL REPORT.—The Secretary of De- fense and the Secretary of Veterans Affairs shall jointly submit an annual report of the efforts undertaken by the Secretary of Defense and the Secretary of Veterans Affairs to achieve complete interoperability between the electronic health record of the Department of Veterans Affairs and the Military Health System Genesis.

(c) ANNUAL REPORT.—

(1) REPORTS.—Not later than 60 days after completing each annual review under subsection (b), the Secretary of Defense and the Secretary of Veterans Affairs shall jointly submit to the Committee on Armed Services of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the review.

(2) ELEMENTS.—Each report under paragraph (1) shall include an assessment of the following:

(A) Milestones reached as part of the schedule developed by the Department of Defense and the Department of Veterans Affairs for military activities of the Department of Energy, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes; which was ordered to lie on the table; as follows:

At the end of subtitle A of title VII, add the following:

SEC. 63. COUNSELING AND TREATMENT FOR SUBSTANCE USE DISORDERS AND CHRONIC PAIN MANAGEMENT FOR MEMBERS WHO SEPARATE FROM THE ARMED FORCES.

Section 114 of the Small Business Act (15 U.S.C. 631) is amended—

(b) by redesignating subclause (A) as sub- clause (B) and inserting after such sub- clause the following:

(II) chronic pain management services, including counseling and treatment of co-occurring mental health disorders and alternatives to opioid analgesics; and

SA 373. Ms. DUCKWORTH submitted an amendment intended to be proposed by her to the bill H.R. 2810, to authorize appropriations for fiscal year 2018 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

. RESPONSIBILITIES OF COMMERCIAL MARKET REPRESENTATIVES.

Section 4(h) of the Small Business Act (15 U.S.C. 631(h)) is amended—

(b) COMMERCIAL MARKET REPRESENTA- TIVES.—
"(1) DUTIES.—The principal duties of a commercial market representative employed by the Administrator and reporting to the senior official appointed by the Administrator with responsibilities under sections 5, 15, 31, and 36 (or the designee of the official) shall be to advance the policies established in section 8(d)(1) relating to subcontracting, including—

(A) helping prime contractors to find small business concerns that are capable of performing subcontractors;
(B) for primes awarded contracts containing the clause described in section 8(d)(3), providing—

(i) unsolicited on the responsibility of the contractor to maximize subcontracting opportunities for small business concerns;
(ii) instruction on methods and tools to identify potential subcontractors that are small business concerns; and
(iii) assistance to increase awards to subcontractors that are small business concerns through visits, training, and reviews of past performance;
(C) providing counseling on how a small business concern may promote the capacity of the concern to conduct business with the person awarded contracts containing the clause described in section 8(d)(5); and
(D) conducting periodic reviews of contractors awarded contracts containing the clause described in section 8(d)(3) to assess compliance with subcontracting plans required under section 8(d)(6).

(2) CERTIFICATION REQUIREMENTS.—

(A) IN GENERAL.—Consistent with the requirements of subparagraph (B), a commercial market representative referred to in section 15(b) of this title shall have a Level I Federal Acquisition Certification in Contracting (or any successor certification) and the equivalent Department of Defense certification.

(B) DETERMINATION REQUIREMENT.—The certification described in subparagraph (A) is not required—

(i) for any person serving as a commercial market representative on the date of enactment of the National Defense Authorization Act for Fiscal Year 2018, until the date that is 1 calendar year after the date on which the person was appointed as a commercial market representative; or

(ii) for any person serving as a commercial market representative on or before November 23, 2016, as provided in paragraph (1).”

SA 374. Ms. DUCKWORTH submitted an amendment intended to be proposed by her to the bill H.R. 2810, to authorize appropriations for fiscal year 2018 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes; which was ordered to lie on the table; as follows:

At the end of subtitle B of title VIII, add the following:

SEC. 832. OPTIMIZATION OF MICRO-PURCHASE THRESHOLD TO INCREASE GOVERNMENT EFFICIENCY.

(a) INCREASE IN THRESHOLD.—Section 1002(a)(1) of title 41, United States Code, is amended—

(1) by striking “sections 2338 and 2339” and inserting “section 2339”; and

(2) by striking “$3,000” and inserting “$10,000.”

(b) CONFORMING AND CEREMONIAL AMENDMENTS.—

(1) Section 2339 of title 10, United States Code, is repealed.

(2) The table of sections at the beginning of chapter 137 of such title is amended by striking the entry for section 2339.

(c) CONVENIENCE CHECKS.—A convenience check may not be used for an amount in excess of one hundred dollars (other than the amount used for a convenience check).

SA 376. Ms. DUCKWORTH (for herself, Mr. DURBIN, Mr. ERNST, and Mr. GRASSLEY) submitted an amendment intended to be proposed by her to the bill H.R. 2810, to authorize appropriations for fiscal year 2018 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes; which was ordered to lie on the table; as follows:

At the end of subtitle B of title XVIII, add the following:

SEC. 836. CERTIFICATION RELATED TO CERTAIN ACQUISITIONS OR LEASES OF REAL PROPERTY.

Section 2662(a) of title 10, United States Code, is amended—

(1) in paragraph (2), by striking the period at the end and inserting the following: “, as well as the certification described in paragraph (5)”; and

(2) by adding at the end the following:

“(5) For purposes of paragraph (2), the certification described in this paragraph with respect to an acquisition or lease of real property is a certification that the Secretary concerned—

(A) evaluated the feasibility of using space in property under the jurisdiction of

the Department of Defense to satisfy the purposes of the acquisition or lease; and

(B) determined that—

(i) space in property under the jurisdiction of the Department of Defense is not reasonably available to be used to satisfy the purposes of the acquisition or lease;

(ii) acquiring the property or entering into the lease would be more cost effective than the use of the Department of Defense property; or

(iii) the use of the Department of Defense property would interfere with the ongoing military mission of the property.”.

SA 377. Mr. MENENDEZ (for himself, Mr. DURBIN, Mr. BLUMENTHAL, Mr. BOOKER, and Mr. HEINRICH) submitted an amendment intended to be proposed by him to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. 1. POINT OF ORDER AGAINST ELIMINATING OR REDUCING FEDERAL FUNDING TO STATES UNDER THE MEDICAID EXPANSION.

(a) Point of Order—It shall not be in order in the Senate to consider any bill, joint resolution, motion, amendment, amendment between the Houses, or conference report that would eliminate or reduce funding to States available under law on effect on the date of the adoption of this section to provide comprehensive, affordable health care to low-income Americans by eliminating or reducing the availability of Federal financial assistance to States available under section 1905(y)(1) or 1905(a)(2) of the Social Security Act (42 U.S.C. 1396d(y)(1), 1396d(c)(2)) or other means, unless the Director of the Congressional Budget Office certifies that the legislation would not—

(1) increase the number of uninsured Americans;

(2) decrease Medicaid enrollment in States that have opted to expand eligibility for medical assistance under that program for low-income, non-elderly individuals under the eligibility option established by the Affordable Care Act under section 1902(a)(10)(A)(ii)(VII) of the Social Security Act (42 U.S.C. 1396a(a)(10)(A)(ii)(VII));

(3) reduce the likelihood that any State that, as of the date of the adoption of this section, has not opted for Medicaid under the eligibility option established by the Affordable Care Act under section 1902(a)(10)(A)(ii)(VIII) of the Social Security Act (42 U.S.C. 1396a(a)(10)(A)(ii)(VIII)) would opt to use that eligibility option to expand eligibility for medical assistance under that program for low-income, non-elderly individuals; and

(4) increase the State share of Medicaid spending under that eligibility option.

(b) Waiver and Suspension—(a) may be waived or suspended in the Senate only by an affirmative vote of three-fifths of the Members, duly chosen and sworn. An affirmative vote of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under subsection (a).

SA 378. Mr. MARKEY submitted an amendment intended to be proposed by him to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:
At the appropriate place, insert the following:

SEC. 4. NULLIFICATION OF CERTAIN PROVISIONS.

The provisions of, and the amendments made by, this Act that would reduce the Federal Government's financial commitment to current, past, and future costs of health care services provided to individuals who attained age 50 years of age, such provisions or amendments shall be null and void and shall not be applied and administered as if such provisions and amendments had never been enacted.

SA 379. Mr. MARKY (for himself, Ms. WARRREN, Mr. CARPER, Mr. CASEY, Mr. BROWN, Ms. HIRONO, Ms. STABENOW, Mr. MENENDEZ, and Mr. VAN HOLLLEN) submitted an amendment intended to be proposed by him to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. 5. REPEAL OF CERTAIN PROVISIONS IF PERCENTAGE OF UNINSURED INCREASES.

Not later than 30 days after the date that is 1 year after the date of enactment of this Act, the Director of the Congressional Budget Office shall determine the percentage of uninsured individuals in America that is higher than the percentage of such individuals as of such date of enactment. If the percentage so determined had increased during that 1-year period as a result of changes made by this Act, effective as of the date of such determination, the provisions of, and the amendments made by, this Act that terminate the Medicaid expansion and impose Medicaid per capita caps shall be null and void and this Act shall be applied and administered as if such provisions and amendments had never been enacted.

SA 383. Mr. FRANKEN (for himself, Mr. CORNYN, Ms. HEITKAMP, and Ms. BALDWIN) submitted an amendment intended to be proposed by him to the bill H.R. 2810, to authorize appropriations for fiscal year 2018 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes; which was ordered to lie on the table; as follows:

At the end of subtitle B of title V, add the following:

PART II—RESERVE COMPONENT BENEFITS PARITY

SEC. 6. ELIGIBILITY OF RESERVE COMPONENT MEMBERS FOR PRE-MOBILIZATION HEALTH CARE.

Section 107(f)(2) of title 10, United States Code, is amended by striking "in support of a contingency operation under" and inserting "under section 12304b of this title or".

SEC. 7. ELIGIBILITY OF RESERVE COMPONENT MEMBERS FOR TRANSITIONAL HEALTH CARE.

Section 114a(2)(B) of title 10, United States Code, is amended by striking "in support of a contingency operation" and inserting "under section 12304b of this title or a provision of law referred to in section 101(a)(13)(B) of this title".

SEC. 8. CONSIDERATION OF SERVICE ON ACTIVE DUTY TO REDUCE AGE FOR ELIGIBILITY FOR RETIRED PAY FOR NON-REGULAR SERVICE.

Section 1273t(2)(B)(1) of title 10, United States Code, is amended by striking "under section 12304a or 12304b" and inserting "under section 12304a or 12304b of this title or a provision of law referred to in section 101(a)(13)(B) of this title".

SEC. 9. ELIGIBILITY OF RESERVE COMPONENT MEMBERS FOR HIGH-DEPLOYMENT OR NUMEROUS DEPLOYMENTS AND FREQUENT MOBILIZATIONS.

Section 436a(3) of title 32, United States Code, is amended by inserting after "under" the first place it appears the following: "section 12304b of title 10 or"

SEC. 10. ELIGIBILITY OF RESERVE COMPONENT MEMBERS FOR POST-9/11 EDUCATIONAL ASSISTANCE.

Section 3311(b)(2) of title 32, United States Code, is amended by striking "or 12304" and inserting "12304, 12304a, or 12304b".

SEC. 11. ELIGIBILITY OF RESERVE COMPONENT MEMBERS FOR NONREDUCTION IN PAY WHILE SERVING IN THE UNIFORMED SERVICES OR NATIONAL GUARD.

Section 553(a)(1) of title 5, United States Code, is amended by inserting "and 12304" and "nonregular service or service as a member of the National Guard or the Reserves under section 12304a of title 10, United States Code, issued on or after January 1, 2012; as follows:

At the appropriate place, insert the following:

SEC. 12. STEWARDSHIP FEE ON OPIOID PAIN RELIEVERS.

(a) In General.—Subchapter E of chapter 32 of the Internal Revenue Code of 1986 is amended by adding at the end the following new section:

"Sec. 4092. OPIOID PAIN RELIEVERS.

"(a) In General.—There is hereby imposed on the sale of any active opioid by the manufacturer, producer, or importer a fee equal to 1 cent per milligram so sold.

"(b) ACTIVE OPIOID.—For purposes of this section—

"(1) In General.—The term ‘active opioid’ means any controlled substance (as defined in section 102 of the Controlled Substances Act, as in effect on the date of the enactment of this section) which is opium, an opioid, or any derivative thereof.

"(2) EXCLUSION FOR CERTAIN PRESCRIPTION MEDICATIONS.—Such term shall not include any prescribed drug which is used exclusively for the treatment of opioid addiction as part of a medically assisted treatment effort.

"(3) EXCLUSION OF OTHER INGREDIENTS.—In the case of a product that includes an active opioid and another ingredient, subsection (a) shall apply only to the portion of such product that is an active opioid.

"(c) CLERICAL AMENDMENT.

"(1) The heading of subsection (E) of section 32 of the Internal Revenue Code of 1986 is amended by striking "Medical Devices" and inserting "Other Medications".

"(2) The table of subchapters for chapter 32 of such Code is amended by striking the item to which the heading "Medical Devices" refers.

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relating to subchapter E and inserting the following new item:

“SUBCHAPTER E. OTHER MEDICAL PRODUCTS.”

(3) The table of sections for subchapter E of chapter 32 of such Code is amended by adding at the end the following new item:

“SEC. 4192. Opioid pain relievers.”

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to sales on or after the date that is 1 year after the date of the enactment of this Act.

(d) REbate OR DISCOUNT PROGRAM FOR CERTAIN CANCer AND HOSPICE PATIENTS.—

(1) IN GENERAL.—The Secretary of Health and Human Services, in consultation with patient advocacy groups and other relevant stakeholders as determined by such Secretary, shall establish a mechanism by which—

(A) any amount paid by an eligible patient in connection with the stewardship fee under section 4192(b) (of such Code) are discounted at time of payment or purchase to ensure that such patient does not pay any amount attributable to such fee,

with as little burden on the patient as possible.

The Secretary shall choose whichever is most effective and efficient in ensuring eligibility. The Secretary shall issue guidelines that require States to take into consideration barriers to enrollment, including transportation, health status, language barriers, and such other barriers as the Secretary may designate.

The provisions of, and the amendments made by, this Act that would weaken the financial viability of the Black Lung Clinics serving rural and medically underserved communities, including any provision that would cause an increase in the rate of uninsured individuals in the communities served by those clinics, shall be null and void.

(b) STATE IMPLEMENTATION.—Not later than 2 years after the date of enactment of this Act, each State with a State Medicaid plan under title XIX of the Social Security Act, shall implement a mechanism under subsection (a) and demonstrate to the Secretary that enrollees are receiving the health education and literacy training required under such guidelines. In implementing such guidelines, a State shall take into consideration barriers to enrollment, including transportation, health status, language barriers, and such other barriers as the Secretary may designate.

SA 386. Mr. MANCHIN (for himself, Mr. BROWN, Mr. WARNER, Mr. Kaine, Mr. Coons, and Mr. CASEY) submitted an amendment intended to be proposed by him to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. 0. NULLIFICATION OF CERTAIN PROVIDERS.

The provisions of, and the amendments made by, this Act that would weaken the financial viability of the Black Lung Clinics serving rural and medically underserved communities, including any provision that would cause an increase in the rate of uninsured individuals in the communities served by those clinics, shall be null and void.

(b) STATE IMPLEMENTATION.—Not later than 2 years after the date of enactment of this Act, each State with a State Medicaid plan under title XIX of the Social Security Act, shall implement a mechanism under subsection (a) and demonstrate to the Secretary that enrollees are receiving the health education and literacy training required under such guidelines. In implementing such guidelines, a State shall take into consideration barriers to enrollment, including transportation, health status, language barriers, and such other barriers as the Secretary may designate.

SA 387. Mr. CARDIN (for himself, Mr. CARPER, Mr. NELSON, Ms. WARREN, Mr. BLUMENTHAL, Mr. BROWN, Mr. VAN HOLLEN, Ms. STABENOW, Ms. DUCKWORTH, and Mr. MARKEY) submitted an amendment intended to be proposed by him to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. 0. STRIKING PROVISIONS THAT WEAKEN THE ACCESSIBILITY AND AFFORDABILITY OF HEALTH BENEFITS AND SERVICES.

Any provision of this Act that would weaken access to essential health benefits, reduce access to affordable preventive services, or undermine the prohibition of annual and lifetime limits and caps on out-of-pocket expenditures for health insurance plans shall be null and void and of no effect.

SA 388. Mr. CRAPO (for himself and Mr. RISCH) submitted an amendment intended to be proposed by him to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. 0. HEALTH EDUCATION AND LITERACY FOR MEDICARE BENEFICIARIES.

(a) GUIDELINES.—Not later than 1 year after the date of enactment of this Act, the Secretary of Health and Human Services (in this section referred to as the "Secretary") shall issue guidelines that require States to provide health education and literacy training to Medicare enrollees. The guidelines shall include information on the following:

(1) Making healthy choices, including nutrition, exercise, and smoking cessation;

(2) How to manage chronic diseases;

(3) How to navigate the healthcare system, including finding a primary care physician and seeing doctors at the right time;

(4) Helping Medicare enrollees select a primary care physician and make appointments, when appropriate.

(b) STATE IMPLEMENTATION.—Not later than 2 years after the date of enactment of this Act, each State with a State Medicaid plan under title XIX of the Social Security Act, shall implement a mechanism under subsection (a) and demonstrate to the Secretary that enrollees are receiving the health education and literacy training required under such guidelines. In implementing such guidelines, a State shall take into consideration barriers to enrollment, including transportation, health status, language barriers, and such other barriers as the Secretary may designate.
for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes; which was ordered to lie on the table; as follows:

At the end of subtitle C of title XXVIII, add the following:

SEC. 2826. LAND CONVEYANCE, MOUNTAIN HOME AIR FORCE BASE, IDAHO.

(a) CONVEYANCE AUTHORIZED.—The Secretary of the Army may convey, without consideration, to the City of Mountain Home, Idaho (in this section referred to as the "City") all right, title, and interest of the United States in and to a parcel of real property, including improvements thereon, consisting of approximately 4.25 miles of railroad spur located near Mountain Home, Idaho, as further described in subsection (b), for the purpose of economic development.

(b) MAP AND LEGAL DESCRIPTION.—

(1) FINALIZING LEGAL DESCRIPTIONS.—As soon as practicable after the date of enactment of this Act, the Secretary of the Air Force shall finalize a map and the legal description of the property to be conveyed under subsection (a).

(2) PAYMENT REQUIRED.—The Secretary may correct any minor errors in the map or the legal description.

(3) AVAILABILITY.—The map and legal description shall be on file and available for public inspection.

(c) PAYMENT OF COSTS OF CONVEYANCE.—

(1) PAYMENT REQUIRED.—The Secretary may require the City to cover all costs (except costs for environmental remediation of the property) to be incurred by the Secretary, or to reimburse the Secretary for costs incurred by the Secretary to carry out the conveyance under this section, including survey costs, costs for environmental documentation, and any other administrative costs related to the conveyance. If amounts are collected from the City in advance of the Secretary incurring the actual costs, and the amount collected exceeds the costs actually incurred by the Secretary to carry out the conveyance, the Secretary shall refund the excess amount to the City.

(2) TREATMENT OF AMOUNTS RECEIVED.—Amounts received under paragraph (1) shall be credited to the fund or account used to cover the costs incurred by the Secretary in carrying out the conveyance, or to an appropriate fund or account currently available to the Secretary for the purpose of paying any costs for which the City has paid. Amounts so credited shall be merged with amounts in such fund or account and shall be available for the same purposes, and subject to the same conditions and limitations, as amounts in such fund or account.

(d) USE RESERVATION.—The Secretary may reserve such additional land, if necessary, to ensure reasons of national defense and at no cost to the United States, all or a portion of the railroad spur conveyed under subsection (a).

(e) ADDITIONAL TERMS AND CONDITIONS.—The Secretary may require such additional terms and conditions in connection with the conveyance under this section (as the Secretary considers appropriate to protect the interests of the United States).

SA 389. Mr. STRANGE submitted an amendment intended to be proposed by him to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for 2017; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. 1. PREMIUM ASSISTANCE FOR LOW INCOME INDIVIDUALS.

(a) IN GENERAL.—Subsection (b) of section 2105 of the Social Security Act (42 U.S.C. 1397b-ee), as amended by this Act, is amended to read as follows:

'(b) SHORT-TERM ASSISTANCE TO ADDRESS COVERAGE AND ACCESS DISRUPTION AND PROVIDE SUPPORT FOR STATES AND DIRECT PREMIUM ASSISTANCE.—

'(1) APPROPRIATION.—There are authorized to be appropriated, and are appropriated, out of monies in the Treasury not otherwise obligated—

'(A) $15,000,000,000 for each of calendar years 2018 and 2019, and $10,000,000,000 for each of calendar years 2020 and 2021, to remain available until expended;

'(B) such sums as are necessary for calendar year 2018 and each calendar year thereafter, with respect to each individual enrolled in a qualified health plan (as defined in section 1397c(a) of the Patient Protection and Affordable Care Act) for whom an advance payment has been determined under section 1412 of such Act (as reported by the Secretary under subsection (c)(4)(B) of such section), the Administrator shall pay to the issuer of such plan the amount described in subsection (c)(4)(D) of such section.

'(3) PARTICIPATION REQUIREMENTS.—

'(A) GUIDANCE.—Not later than 30 days after the date of enactment of this subsection, the Administrator shall issue guidance to health insurance issuers regarding how to submit a notice of intent to participate in the program established under this subsection.

'(B) NOTICE OF INTENT TO PARTICIPATE.—To be eligible for funding under this subsection, a health insurance issuer under this Act (as reported by the Secretary under subsection (c)(4)(B) of such section), the Administrator shall pay to the issuer of such plan the amount described in subsection (c)(4)(D) of such section.

'(3) PREMIUM ASSISTANCE PAYMENTS.—For calendar year 2018 and each calendar year thereafter, with respect to each individual enrolled in a qualified health plan (as defined in section 1397c(a) of the Patient Protection and Affordable Care Act) for whom an advance payment has been determined under section 1412 of such Act (as reported by the Secretary under subsection (c)(4)(B) of such section), the Administrator shall pay to the issuer of such plan the amount described in subsection (c)(4)(D) of such section.

'(4) PARTICIPATION REQUIREMENTS.—

'(A) GUIDANCE.—Not later than 30 days after the date of enactment of this subsection, the Administrator shall issue guidance to health insurance issuers regarding how to submit a notice of intent to participate in the program established under this subsection.

'(B) NOTICE OF INTENT TO PARTICIPATE.—To be eligible for funding under this subsection, a health insurance issuer under this Act (as reported by the Secretary under subsection (c)(4)(B) of such section), the Administrator shall pay to the issuer of such plan the amount described in subsection (c)(4)(D) of such section.

'(C) PAYMENT REQUIREMENT.—The Secretary shall pay to the health insurance issuer the amount described in subsection (b) for each individual enrolled in a qualified health plan (as defined in section 1397c(a) of the Patient Protection and Affordable Care Act) for whom an advance payment has been determined under section 1412 of such Act (as reported by the Secretary under subsection (c)(4)(B) of such section), the Administrator shall pay to the issuer of such plan the amount described in subsection (c)(4)(D) of such section.

'(5) USE OF FUNDS.—Funds provided to a health insurance issuer under paragraphs (1) and (2) shall be subjected to the requirements of paragraphs (1)(D) and (7) of subsection (1) in the same manner as such requirements apply to States receiving payments under paragraphs (1) and (2) and for the activities specified in paragraph (1)(A)(i) of subsection (1) or, in the case of funds provided under paragraph (2), for reducing the amounts the premiums charged to individuals as required under section 1412(c)(4)(E) of the Patient Protection and Affordable Care Act.

'(7) MISUSE OF FUNDS.—If the Administrator determines that a health insurance issuer is not using funds provided under this subsection in a manner consistent with the requirements applicable to such funds, the Administrator may withhold payments, reduce payments, or recover previous payments to such health insurance issuer under this subsection as the Administrator deems appropriate.

'(b) PASS-THROUGH OF FUNDING.—Subsection (i) of section 2105 of the Social Security Act (42 U.S.C. 1397ee), as added by this Act, is amended by adding at the end the following new paragraph:

'(4) PASS-THROUGH OF FUNDING.—Beginning in calendar year 2019, notwithstanding the other requirements of funds provided to the States under this paragraph, for each fiscal year for which the Administrator is to provide for an alternative method of health insurance issuers under this subsection, except for the requirements applicable to such funds, the Administrator may withhold payments, reduce payments, or recover previous payments to such health insurance issuer under this subsection as the Administrator deems appropriate.

'(c) CONFORMING AMENDMENTS.—

'(1) Section 2101(a) of the Social Security Act (42 U.S.C. 1397aa(a)), as previously amended by this Act, is amended by adding in the matter preceding paragraph (1), by striking "short-term assistance".

'(2) Section 2105(c)(1) of the Social Security Act (42 U.S.C. 1397bb), as previously amended by this Act, is amended by adding striking "short-term assistance".

'(3) Section 1332(a) of the Patient Protection and Affordable Care Act (42 U.S.C. 18052(a)), as previously amended by this Act, is amended—

'(A) in paragraph (2), by adding at the end the following new subparagraph:

'(E) Section 2105(h)(1)(B) of the Social Security Act;" and

'(B) in paragraph (3), by striking subparagraph (A) and redesignating subparagraphs (B) and (C) as subparagraphs (A) and (B), respectively.

'(d) DEEMED RESPONSIBILITY.—If the Administrator determines that the requirements of paragraphs (1) and (2) under this subsection (as added by this Act) are not met, the Administrator may deem such requirements to have been met.
SA 390. Mr. BLUNT submitted an amendment intended to be proposed by him to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. 1. SIMPLIFICATION OF SEASONAL RULES FOR PURPOSES OF EMPLOYER-REQUIRED RESPONSIBILITY REQUIREMENT.

(a) Full-Time Employer Exception for Determination of Employer-Paid Premium Assistance Payment.—Paragraph (4) of section 4980H(c) of the Internal Revenue Code of 1986 is amended—

(1) by redesignating subparagraph (B) as subparagraph (C), and

(2) by inserting after subparagraph (A) the following new subparagraph:

(B) EXCEPTION FOR SEASONAL EMPLOYEES.—Such term shall not include any seasonal employee.”.

(b) Applicable Large Employer.—Subparagraph (B) of section 36B(h)(2) of the Internal Revenue Code of 1986 is amended to read as follows:

“(B) EXCEPTION FOR SEASONAL EMPLOYEES.—For purposes of this paragraph, seasonal employees shall not be taken into account as employees.”.

(c) Seasonal Employee.—Subsection (c) of section 4980H of the Internal Revenue Code of 1986 is amended—

(1) by redesignating paragraphs (5), (6), and (7) as paragraphs (6), (7), and (8), respectively, and

(2) by inserting after paragraph (4) the following new paragraph:

“(6) SEASONAL EMPLOYEE.—The term ‘seasonal employee’ means an employee who is employed in a business in which the customary annual employment is not more than 6 months and which requires performing labor or services which are ordinarily performed at certain seasons or periods of the year.”.

(d) Effective Date.—The amendments made by this section shall take effect as if included in section 1513 of the Patient Protection and Affordable Care Act.

SA 391. Mr. GRAHAM (for himself and Mr. CASSIDY) submitted an amendment intended to be proposed by him to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017, which was ordered to lie on the table; as follows:

Strike all after the enacting clause and insert the following:

TITLE I

SEC. 101. ELIMINATION OF LIMITATION ON RECAPTURE OF EXCESS ADVANCE PAYMENTS UNDER THE PREMIUM TAX CREDIT.

(a) Premium Tax Credit.—

(1) Modification of definition of qualified health plan.—

(A) In general.—Section 36B(c)(3)(A) of the Internal Revenue Code of 1986 is amended by striking “5 percent” and inserting “2.5 percent.”.

(B) Effective date.—The amendments made by this section shall apply to taxable years beginning after December 31, 2017.

(2) Disallowance of Small Employer Health Insurance Expense Credit for Plans Which Includes Coverage for Abortion.—

(A) In general.—Subsection (b) of section 5000A of the Internal Revenue Code of 1986 is amended by adding at the end the following new paragraph:

“(C) PHASEDOWN OF PREMIUM ASSISTANCE CREDIT.—

(1) IN GENERAL.—Subsection (c) of section 4980H of the Internal Revenue Code of 1986 is amended by striking “aggregate amount of advance payments and in paragraph (3)(F) and inserting “an excess Social Security Act”, and

(4) COORDINATION WITH DIRECT PREMIUM ASSISTANCE.—

(A) In general.—Subsection (c) of section 1412 of the Patient Protection and Affordable Care Act is amended by adding at the end the following new paragraph:

“(D) an issuer of a qualified health plan as provided in paragraph (2).”.

(2) Recapture of excess payments and information reporting.—Subsection (f) of section 36B of the Internal Revenue Code of 1986 is amended—

(i) by striking “advance payments to a taxpayer under section 1412 of the Internal Revenue Code of 1986 shall be determined without regard to subsection (b)(4) thereof;”.

(ii) by adding in addition to the persons described in paragraph (1), the Secretary shall notify the Administrator of the Centers for Medicare and Medicaid Services of the advance determination under this section;

“(C) notwithstanding subparagraph (A), only 5% of the advance payment determined under this section (but for this paragraph) shall be paid to the issuer of a qualified health plan as provided in paragraph (2);

“(D) the remaining 5% of the advance payment so determined shall be paid to the Administrator of the Centers for Medicare and Medicaid Services for the purposes described in section 2105(h)(2) of the Social Security Act; and

“(E) an issuer of a qualified health plan receiving a payment from the Administrator of the Centers for Medicare and Medicaid Services under section 2105(h)(2) of the Social Security Act shall treat such payment for purposes of paragraph (2)(B) in the same manner as an advance payment under paragraph (2).”.

(b) Effective date.—The amendment made by this section shall take effect on January 1, 2020.

SEC. 102. PREMIUM TAX CREDIT.

(a) sun.—

(1) In general.—Section 4980H(c)(2) of the Internal Revenue Code of 1986 is amended by adding at the end the following new paragraph:

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

“(2) EXCLUSION OF HEALTH PLANS INCLUDING COVERAGE FOR ABORTION.—

(A) In general.—Subsection (b) of section 4980H of the Internal Revenue Code of 1986 is amended by adding at the end the following new paragraph:

“(B) Exception for Seasonal Employees.—For purposes of this paragraph, seasonal employees shall not be taken into account as employees.”.

(c) Seasonal Employee.—Subsection (c) of section 4980H of the Internal Revenue Code of 1986 is amended—

(1) by redesignating paragraphs (5), (6), and (7) as paragraphs (6), (7), and (8), respectively, and

(2) by inserting after paragraph (4) the following new paragraph:

“(6) SEASONAL EMPLOYEE.—The term ‘seasonal employee’ means an employee who is employed in a business in which the customary annual employment is not more than 6 months and which requires performing labor or services which are ordinarily performed at certain seasons or periods of the year.”.

(d) Effective Date.—The amendments made by this section shall take effect as if included in section 1513 of the Patient Protection and Affordable Care Act.

SEC. 390. Mr. BLUNT submitted an amendment intended to be proposed by him to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:
(1) Paragraph (1) of section 4980H(c) of the Internal Revenue Code of 1986 is amended by inserting ‘‘($0 in the case of months beginning after December 31, 2017)’’ after ‘‘$2,000.’’

(2) Paragraph (1) of section 4980H(b) of the Internal Revenue Code of 1986 is amended by inserting ‘‘($0 in the case of months beginning after December 31, 2017)’’ after ‘‘$3,000.’’

(b) Short-term Assistance. —The amounts appropriated under this section and all references in this subsection to the ‘‘Secretary’’ shall be treated as only referring to the ‘‘Administrator’’ to fund arrangements with health insurance issuers to assist in the purchase of health benefits coverage by addressing access disparities and responding to urgent health care needs within States. Funds appropriated under this paragraph shall remain available until expended.

(1) Appropriation.—There are authorized to be appropriated, and are appropriated, out of monies in the Treasury not otherwise obligated, $20,000,000,000 for each of calendar years 2018 and 2019, and $15,000,000,000 for calendar year 2020, to the Administrator of the Centers for Medicare & Medicaid Services (in this subsection referred to as the ‘‘Administrator’’) to fund arrangements with health insurance issuers to assist in the purchase of health benefits coverage by addressing access disparities and responding to urgent health care needs within States. Funds appropriated under this paragraph shall remain available until expended.

(2) Participation Requirements.—

(A) Guidance.—Not later than 30 days after the date of enactment of this subsection, the Administrator shall issue guidance to health insurance issuers regarding how to submit a notice of intent to participate in the program established under this subsection.

(B) Notice of Intended Participation.—To be eligible for funding under this subsection, a health insurance issuer shall submit to the Administrator a notice of intent to participate at such time (but, in the case of funding for calendar year 2018, not later than 35 days after the date of enactment of this subsection), and in such form and manner as specified by the Administrator.

(3) Use of Funds.—Funds provided to a health insurance issuer under this subsection shall be used only for the activities specified in paragraph (1)(A) of this subsection.

(4) Eligibility.—Only the 50 States and the District of Columbia shall be eligible for allotments under this subsection.

(5) Determination of Amounts.—In the case of a State for calendar year 2020, the amount determined for the State for calendar year 2020 under paragraph (4) shall be multiplied by the ratio of—

(i) the number of individuals in the State whose income for calendar year 2019 was not less than 100 percent, and not greater than 138 percent, of the poverty line (as defined in section 421(d)(4)(c)), to

(ii) the number of individuals in all States whose income for calendar year 2019 was not less than 100 percent, and not greater than 138 percent, of the poverty line (as defined in section 421(d)(4)(c)) applicable to a family of the size involved; over

(6) Allotments: Availability of Allotments.—

(i) In General.—In the case of a State with an application approved under this subsection with respect to a year, the Administrator shall allot to the State for the year, from amounts appropriated for such year under subparagraph (A), the amount determined for the State and year under paragraph (5).

(ii) Availability of Allotments; Unused Amounts.—

(1) In General.—Amounts allotted to a State for a calendar year under this subparagraph shall remain available for obligation by the State through March 31 of the second calendar year following the year for which the allotment is made.

(2) Unused Amounts to be Used for Deficit Reduction.—Amounts allotted to a State for a calendar year that remain unobligated on April 1 of the following year shall be deposited into the general fund of the Treasury and shall be used for deficit reduction.

(3) Limitation.—In no case may a State use more than 10 percent of the amount allocated to the State for a year under this subparagraph for the purpose described in clause (vi) of paragraph (1)(A).

(4) Market-based Health Care Grant Program.—

(1) Application and Certification Requirements.—To be eligible for an allotment under this subsection, a State shall submit to the Administrator an application, not later than March 31, 2019, in the case of allotments for calendar year 2020, and not later than the previous March 31 in the case of allotments for any subsequent calendar year and in such form and manner as specified by the Administrator, that contains the following:

(A) A description of how the funds will be used to do 1 or more of the following:

(i) To establish or maintain a program or mechanism to help high-risk individuals in the purchase of health benefits coverage, including by reducing premium costs for such individuals, the amount of which is not less than the State percentage required for the year under paragraph (5)(B)(ii);

(ii) To establish or maintain a program or mechanism to help individuals purchase health benefits coverage, including by reducing premium costs for plans offered in the individual market (within the meaning of section 5000A(f)(1)(C) of the Internal Revenue Code of 1986).

(2) Participation Requirements.—

(A) Guidance.—Not later than 30 days after the date of enactment of this paragraph, the Administrator may require to carry out this subsection an appropriate procedure for providing and distributing funds under this section.

(B) Use of Funds.—Funds provided to a health insurance issuer under this subsection shall be used only for the activities specified in paragraph (1)(A) of this subsection.

(C) Certification.—A health insurance issuer shall certify to the Administrator that funds provided under this subsection shall only be used for the activities specified in subparagraph (A).

(D) Certification that none of the funds provided under this subsection shall be used by the State for an expenditure that is attributable to an intergovernmental transfer, the certification to include documentation of the other source of such expenditure.

(2) Eligibility.—Only the 50 States and the District of Columbia shall be eligible for an allotment under this subsection.

(3) One-time Application.—If an application of a State submitted under this paragraph is approved by the Administrator for a year, the application shall be deemed to be submitted for all subsequent years through the year and each subsequent year through December 31, 2026.
amount equal to 25 percent of the amount so appropriated multiplied by the ratio of—

'(I) the number of individuals in the State whose income for calendar year 2019 was not less than $52,500, whose income for calendar year 2025 was not less than 100 percent, and not greater than 138 percent, of the poverty line (as defined in section 2101(c)(5)) applicable to a family of the size involved; over

'(II) the number of individuals in all States who are not less than 45 and not more than 64 years old; over

the size involved; or

the percentage increase in the consumer price index for all urban consumers (U.S. city average) from October 1 of the previous calendar year to October 1 of the calendar year for which the allotment is determined under this paragraph (A) (after adjustment under subparagraph (B), if applicable) or this subparagraph for the previous year; increased by

'(II) the percentage increase in the medical care component of the consumer price index for all urban consumers (U.S. city average) from October 1 of the previous calendar year to October 1 of the calendar year for which the allotment is determined under this paragraph (A) (after adjustment under subparagraph (B), if applicable) or this subparagraph for the previous year; increased by

'(III) With respect to each State that, for calendar year 2025, had an average population density that was greater than 79 individuals per square mile, an amount equal to 1 per-
all States for the year by more than 10 percent or is below such mean amount by not less than 10 percent in such a manner that the low income per capita allotment for each such State (after the expenditure adjustment under this clause) is within 10 percent of such mean amount.

(ii) Low income per capita allotment amount.—The term ‘low income per capita allotment amount’ means, with respect to a State and year—

(i) the State’s allotment for the year, as determined under subparagraph (C); divided by

(ii) the number of individuals in the State;

(aa) whose income for the previous calendar year did not exceed 136 percent of the poverty line (as defined in section 2121(c)(5)) applicable to a family of the size involved; and

(bb) who, during the previous calendar year, were not enrolled under the State plan under title XIX (except that, in the case of an individual who is enrolled under the State plan under clause (i)(VIII), (i)(XX), or (i)(XXIII) of section 1902(a)(10)(A) or is de-

(i) in the case of calendar year 2020, 3 percent;

(ii) in the case of calendar year 2021, 3 percent;

(iii) in the case of calendar year 2022, 4 percent;

(iv) in the case of calendar year 2023, 4 percent;

(v) in the case of calendar year 2024, 5 percent; and

(vi) in the case of calendar year 2025, 5 percent.

(C) Advance Payment: Retrospective Adjustment.—

(1) In General.—If the Administrator deems it appropriate, the Administrator shall make payments under this subsection for each year on the basis of advance estimates of expenditures submitted by the State and such other investigation as the Administrator shall find necessary, and shall reduce or increase the payments as necessary to adjust for any overpayment or underpayment for prior years.

(ii) Miscellaneous Funds.—If the Administrator determines that a State is not using funds paid under this subsection in a manner consistent with the description provided by the State in its application approved under paragraph (1), the Administrator may adjust payments, or recover previous payments to the State under this subsection as the Administrator deems appropriate.

(D) Flexibility in Submission of Claims.—Nothing in this subsection shall be construed as preventing a State from claiming as expenditures in the year expenditures that were incurred in a previous year.

(iv) Rules of Application.—

(I) Budget Neutrality Requirement.—In determining the appropriate percentages by which to adjust States’ allotments for a calendar year under this subparagraph, the Secretary shall make such adjustments in a manner that does not result in a net increase in Federal payments under this section for such year, and if the Secretary cannot adjust such expenditures in such a manner there shall be no adjustment under this paragraph for such year.

(II) Nonapplication to Low-Density States.—This paragraph shall not apply to any State that has a population density of less than 15 individuals per square mile, based on the most recent data available from the Bureau of the Census.

(G) Distribution of Unallotted Funds.—To the extent that any funds appropriated for a calendar year under paragraph (4)(A) remain unallotted after the determinations and adjustments made under the preceding subparagraphs of this paragraph, the Secretary shall increase the allotments so determined and adjusted for States that have a low income per capita allotment amount that is below the mean low income per capita allotment amount for all States in a manner that provides for eligibility for medical assistance under the State plan established under title XIX on the basis of clause (i)(VIII) or (i)(XX) of section 1902(a)(10)(A) (or proceeds for individuals described in either such clause under a waiver approved under section 1115) during calendar year 2017.

(6) Payments.—

(A) Annual Payment of Allotments.—Subject to subparagraph (B), the Administrator shall pay to each State that has an applicable allotment for such year, from the amount allotted to the State under paragraph (4)(B) for the year, an amount equal to the Federal percentage of the State’s expenditures for the year.

(B) State Expenditures Required Beginning 2022.—For purposes of subparagraph (A), the Federal percentage is equal to 100 percent of the State percentage for that year, and the State percentage—

SEC. 108. Repeal of the Tax on Health Savings Accounts.

(1) In General.—Paragraph (2) of section 223(f)(4)(A) of the Internal Revenue Code of 1986 is amended by striking the “10 percent” and inserting the “15 percent”.

(b) Effective Date.—The amendment made by subsection (a) shall apply to taxable years beginning after December 31, 2019.

(c) Subsequent Effective Date.—The amendment made by subsection (a) shall not apply to taxable years beginning after December 31, 2025, and chapter 43 of the Internal Revenue Code of 1986 is amended to read as such chapter would read if such subsection had never been enacted.

SEC. 109. Repeal of Tax on Over-the-Counter Medications.

(a) HSAs.—Subparagraph (A) of section 223(d)(2) of the Internal Revenue Code of 1986 is amended by striking “Such term” and all that follows through the period.

(b) Archer MSAs.—Paragraph (A) of section 226(d)(2) of the Internal Revenue Code of 1986 is amended by striking “Such term” and all that follows through the period.

SEC. 110. Repeal of Tax on Health Savings Accounts.

(a) HSAs.—Section 223(f)(4)(A) of the Internal Revenue Code of 1986 is amended by striking “20 percent” and inserting “10 percent”.

(b) Archer MSAs.—Section 226(f)(4)(A) of the Internal Revenue Code of 1986 is amended by striking “20 percent” and inserting “15 percent”.

(c) Effective Date.—The amendment made by subsection (c) shall apply to expenses incurred with respect to taxable years beginning after December 31, 2016.

SEC. 111. Repeal of Medical Device Excise Tax.

Section 491 of the Internal Revenue Code of 1986 is amended by striking “7.5 percent”.

(b) Effective Date.—The amendment made by this section shall apply to the excise tax under section 491 before the end of the calendar year beginning after December 31, 2016.

SEC. 112. Repeal of Elimination of Deduction for Expenses Allocable to Medicare Reimbursement.

(a) In General.—Section 223(f)(2) of the Internal Revenue Code of 1986 is amended by striking “7.5 percent”.

(b) Effective Date.—The amendment made by this section shall apply to taxable years beginning after December 31, 2016.

SEC. 113. Repeal of Chronic Care Tax.

(a) In General.—Subsection (a) of section 213 of the Internal Revenue Code of 1986 is amended by striking “10 percent” and inserting “15 percent”.

(b) Effective Date.—The amendment made by this section shall apply to taxable years beginning after December 31, 2016.

SEC. 114. Purchase of Insurance from Health Savings Accounts.

(a) In General.—Paragraph (2) of section 223(d) of the Internal Revenue Code of 1986 is amended by striking “any deductible (as defined in section 152, determined without regard to subsections (b)(1), (b)(2), and (d)(1)(B)

SEC. 115. Repeal of the Tax on Employee Health Insurance Premiums and Health Plan Benefits.

(a) In General.—Section 223(d) of the Internal Revenue Code of 1986 is amended by striking section 4980I.
made by this section shall apply to taxable and distributions made for, coverage under a
(2) strives section (B) and inserting the following:
"(B) HEALTH INSURANCE MAY NOT BE PURCHASED FROM ACCOUNT.—Except as provided in
(3) by striking "or" at the end of subparagraph (C)(iv) and inserting "or", and
by adding at the end the following:
"(v) a high deductible health plan but only to the extent of the portion of such expense in excess of—
"(I) any amount allowable as a credit under section 36B for the taxable year with respect to such coverage;
"(II) any amount allowable as a deduction under section 162(l) with respect to such coverage;
"(III) any amount excludable from gross income with respect to such coverage under section 106 (including by reason of section 125 or 401(l))."
(a) IN GENERAL.—Section 223(b)(5) of the Internal Revenue Code of 1986 is amended by adding at the end the following new paragraph:
"(6) TREATMENT OF DIRECT PRIMARY CARE ARRANGEMENTS.—An arrangement under which an individual is provided coverage restricted to primary care services in exchange for a fixed periodic fee or payment for such services—
"(A) shall not be treated as a health plan for purposes of paragraph (1)(A)(i) and
"(B) and shall be treated as insurance for purposes of subsection (d)(2)(B)."
(b) CERTAIN PROVIDER FEES TO BE TREATED AS MEDICAL EXPENSES.—Section 223(d)(4) of the Internal Revenue Code of 1986 is amended by adding at the end the following new paragraph:
"(12) PERIODIC PROVIDER FEES.—The term "medical care" shall include periodic fees paid for a defined set of primary care medical services provided on an as-needed basis.
"(c) EFFECTIVE DATE.—The amendments made by this section shall apply to taxable years beginning after December 31, 2017.
SEC. 116. MAXIMUM CONTRIBUTION LIMIT TO HEALTH SAVINGS ACCOUNT INCREASED TO AMOUNT OF DEDUCTIBLE AND OUT-OF-POCKET LIMITATION.
(a) SKILFULLY COVERAGE.—Section 223(b)(2)(A) of the Internal Revenue Code of 1986 is amended by striking "$2,500" and inserting "the amount in effect under subsection (c)(2)(A)(i)(I))."
The Social Security Act (42 U.S.C. 301 et seq.) is amended—
(1) in section 1905—
(A) in the first sentence of subsection (b),
(2) in section 1905—
(a) IN GENERAL.—Notwithstanding section 501(c)(3) of the Internal Revenue Code of 1986 and amount from tax under section 501(a) of such Code;
(b) EFFECTIVE DATE.—The amendment made by this section shall apply to taxable years beginning after December 31, 2017.
SEC. 119. EXCLUSION FROM INCLUSION OF HIGH DEDUCTIBLE HEALTH PLANS INCLUDING COVERAGE FOR ABORTIONS.
(a) IN GENERAL.—Section 223(d)(2) of the Internal Revenue Code of 1986 is amended by adding at the end the following new paragraph:
"(2) D IRECT SPENDING.—The term "direct spending" has the meaning given that term under section 250(c) of the Balanced Budget and Emergency Deficit Control Act of 1985 (2 U.S.C. 900(c)).
SEC. 121. MEDICAID.
The Social Security Act (42 U.S.C. 301 et seq.) is amended—
(1) in section 1902—
(A) in subsection (a)(10)(A), in each of clauses (i)(VIII) and (ii)(XX), by inserting "and ending December 31, 2019", after "January 1, 2014,"; and
(B) in subsection (a)(4)(B), by inserting "and provided that any such election shall cease to be effective on January 1, 2020, and no such election shall be made after that date" before the semicolon at the end;
(2) in section 1905—
(a) IN GENERAL.—Section 223(d)(2) of the Internal Revenue Code of 1986 is amended by adding at the end the following new paragraph:
"A high deductible health plan shall not be treated as described in clause (v) if such plan includes coverage for abortions (other than any abortion necessary to save the life of the pregnant woman) if such coverage is provided under a health plan to the extent of the portion of such expense in excess of—
"(I) any amount allowable as a credit under section 36B for the taxable year with respect to such coverage;
"(II) any amount allowable as a deduction under section 162(l) with respect to such coverage,
"(III) any amount excludable from gross income with respect to such coverage under section 106 (including by reason of section 125 or 401(l))."
"(B) TREATMENT OF ADDITIONAL CONTRIBUTION AMOUNTS.—If two spouses refered to in section 223(d)(4) of the Internal Revenue Code of 1986 have attained age 55 before the close of the taxable year, the limitation referred to in subparagraph (A)(iii) which is subject to division between the spouses shall include in the aggregate amounts determined under paragraph (3) for both spouses. In any other case, any additional contribution amount determined under paragraph (3) shall not be taken into account under subparagraph (A)(iii) and shall not be subject to division between the spouses.
"(C) EFFECTIVE DATE.—The amendment made by this section shall apply to taxable years beginning after December 31, 2017.
SEC. 123. FEDERAL PAYMENTS TO STATES.
(a) IN GENERAL.—Notwithstanding section 501(c)(3) of the Internal Revenue Code of 1986 and amount from tax under section 501(a) of such Code;
(b) EFFECTIVE DATE.—The amendment made by this section shall apply with respect to coverage under a high deductible health plan beginning after December 31, 2017.
SEC. 129. FEDERAL PAYMENTS TO STATES.
(a) IN GENERAL.—Notwithstanding section 501(c)(3) of the Internal Revenue Code of 1986 and amount from tax under section 501(a) of such Code;
(b) EFFECTIVE DATE.—The amendment made by this section shall apply to taxable years beginning after December 31, 2017.
SEC. 139. FEDERAL PAYMENTS TO STATES.
(a) IN GENERAL.—Notwithstanding section 501(c)(3) of the Internal Revenue Code of 1986 and amount from tax under section 501(a) of such Code;
(b) EFFECTIVE DATE.—The amendment made by this section shall apply to taxable years beginning after December 31, 2017.
SEC. 139. FEDERAL PAYMENTS TO STATES.
(a) IN GENERAL.—Notwithstanding section 501(c)(3) of the Internal Revenue Code of 1986 and amount from tax under section 501(a) of such Code;
(b) EFFECTIVE DATE.—The amendment made by this section shall apply to taxable years beginning after December 31, 2017.
SEC. 139. FEDERAL PAYMENTS TO STATES.
(a) IN GENERAL.—Notwithstanding section 501(c)(3) of the Internal Revenue Code of 1986 and amount from tax under section 501(a) of such Code;
(b) EFFECTIVE DATE.—The amendment made by this section shall apply to taxable years beginning after December 31, 2017.
SEC. 139. FEDERAL PAYMENTS TO STATES.
(a) IN GENERAL.—Notwithstanding section 501(c)(3) of the Internal Revenue Code of 1986 and amount from tax under section 501(a) of such Code;
(b) EFFECTIVE DATE.—The amendment made by this section shall apply to taxable years beginning after December 31, 2017.
(i) in subparagraph (A), by inserting “through 2019” after “each year thereafter”; and
(ii) in subparagraph (B)(v), by striking “and the third month” and inserting “or after the third month” before such month)’’.
(3) in section 1915(k)(2), by striking “during the period described in paragraph (1)” and inserting “on or after the date referred to in paragraph (1)” before January 1, 2014.
(4) in section 1920(e), by adding at the end the following: “This subsection shall not apply after December 31, 2019.”
(5) in section 1920(a), by inserting “and before January 1, 2020,” after “January 1, 2014.”

SEC. 122. REPEAL OF MEDICAID EXPANSION. Title XXIX of the Social Security Act (42 U.S.C. 1396 et seq.) is amended—
(1) in section 1902 (42 U.S.C. 1396a)—
(A) in subsection (a)(10)(A), by inserting “and ending December 31, 2019,” after “2014,”;
(B) in clause (ii), by inserting “and ending December 31, 2017,” after “2014,”; and
(C) in subsection (b), at the end adding the following new subsection:
“(XX) EXPANSION ENROLLEES.—In this title:
“(1) IN GENERAL.—The term ‘expansion enrollees’ means an individual—
“(A) who is under 65 years of age;
“(B) who is not pregnant;
“(C) who is not entitled to, or enrolled for, benefits under part A of title XVIII, or enrolled for benefits under part B of title XVIII, or
“(D) who is not described in any of the subparagraphs of clause (i) of section 1902(a)(10)(A) and
“(E) whose income (as determined under subsection (e)(14)) does not exceed 133 percent of the poverty line (as defined in section 2101(c)(3)) applicable to a family of the size involved.
“(2) APPLICATION OF RELATED PROVISIONS.—Any reference in subsection (a)(10)(G), (k), or (xx) or in section 1903, 1905(a), 1920(e), or 1937(a)(1)(B) to individuals described in subparagraph (B) of subsection (a)(10)(A) shall be deemed to include a reference to expansion enrollees; and
“(3) REQUIREMENT.—Section 1902(a)(10)(A)(i) shall be deemed to include a reference to an individual—
“(A) who is a woman during pregnancy through the first month in which the recipient makes application for assistance and inserting “or after the third month” before such month)’’.
(2) in section 1903 (42 U.S.C. 1396d)—
(A) in subsection (y)(1), by striking “and
“(B) in subsection (c)(2),—
“(i) in subparagraph (A), by striking “each year thereafter” and inserting “through 2019”;
“(ii) in subparagraph (B)(ii), by striking “is 80 percent” in subclause (IV) and all that follows through “the entity” and inserting “and is 80 percent”.

SEC. 123. REDUCING STATE MEDICAID COSTS.
(a) IN GENERAL.—
(b) INCREASE IN MATCHING RATE FOR IMPLEMENTATION.—Section 1903(w)(4)(C) of the Social Security Act (42 U.S.C. 1396w(4)(C)) is amended by adding at the end the following:
“(aa) The Federal matching percentage otherwise applicable under subsection (a) with respect to State administrative expenditures during a calendar quarter for which the State receives payment under such subsection shall, in addition to any other increase to such Federal matching percentage, be increased for such calendar quarter by 5 percentage points with respect to State expenditures attributable to activities carried out by the State (and approved by the Secretary) to implement subsection (b) of section 1902.”

SEC. 124. ELLIGIBILITY REDETERMINATIONS. (a) IN GENERAL.—Section 1902(e)(14) of the Social Security Act (42 U.S.C. 1396a(e)(14)) (relating to modified adjusted gross income) is amended by adding at the end the following:
“(J) FREQUENCY OF ELIGIBILITY REDETERMINATIONS.—Beginning on October 1, 2017, and ending on December 31, 2019, the Federal matching percentage otherwise applicable under section 1903(a) of the Social Security Act (42 U.S.C. 1396a) with respect to State expenditures during such quarter that are attributable to meeting the requirement of section 1902(e)(14) (relating to determination of eligibility using modified adjusted gross income) of such Act shall be increased by 5 percentage points with respect to State expenditures attributable to activities carried out by the State (and approved by the Secretary) to exercise the option described in subparagraph (J) of section 1903(a) (relating to eligibility redeterminations made on a 100 percent” basis (as added by subsection (a)) to increase the frequency of eligibility redeterminations.

SEC. 125. OPTIONAL WORK REQUIREMENT FOR NONDISABLED, NONELDERLY, NONPREGNANT INDIVIDUALS.
(a) IN GENERAL.—Section 1902 of the Social Security Act (42 U.S.C. 1396a), as previously amended, is further amended by adding at the end the following new clause:
“(aa) The Federal matching percentage otherwise applicable under section 1902(a)(1) of the Social Security Act (42 U.S.C. 1396a(a)) is amended by striking “in or after the third month before the month in which the recipient makes application for assistance” and inserting “in or after the month in which the recipient makes application for assistance, or, in the case of a recipient who is 65 years of age or older who is eligible for medical assistance on the basis of blindness or disability, on or after the date referred to in paragraph (1) and before January 1, 2014” before January 1, 2014.”

SEC. 126. PROVIDER TAXES.
Section 1903(w)(4)(C) of the Social Security Act (42 U.S.C. 1396w(4)(C)) is amended by adding after the end the following new clause:
“(aa) The Federal matching percentage otherwise applicable under section 1902(a)(1) of the Social Security Act (42 U.S.C. 1396a) with respect to State expenditures attributable to activities carried out by the State (and approved by the Secretary) to exercise the option described in subparagraph (J) of section 1903(a) (relating to eligibility redeterminations made on a 100 percent” basis (as added by subsection (a)) to increase the frequency of eligibility redeterminations.

SEC. 127. PER CAPITA ALLOTMENT FOR MEDICAL ASSISTANCE.
(a) IN GENERAL.—Title XIX of the Social Security Act is amended—
(1) in section 1902 (42 U.S.C. 1396b)—
(A) in subsection (a), in the matter before paragraph (1), by inserting “and section 1903(a)(3)” after “except as otherwise provided in this section”;
(B) in subsection (d)(1), by striking “to which” and inserting “to which, subject to section 1963(a)(3)”;
(2) by inserting after such section 1903 the following new section:

SEC. 1903A. PER CAPITA-BASED CAP ON PAYMENTS FOR MEDICAL ASSISTANCE.
(a) APPLICATION OF PER CAPITA CAP ON PAYMENTS FOR MEDICAL ASSISTANCE.—
"(1) IN GENERAL.—If a State which is one of the States or the District of Columbia has excess aggregate medical assistance expenditures (as defined in paragraph (2)) for a fiscal year (beginning with fiscal year 2023), the proportion of aggregate payments to the State under section 1903(a)(1) for each quarter in the following fiscal year shall be reduced by ¼ of
the excess aggregate medical assistance payments (as defined in paragraph (3)) for that previous fiscal year. In this section, the term 'State' means only the 50 States and the District of Columbia.

(2) EXCESS AVERAGE MEDICAL ASSISTANCE EXPENDITURES.—In this subsection, the term 'excess aggregate medical assistance payments' means, for a State, all the medical assistance payments specified in subparagraph (A), and all the medical assistance payments attributable to 1903A enrollees.

(3) DSH.—Payment adjustments made for fiscal year 2018 and subsequent fiscal years under subparagraph (B) of section 1903B(c)(3)(E) shall be treated as payments for medical assistance payments made in a month that is 5 months or less after the month in which the adjustments were made.

(4) DETERMINATION.—In this subsection, the term 'excess aggregate medical assistance payments' means, for a State for a fiscal year, the amount (if any) by which—

(A) the product of—

(i) the amount of the medical assistance expenditures (as defined in paragraph (2)) for the State for the fiscal year; and

(ii) the Federal average medical assistance matching percentage (as defined in subsection (d)(4));

(B) the Federal average medical assistance matching percentage, as defined in subsection (d)(4); and

(C) the per capita base period (as defined in subsection (c)(2)) for the State and fiscal year; exceeds

(B) the amount of the target total medical assistance expenditures (as defined in subsection (c)(6)) for the State for the fiscal year.

(5) FEDERAL AVERAGE MEDICAL ASSISTANCE MATCHING PERCENTAGE.—In this subsection, the term 'Federal average medical assistance matching percentage' means, with respect to a State, the ratio (expressed as a percentage) of—

(A) the amount of the Federal payments that would be made to the State under section 1903(a)(1) for medical assistance expenditures for calendar quarters in the fiscal year for which paragraph (1) did not apply; to

(B) the amount of the medical assistance expenditures for the State in the fiscal year.

(6) IN GENERAL.—In this section, the term 'excess aggregate medical assistance expenditures' means, for a State, the aggregate expenditures for which all the data necessary to make determinations required under this section is available, as determined by the Secretary; and

(ii) the amount (as a percentage of the target total medical assistance expenditures, as reported by the State to the Secretary) for a State, the Secretary's calculation of the amount for which payment is (or may be) made pursuant to section 1903 in the absence of any adjustments, and

(i) the amount (as a percentage of the target total medical assistance expenditures, as defined in paragraph (2)) for the State for the fiscal year, if paragraph (1) did not apply; to

(B) the amount of the medical assistance expenditures for the State in the fiscal year.

(7) EXPENDITURES FOR PUBLIC HEALTH EMERGENCIES.—Any expenditures that are subject to a public health emergency exclusion under paragraph (6).

(8) 1903A BASE PERIOD POPULATION PERCENTAGE.—In this subsection, the term '1903A base period population percentage' means, for a State, the Secretary's calculation of the percentage of the State's aggregate medical assistance expenditures, as reported by the Secretary on the CMS–64 reports for calendar quarters in the State's per capita base period, that are attributable to 1903A enrollees (as defined in subsection (e)(1)).

(9) ADJUSTMENTS FOR PER CAPITA BASE PERIOD.—In calculating medical assistance expenditures under paragraph (2) and excluded expenditures under paragraph (3) for a State for the State's per capita base period, the total amount of each type of expenditure for the State and base period shall be divided by 2.

(10) AUTHORITY TO EXCLUDE STATE EXPENDITURES FROM CAPS DURING PUBLIC HEALTH EMERGENCIES.—

(A) IN GENERAL.—During the period that begins on January 1, 2020, and ends on December 31, 2024, the Secretary may exclude, from a State's medical assistance expenditures for a fiscal year or portion of a fiscal year that occurs during such period, an amount that shall not exceed the amount determined under subparagraph (B) for the State and fiscal year under section 1903.

(B) AUTHORITY TO EXCLUDE STATE EXPENDITURES.—If the Secretary determines that such an exemption would be appropriate.

(11) AUTHORITY TO ADJUST MEDICAL ASSISTANCE EXPENDITURES.—In this section, the term 'aggregate expenditures for a fiscal year or portion of a fiscal year' shall not exceed $5,000,000,000.

(12) EXPENDITURES FOR PUBLIC HEALTH EMERGENCIES.—If the Secretary exercises the authority under this paragraph with respect to a State for a fiscal year or portion thereof, the Secretary shall use the data required for a fiscal year of prior to the date of enactment of this Act (as described in subparagraph (A)) to calculate the amount of the public health emergency adjustment described in subparagraph (A)(i) for the State's fiscal year of the fiscal year for which such an adjustment is made.
(c) Target Total Medical Assistance Expenditures.—

(1) Calculation.—In this section, the term ‘target total medical assistance expenditures’ for a State for the fiscal year, the sum of the products, for each of the 1903A enrollee categories (as defined in subsection (e)(2)), of—

(A) the target per capita medical assistance expenditures (as defined in paragraph (2)) for the enrollee category, State, and fiscal year; and

(B) the number of 1903A enrollees for such enrollee category, State, and fiscal year, as determined under subsection (e)(4).

(2) Target Per Capita Medical Assistance Expenditures.—In this subsection, the term ‘target per capita medical assistance expenditures’ means, for a 1903A enrollee category and State—

(A) for fiscal year 2020, an amount equal to—

(i) the provisional FY19 target per capita amount for such enrollee category (as calculated under subsection (d)(5)) for the State, increased by

(ii) the applicable annual inflation factor (as defined in paragraph (3)) for fiscal year 2020; and

(B) for each succeeding fiscal year, an amount equal to—

(i) the target per capita medical assistance expenditures (as defined in subparagraph (A) or this subparagraph) for the 1903A enrollee category and State for the preceding fiscal year, increased by

(ii) the applicable annual inflation factor for that succeeding fiscal year.

(3) Applicable Annual Inflation Factor.—In paragraph (2), the term ‘applicable annual inflation factor’ means—

(A) for fiscal years before 2025—

(i) for each of the 1903A enrollee categories described in subparagraphs (A), (B), and (C) of subsection (e)(2), the percentage increase in the medical care component of the consumer price index for all urban consumers (U.S. city average) from September of the previous fiscal year to September of the fiscal year involved; and

(ii) for each of the 1903A enrollee categories described in subparagraphs (A) and (B) of subsection (e)(2), the percentage increase described in clause (i) plus 1 percentage point; and

(B) for fiscal years after 2024, for all 1903A enrollee categories, the percentage increase in the consumer price index for all urban consumers (U.S. city average) from September of the previous fiscal year to September of the fiscal year involved.

(4) Adjustments to State Expenditures Targets to Promote Program Equity Across States.—

(A) In General.—Beginning with fiscal year 2020, the target per capita medical assistance expenditures for a 1903A enrollee category, State, and fiscal year, as determined under paragraph (2), shall be adjusted (subject to subparagraph (C)(ii)) in accordance with this paragraph.

(B) Adjustment Based on Level of Per Capita Spending for 1903A Enrollee Categories.—Subject to subparagraph (C), with respect to a State, fiscal year, and 1903A enrollee category, if the State’s per capita medical assistance expenditures (as defined in subparagraph (D)) for the State and category in the preceding fiscal year—

(i) exceed the mean per capita categorical medical assistance expenditures for all States for such preceding year by not less than 25 percent, the State’s target per capita medical assistance expenditures for the fiscal year involved shall be reduced by a percentage that shall be determined by the Secretary but which shall not be less than 0.5 percent or greater than 2 percent; or

(ii) are less than the mean per capita categorical medical assistance expenditures for such category for the preceding fiscal year by not less than 25 percent, the State’s target per capita medical assistance expenditures for such category for the fiscal year involved shall be reduced by a percentage that shall be determined by the Secretary but which shall not be less than 0.5 percent or greater than 2 percent.

(C) Rules of Calculation.—

(1) Budget Neutrality Requirement.—In determining the appropriate percentages by which to adjust the target per capita medical assistance expenditures for a category and fiscal year under this paragraph, the Secretary shall make such adjustments in a manner that does not result in a net increase in Federal payments under this section for such fiscal year, and if the Secretary cannot adjust such expenditures in such a manner there shall be no adjustment under this paragraph for such fiscal year.

(ii) Assumption Regarding State Expenditures.—For purposes of clause (i), in the case of a State that targets per capita medical assistance expenditures for a 1903A enrollee category and fiscal year increased under this paragraph, the Secretary shall assume that the categorical medical assistance expenditures (as defined in subparagraph (D)(ii)) for such State, category, and fiscal year will equal such increased target medical assistance expenditures.

(iii) Nonapplication to Low-Density States.—This paragraph shall not apply to any State that has a population density of less than 15 individuals per square mile, based on the most recent data available from the Bureau of the Census.

(D) Disregard of Adjustment.—Any adjustment under this paragraph to target medical assistance expenditures for a State, 1903A enrollee category, and fiscal year shall be disregarded when determining the target medical assistance expenditures for such State and category for a succeeding year under paragraph (2).

(E) Application for Fiscal Years 2020 and 2021.—In fiscal years 2020 and 2021, the Secretary shall apply this paragraph by deeming all categories of 1903A enrollees to be a single category.

(F) Per Capita Categorical Medical Assistance Expenditures.—

(i) In General.—In this paragraph, the term ‘per capita categorical medical assistance expenditures’ means, with respect to a State, 1903A enrollee category, and fiscal year, an amount equal to—

(ii) the number of 1903A enrollees for the State, category, and fiscal year; divided by

(iii) the category of medical expenditures (as defined in clause (ii)) for the State, category, and year; divided by

(iv) the number of 1903A enrollees for the State, category, and fiscal year.

(2) Categorical Medical Assistance Expenditures.—The term ‘categorical medical assistance expenditures’ means, with respect to a State, enrollee category, and fiscal year, an amount equal to the total medical assistance expenditures (as defined in paragraph (2)) for the State and fiscal year that are attributable to enrollees in the category, excluding any excluded expenditures (as defined in paragraph (3)) for the State and fiscal year that are attributable to enrollees in the category.

(3) Calculation of FY19 Provisional Target Amount for Each 1903A Enrollee Category Subject to Subsection (g), the following shall apply:

(1) Calculation of Base Amounts for Each 1903A Enrollee Category.—For each State the Secretary shall make such adjustment as is necessary to reduce the State not later than April 1, 2018, of the following:

(A) The amount of the adjusted total medical assistance expenditures (as defined in subsection (b)(1)) for the State for the State’s per capita base period.

(B) The number of 1903A enrollees for the State in the State’s per capita base period.

(2) Fiscal Year 2019 Average Per Capita Amount Based on Inflating the Per Capita Base Provisions for Fiscal Year 2019 by CPI-Medical.—The Secretary shall calculate a fiscal year 2019 average per capita amount for each State equal to—

(A) the average per capita medical assistance expenditures for the State for the State’s per capita base period (calculated under paragraph (1)(C)); increased by

(B) the percentage increase in the medical care component of the consumer price index for all urban consumers (U.S. city average) from the last month of the State’s per capita base period to September of fiscal year 2019.

(3) Aggregate and Average Expenditures Per Capita for Fiscal Year 2019.—The Secretary shall calculate for each State the following:

(A) The amount of the adjusted total medical assistance expenditures (as defined in subsection (b)(1)) for the State for fiscal year 2019.

(B) The number of 1903A enrollees for the State in fiscal year 2019 (as determined under subsection (e)(4)).

(4) Per Capita Expenditures for Fiscal Year 2019 for Each 1903A Enrollee Category.—The Secretary shall calculate (and provide notice to each State not later than January 1, 2020, of) the following:

(A)(i) For each 1903A enrollee category, the amount of the adjusted total medical assistance expenditures (as defined in subsection (b)(1)) for the State for fiscal year 2019 for individuals in the enrollee category, calculated by excluding from medical assistance expenditures those expenditures attributable to expenditures described in clause (iii) or non-DSH supplemental expenditures (as defined in clause (ii)).

(ii) For purposes of this paragraph, the term ‘non-DSH supplemental expenditure’ means a payment to a provider under the State plan (or under a waiver of the plan) that—

(A) is not made under section 1902(b);

(B) is not made with respect to a specific item or service for an individual;

(C) is in addition to any payments made to the provider under the plan (or waiver) for any such item or service; and

(D) complies with the limits for additional payments to providers under the plan (or waiver) imposed by section 1902(a)(30)(A), including the regulations specifying upper payment limits under the State plan in part 47 of title 42, Code of Federal Regulations (or any successor regulations).

(iii) An expenditure described in this clause is an expenditure that meets the criteria specified in subsection (ii) of clause (i) and is authorized under section 1115 for the purposes of funding a delivery system reform pool, uncompensated care pool, or any other similar expenditure (as defined by the Secretary).

(B) For each 1903A enrollee category, the number of 1903A enrollees in the category for the State in fiscal year 2019 in the enrollee category (as determined under subsection (e)(4)).
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For the State’s per capita base period, the State’s non-DSH supplemental and pool payment percentage is equal to the ratio (expressed as a percentage) of—

(i) the total amount of non-DSH supplemental expenditures (as defined in subparagraph (A)(i) and adjusted under subparagraph (E) and payments described in subparagraph (f)(2)(E)) for the State for the period to;

(ii) the amount described in subparagraph (b)(1), provided for the State’s per capita base period.

(D) For each 1903A enrollee category an average medical assistance expenditures per capita for the State for fiscal year 2019 for the enrollee category equal to—

(i) the amount calculated under subparagraph (A) for the State increased by the non-DSH supplemental and pool payment percentage for the State (as calculated under subparagraph (C)); divided by

(ii) the number calculated under subparagraph (B) for the State for the enrollee category.

(E) For purposes of subparagraph (C)(i), in calculating the total amount of non-DSH supplemental expenditures and payments described in subparagraph (A)(iii) for a State for the per capita base period, the total amount of such expenditures and the total amount of payments for the State and base period shall each be divided by 2.

(5) PROVISIONAL FY19 PER CAPITA TARGET AMOUNT FOR EACH 1903A ENROLLEE CATEGORY.—Subject to subsection (f)(2), the Secretary shall calculate for each State a provisional FY19 per capita target amount for each 1903A enrollee category equal to the average medical assistance expenditures per capita for the State for fiscal year 2019 (as calculated under paragraph (4)(D)) for such enrollee category multiplied by the ratio of—

(A) Required of—

(i) the fiscal year 2019 average per capita amount for the State, as calculated under paragraph (2); and

(ii) the number of 1903A enrollees for the State in fiscal year 2019, as calculated under paragraph (3)(B); to

(B) the amount of the adjusted total medical assistance expenditures for the State for fiscal year 2019, as calculated under paragraph (3)(A).

(e) 1903A ENROLLEE; 1903A ENROLLEE CATEGORY.

(1) Subject to subsection (f)(2), the Secretary shall—

(i) for each State and fiscal year or the State's per capita base period and fiscal year 2019, as calculated under paragraph (4)(D)), for such enrollee category multiplied by the ratio of—

(A) Required of—

(i) the fiscal year 2019 average per capita amount for the State, as calculated under paragraph (2); and

(ii) the number of 1903A enrollees for the State in fiscal year 2019, as calculated under paragraph (3)(B); to

(B) the amount of the adjusted total medical assistance expenditures for the State for fiscal year 2019, as calculated under paragraph (3)(A).

(2) 1903A ENROLLEES.—The term ‘1903A enrollee’ means, with respect to a State and fiscal year or the State’s per capita base period, an individual who, for such month and subject to subsection (i)(1)(B), is eligible for medical assistance under this title only on the basis of being blind or disabled.

(3) TREATMENT OF STATES EXPANDING COVERAGE AFTER JULY 1, 2016.—In the case of a State that did not provide for medical assistance for the 1903A enrollee category described in subparagraph (A) of section 1902(a)(10)(A)(ii)(XVIII) on or before July 1, 2016, but which subsequently provides for such assistance for such category, the provi-
Information System would be preferable to CMS–64 report data for purposes of making the determinations necessary under this section."

"(b) ENSURING ACCESS TO HOME AND COMMUNITY BASED SERVICES.—Section 1915 of the Social Security Act (42 U.S.C. 1396n) is amended by adding at the end the following new subsection:

"(i) INCENTIVE PAYMENTS FOR HOME AND COMMUNITY-BASED SERVICES.—

"(1) IN GENERAL.—The Secretary shall establish a demonstration project referred to in this subsection (the ‘demonstration project’) under which eligible States may make HCBS payment adjustments for the purpose of continuing to provide and improving the quality of home and community-based services provided under a waiver under subsection (c) or (d) or a State plan amendment under subsection (i).

"(2) SELECTION OF ELIGIBLE STATES.—

"(A) APPLICATION.—A State seeking to participate in the demonstration project shall submit to the Secretary, at such time and in such manner as the Secretary shall require, an application that includes—

(i) an assurance that any HCBS payment adjustment made by the State under this subsection is made with the health and welfare and financial accountability safeguards taken by the State under subsection (c)(2) and (3); and

(ii) such other information and assurances as the Secretary shall require.

(B) SELECTION.—The Secretary shall select States to participate in the demonstration project on a competitive basis except that, in making selections under this paragraph, the Secretary shall give priority to any State that is one of the 15 States with the lowest population density, as determined by the Secretary based on data from the Bureau of the Census.

(C) DEMONSTRATION PROJECT.—

The demonstration project shall be conducted for the 4-year period beginning on January 1, 2020, and ending on December 31, 2023.

(D) STATE ALLOCATIONS AND INCREASED FMAP FOR PAYMENT ADJUSTMENTS.—

(1) IN GENERAL.—

(A) IN GENERAL.—The Secretary shall make the application publicly available to the public.

(B) STATE APPLICATION.—

(1) IN GENERAL.—To be eligible to conduct a Medicaid Flexibility Program, a State shall submit an application to the Secretary that meets the requirements of this subsection.

(2) CONTENTS OF APPLICATION.—An application under this subsection shall include the following:

(A) A description of the proposed Medicaid Flexibility Program and how the State will satisfy the requirements described in subsection (b)(1).

(B) The proposed conditions for eligibility of program enrollees.

(C) The applicable program enrollment category for claiming an increase in FMAP for the package of services which will be provided to program enrollees to whom the State would otherwise be required to make medical assistance available under section 1902(a)(10)(A)(i).

(D) A description of the transition to such program, including the descriptions of the transition to such program, including the description of the proposed package of services which will be provided to program enrollees to whom the State would otherwise be required to make medical assistance under section 1902(a)(10)(A)(i).

(E) A description of the reasons the State shall make the application publicly available to the public.

(F) Statements certifying that the State agrees to—

(i) submit regular enrollment data with respect to the program to the Centers for Medicare & Medicaid Services at such time and in such manner as the Secretary may require;

(ii) submit timely and accurate data to the Transformed Medicaid Statistical Information System (T-MSIS);

(iii) report annually to the Secretary on adult health quality measures implemented under the program and information on the transition to such program.

(v) on an annual basis, conduct a report evaluating the program and make such report available to the public.

(G) An information technology systems plan demonstrating that the State has the capability to support the technological administration of the program and comply with reporting requirements under this section.

(H) A statement of the goals of the proposed program, which shall include—

(i) goals related to quality, access, rate of growth targets, consumer satisfaction, and outcomes;

(ii) a plan for monitoring and evaluating the program to determine whether such goals are being met;

(iii) a proposed process for the State, in consultation with the Centers for Medicare & Medicaid Services, to take remedial action to make progress on unmet goals.

(2) STATE NOTICE AND COMMENT PERIOD.—

(A) IN GENERAL.—Before submitting an application under this subsection, a State shall make the application publicly available for a 30 day notice and comment period.

(B) NOTICE AND COMMENT PROCESS.—During the notice and comment period described in subparagraph (A), the State shall provide opportunities for a meaningful participation, which shall include public hearings on the proposed Medicaid Flexibility Program.

(C) TIMELINE FOR SUBMISSION.—

(A) IN GENERAL.—A State may submit an application under this subsection to conduct a Medicaid Flexibility Program that would begin in the next fiscal year at any time, subject to subparagraph (B).

(B) DEADLINES.—Each year beginning with 2019, the Secretary shall specify a deadline for submitting an application under this subsection to conduct a Medicaid Flexibility Program without making such application publicly available for a 30 day notice and comment period.

(C) FINANCING.—

(1) IN GENERAL.—For each fiscal year during which a State is conducting a Medicaid Flexibility Program, the State shall receive, in addition to amounts otherwise payable to the State under this title for medical assistance
for program enrollees, the amount specified in paragraph (3)(A).

(2) AMOUNT OF BLOCK GRANT FUNDS.—

(A) IN GENERAL.—The block grant amount under paragraph (1) for a State and fiscal year shall be equal to the sum of the amounts determined under subparagraph (B) for each 1903A enrollee category included in the applicable program enrollee category for the State and fiscal year.

(B) ENROLLEE CATEGORY AMOUNTS.—

(i) For initial year.—Subject to subparagraph (C), for the first fiscal year in which a 1903A enrollee category is included in the applicable program enrollee category for a Medicaid Flexibility Program conducted by the State, the amount determined under this subparagraph for the State, year, and category shall be equal to the Federal average medical assistance percentage (as defined in section 1903(a)(4)) for the State and year, multiplied by the product of—

(I) the target per capita medical assistance expenditures (as defined in section 1903(a)(2)(B)) for the State, year, and category; and

(II) the number of 1903A enrollees in such enrollee category for the State for the second fiscal year preceding such first fiscal year, increased by the percentage increase in State population from such second preceding fiscal year ending to such first fiscal year, based on the best available estimates of the Bureau of the Census.

(ii) For any subsequent year.—For any fiscal year that is not the first fiscal year in which a 1903A enrollee category is included in the applicable program enrollee category for a Medicaid Flexibility Program conducted by the State, the block grant amount under this paragraph for the State, year, and category shall be equal to the amount determined under this subparagraph for the most recent previous fiscal year in which the State conducted a Medicaid Flexibility Program that included such category, with such amount increased by the percentage increase in the consumer price index for all urban consumers (U.S. city average) from April of the second fiscal year preceding the first fiscal year involved to April of the fiscal year preceding the fiscal year involved.

(C) MAP ON TOTAL POPULATION OF 1903A ENROLLEES FOR PURPOSES OF BLOCK GRANT CALCULATION.—

(i) In general.—In calculating the block grant amount for the fiscal year in which a 1903A enrollee category is included in the applicable program enrollee category for a Medicaid Flexibility Program conducted by the State, the total number of 1903A enrollees in such 1903A enrollee category for the State and year shall not exceed the adjusted number of 1903A enrollees for the State (as defined in clause (ii)).

(ii) Adjusted number of base period enrollees.—The term ‘adjusted number of base period enrollees’ with respect to a 1903A enrollee category, the number of 1903A enrollees in the enrollee category for the State for the State’s per capita base period (as determined under section 1903(c)(4)), increased by the percentage increase, if any, in the total State population from the last April in the State’s per capita base period to April of the fiscal year preceding the fiscal year involved (determined using the best available data from the Bureau of the Census) plus 3 percentage points.

(D) FEDERAL PAYMENT AND STATE MAINTENANCE OF EFFORT.—

(A) Federal Payment.—Subject to subparagraph (B), the Secretary shall pay to each State conducting a Medicaid Flexibility Program under this section for a fiscal year, from its block grant amount under paragraph (2) for such year, an amount for each quarter of such year equal to the Federal average medical assistance percentage (as defined in section 1903(a)(4)) of the total amount expended under the program during such quarter as targeted health assistance, and the State is responsible for the reimbursement of the funds to carry out such program.

(B) State Maintenance of Effort Expenditures.—For each year during which a Medicaid Flexibility Program is in effect, the State Medicaid Flexibility Program, the State shall make expenditures for targeted health assistance under the program in an amount equal to the product of—

(I) the Federal medical assistance percentage (as defined in section 1903(a)(4)) for the State and year under paragraph (2); and

(ii) the enhanced FMAP described in the first sentence of section 2105(b) for the State and year.

(C) Reduction in block grant amount for States failing to meet MOE requirement.—

(i) In general.—For each year during which a Medicaid Flexibility Program is in effect, the Secretary shall make expenditures for targeted health assistance under the program in an amount equal to the product of—

(I) the Federal medical assistance percentage (as defined in section 1903(a)(4)) for the State and year; and

(ii) the enhanced FMAP described in the first sentence of section 2105(b) for the State and year.

(D) Reduction in block grant amount for States failing to meet MOE requirement.—

(i) In general.—For each year during which a Medicaid Flexibility Program is in effect, the Secretary shall make expenditures for targeted health assistance under the program in an amount equal to the product of—

(I) the Federal medical assistance percentage (as defined in section 1903(a)(4)) for the State and year; and

(ii) the enhanced FMAP described in the first sentence of section 2105(b) for the State and year.

(E) Additional Federal payments during public health emergency.—

(i) In general.—For the fiscal year during which the Secretary has excluded expenditures under section 1903(b)(6), if the State has uncompensated targeted health assistance expenditures for a fiscal year for which the Secretary determines that a State conducting a Medicaid Flexibility Program approved under this section has uncompensated targeted health assistance expenditures for such fiscal year, the Secretary may make additional payments to such State equal to the product of—

(I) the amount of State expenditures for uncompensated targeted health assistance for the fiscal year for which the Secretary has excluded expenditures under section 1903(b)(6); and

(ii) the increased FMAP described in the first sentence of section 2105(b) for the State and year.

(F) Insular areas.—The term ‘State’ in section 1903(b)(6) shall be construed to include an insular area that is conducting a Medicaid Flexibility Program approved under this section for the fiscal year for which the Secretary has excluded expenditures under section 1903(b)(6).
program period in which the State makes the election.

(II) TRANSITION PLAN REQUIREMENT.—A State may not elect to terminate a Medicaid Flexibility Program unless the State has in place an appropriate transition plan approved by the Secretary.

(III) EFFECT OF TERMINATION.—If a State elects to terminate a Medicaid Flexibility Program, the per capita cap limitations under section 1903A shall apply effective with respect to services provided as targeted health assistance under a Medicaid Flexibility Program, including with respect to services that are required to be provided to certain program enrollees under paragraph (B) of subsection (c) of such section.

(IV) NONAPPLICATION OF PROVISIONS.—With respect to the design and implementation of Medicaid Flexibility Programs conducted under this section, paragraphs (1), (10)(B), (17), and (23) of section 1902(a), as well as any other provision of this title (except for this section and as otherwise provided by this section) that the Secretary deems appropriate, shall not apply.

(C) DEFINITIONS.—For purposes of this section:

(1) APPLICABLE PROGRAM ENROLLEE CATEGORY.—The term ‘applicable program enrollee category’ means, with respect to a Medicaid Flexibility Program for a program period, any enrollee category specified by the Secretary in the application under subsection (b):

(A) 2 ENROLLEE CATEGORIES.—Both of the enrollee categories described in subparagraphs (D) and (E) of section 1903A(e)(2).

(B) EXPANSION ENROLLEES.—The 1903A enrollee category described in subparagraph (D) of section 1903A(e)(2).

(C) NONELIGIBLE, NONDISABLED, NONEXPANSION ADULTS.—The 1903A enrollee category described in subparagraph (E) of section 1903A(e)(2).

(2) MEDICAID FLEXIBILITY PROGRAM.—The term ‘Medicaid Flexibility Program’ means a State program for providing targeted health assistance to program enrollees funded by a block grant under this section.

(3) PROGRAM ENROLLEE.—(A) IN GENERAL.—The term ‘program enrollee’ means, with respect to a State that is conducting a Medicaid Flexibility Program for a program period, an individual who is a 1903A enrollee (as defined in section 1903A(e)(3)) or who is otherwise enrolled under an enrollee category specified by the State for the period.

(B) RULE OF CONSTRUCTION.—For purposes of paragraph (3)(A), eligibility and enrollment of an individual under a Medicaid Flexibility Program shall be deemed to be eligibility and enrollment under a State plan (or waiver of such plan) under this title.

(4) PROGRAM PERIOD.—The term ‘program period’ means, with respect to a State Medicaid Flexibility Program, a period of 5 consecutive fiscal years that begins with either

(A) the first fiscal year in which the State conducts the program; or

(B) the next fiscal year in which the State conducts such a program that begins after the end of the previous program period.

(5) STATE.—The term ‘State’ means one of the 50 States or the District of Columbia.

(6) TARGETED HEALTH ASSISTANCE.—The term ‘targeted health assistance’ means assistance for health care services and medical services for program enrollees.

SEC. 129. MEDICAID AND CHIP QUALITY PERFORMANCE BONUS PAYMENTS.

Section 1903 of the Social Security Act (42 U.S.C. 1396d), as previously amended, is further amended by adding at the end the following new subsection:

"(c) DEFINITIONS.—For purposes of this section:

(1) APPLICABLE PROGRAM ENROLLEE CATEGORY.—The term ‘applicable program enrollee category’ means, with respect to a Medicaid Flexibility Program for a program period, any enrollee category specified by the Secretary under this section, paragraphs (1), (10)(B), (17), and (23) of section 1902(a), as well as any other provision of this title (except for this section and as otherwise provided by this section) that the Secretary deems appropriate, shall not apply.

(2) MEDICAID FLEXIBILITY PROGRAM.—The term ‘Medicaid Flexibility Program’ means a State program for providing targeted health assistance to program enrollees funded by a block grant under this section.

(3) PROGRAM ENROLLEE.—(A) IN GENERAL.—The term ‘program enrollee’ means, with respect to a State that is conducting a Medicaid Flexibility Program for a program period, an individual who is a 1903A enrollee (as defined in section 1903A(e)(3)) or who is otherwise enrolled under an enrollee category specified by the State for the period.

(B) RULE OF CONSTRUCTION.—For purposes of paragraph (3)(A), eligibility and enrollment of an individual under a Medicaid Flexibility Program shall be deemed to be eligibility and enrollment under a State plan (or waiver of such plan) under this title.

(4) PROGRAM PERIOD.—The term ‘program period’ means, with respect to a State Medicaid Flexibility Program, a period of 5 consecutive fiscal years that begins with either

(A) the first fiscal year in which the State conducts the program; or

(B) the next fiscal year in which the State conducts such a program that begins after the end of the previous program period.

(5) STATE.—The term ‘State’ means one of the 50 States or the District of Columbia.

(6) TARGETED HEALTH ASSISTANCE.—The term ‘targeted health assistance’ means assistance for health care services and medical services for program enrollees."
"(b) QUALITY PERFORMANCE BONUS PAYMENTS.—

"(1) INCREASED FEDERAL SHARE.—With respect to each of fiscal years 2023 through 2026, 5 percent of the 50 percent of the base (as defined in section 1902A(b)(1) of the Social Security Act (42 U.S.C. 1396d(b)) is amended, in the third sentence, by inserting ‘’and with respect to amounts expended by a State as medical assistance for services provided by any other provider under the State plan to an individual who is a member of an Indian tribe eligible for assistance under the State plan’’ before the period.

SEC. 123. SMALL BUSINESS HEALTH PLANS.

(a) TAX TREATMENT OF SMALL BUSINESS HEALTH PLANS.—A small business health plan (as defined in section 6001(a) of the Employee Retirement Income Security Act of 1974) shall be treated—

"(1) as a group health plan (as defined in section 2701 of the Public Health Service Act (42 U.S.C. 300gg-91)) for purposes of applying title XXVII of the Public Health Service Act (42 U.S.C. 239b et seq.) and title XXII of such Act (42 U.S.C. 239bb-1); and

"(2) as a health plan (as defined in section 5000(b)(1) of the Internal Revenue Code of 1986) for purposes of applying sections 4980B and 5000 and chapter 106 of the Internal Revenue Code of 1986; and

(b) RULES.—Subtitle B of title I of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1001 et seq.) is amended by adding at the end the following new part:

"PART II—RULES GOVERNING SMALL BUSINESS RISK SHARING POOLS

"SEC. 801. SMALL BUSINESS HEALTH PLANS.

"(a) IN GENERAL.—For purposes of this part, the term ‘small business health plan’ means a fully insured group health plan, offered by a health insurance issuer in the largest group market whose sponsor is described in subsection (b).

"(b) SPONSOR.—The sponsor of a group health plan is described in this subsection if such sponsor—

"(1) is a qualified sponsor and receives certification by the Secretary;

"(2) is organized and maintained in good faith, with a constitution or bylaws specifically stating its purpose and providing for periodic meetings on at least an annual basis;

"(3) is established as a permanent entity;

"(4) is established for a purpose other than providing health benefits to its members, is not an organization established as a bona fide trade association, franchise, or section 7705 organization; and

"(5) does not condition membership on the basis of a minimum group size.

"SEC. 802. FILING FEE AND CERTIFICATION OF SMALL BUSINESS HEALTH PLANS.

"(a) FILING FEE.—A small business health plan shall pay to the Secretary at the time of filing an application for certification under subsection (b) a filing fee in the amount of $5,000, which shall be available to the Secretary for the sole purpose of administering the certification procedures applicable with respect to small business health plans.

"(b) CERTIFICATION.—

"(1) IN GENERAL.—Not later than 6 months after the date of enactment of this part, the Secretary shall prescribe by final rule a procedure under which the Secretary—

"(A) will certify a qualified sponsor of a small business health plan, upon receipt of an application that includes the information described in paragraph (2); and

"(B) may provide for continued certification of small business health plans under this part;

"(2) may provide for the revocation of a certification if the applicable authority finds that the small business health plan involved
fails to comply with the requirements of this part:

(1) each participating employer must be—

(a) a member of the sponsor;

(b) the dependents of individuals described in subparagraph (A).

(2) INFORMATION TO BE INCLUDED IN APPLICATION FOR CERTIFICATION.—An application for certification under this part must include the following information:

(A) identifying information.

(B) States in which the plan intends to do business.

(C) Bonding requirements.

(D) Plan documents.

(E) Agreements with service providers.

(3) REQUIREMENTS FOR CERTIFIED PLAN SPONSORS.—Not later than 6 months after the date of enactment of this part, the Secretary shall prescribe by interim final rule requirements for certified plan sponsors that include requirements regarding—

(A) structure and requirements for boards of trustees or administrators;

(B) notification of material changes; and

(C) notification for voluntary terminations.

(4) FILING NOTICE OF CERTIFICATION WITH STATES.—A certification granted under this part to a small business health plan shall not be effective unless written notice of such certification is filed by the plan sponsor with the applicable State authority of each State in which the small business health plan operates.

(5) EXPEDITED AND DEEMED CERTIFICATION.—

(1) IN GENERAL.—If the Secretary fails to act on an application for certification under this section within 60 days of receipt of such complete application, the applying small business health plan sponsor shall be deemed certified until such time as the Secretary determines that cause the application for certification.

(2) PENALTY.—The Secretary may assess a penalty against the board of trustees, plan administrator, or plan sponsor (jointly and severally) of a small business health plan sponsor that is deemed certified under paragraph (1) of up to $500,000 in the event the Secretary determines that the application for certification of such small business health plan sponsor was willfully or with gross negligence incomplete or inaccurate.

SEC. 803. PARTICIPATION AND COVERAGE REQUIREMENTS.

(1) COVERED EMPLOYERS AND INDIVIDUALS.—The requirements of this subsection are met with respect to a small business health plan domiciled in such State if the Secretary determines that such plan—

(A) active or retired owners (including self-employed individuals with or without employees), officers, directors, or employees of, or partners in, participating employers;

(B) the dependents of individuals described in subparagraph (A).

(2) INFORMATION TO BE INCLUDED IN APPLICATION FOR CERTIFICATION.—An application for certification under this part shall include the following requirements:

(A) structure and requirements for boards of trustees or administrators;

(B) notification of material changes; and

(C) notification for voluntary terminations.

(3) REQUIREMENTS FOR CERTIFIED PLAN SPONSORS.—Not later than 6 months after the date of enactment of this part, the Secretary shall prescribe by interim final rule requirements for certified plan sponsors that include requirements regarding—

(A) structure and requirements for boards of trustees or administrators;

(B) notification of material changes; and

(C) notification for voluntary terminations.

(4) FILING NOTICE OF CERTIFICATION WITH STATES.—A certification granted under this part to a small business health plan shall not be effective unless written notice of such certification is filed by the plan sponsor with the applicable State authority of each State in which the small business health plan operates.

(5) EXPEDITED AND DEEMED CERTIFICATION.—

(1) IN GENERAL.—If the Secretary fails to act on an application for certification under this section within 60 days of receipt of such complete application, the applying small business health plan sponsor shall be deemed certified until such time as the Secretary determines that cause the application for certification.

(2) PENALTY.—The Secretary may assess a penalty against the board of trustees, plan administrator, or plan sponsor (jointly and severally) of a small business health plan sponsor that is deemed certified under paragraph (1) of up to $500,000 in the event the Secretary determines that the application for certification of such small business health plan sponsor was willfully or with gross negligence incomplete or inaccurate.

SEC. 804. DEFINITIONS; RENEWAL.

For purposes of this part:

(1) AFFILIATED MEMBER.—The term ‘affiliated member’ means, in connection with a sponsor—

(A) a person who is otherwise eligible to be a member of the sponsor but who elects an affiliated status with the sponsor, or

(B) in the case of a sponsor with members which consist of associations, a person who is a member or employee of any such association and elects an affiliated status with the sponsor.

(2) APPLICABLE STATE AUTHORITY.—The term ‘applicable State authority’ means, with respect to a health insurance issuer in a State, the State insurance commissioner or official or officials designated by the State to enforce the requirements of title XXVII of the Public Health Service Act for the State involved with respect to such issuer.

(3) FRANCHISOR; FRANCHISEE.—The terms ‘franchisor’ and ‘franchisee’ have the meanings given such terms for purposes of sections 1302(a) through 1326(c) of title 15, Code of Federal Regulations (including any such amendments to such regulation after the date of the enactment of this Act), and for purposes of this part, franchisor or franchisee means, with respect to a plan, such sponsor—

(A) a person who is otherwise eligible to be a member of the sponsor but who elects an affiliated status with the sponsor, or

(B) in the case of a sponsor with members which consist of associations, a person who is a member or employee of any such association and elects an affiliated status with the sponsor.

(4) HEALTH PLAN TERMS.—The terms ‘group health plan’, ‘health insurance coverage’, and ‘health service benefit plan’ have the meanings given such terms in section 738.

(5) INDIVIDUAL MARKET.—

(A) IN GENERAL.—The term ‘individual market’ means the market for health insurance coverage offered to individuals other than in connection with a group health plan.

(B) TREATMENT OF VERY SMALL GROUPS.—

(i) IN GENERAL.—Subject to clause (ii), such term includes coverage offered in connection with a group health plan that has fewer than 2 participants as current employees of the same employer in any one calendar year.

(ii) STATE EXCEPTIO—Clause (i) shall not apply in the case of health insurance coverage offered to the state regulator or state regulatory organization, or for purposes of this part as of the date of enactment of this Act.

(6) Effective as if included in the enactment of the Affordable Care Act (Public Law 111–148, 123 Stat. 128), and as amended by section 2701(c) of the Affordable Care Act (42 U.S.C. 300u–11).

SEC. 203. CHANGE IN PERMISSIBLE AGE VARIATION IN HEALTH INSURANCE PREMIUM RATES.

Section 723(a)(1)(D) of the Public Health Service Act (42 U.S.C. 300g(a)(1)(A)(iii)) is amended by adding after “(consistent with section 2707(c))” the following new sentence:

“or (F) of section 7705(e)(2) of the Internal Revenue Code of 1986, including an entity that is part of a section 7705 organization control group. For purposes of this part, any reference to ‘member’ shall include a customer of a section 7705 organization except with respect to referencing a ‘member’ or ‘members’ in paragraph (1).”.

SEC. 201. THE PREVENTION AND PUBLIC HEALTH FUND.

Subsection (b) of section 4002 of the Patient Protection and Affordable Care Act (42 U.S.C. 300gg–11(a)) is amended by—

(1) by striking paragraph (3), by striking “each of fiscal years 2013 and 2014” and inserting “each of fiscal years 2018 and 2019” and inserting “fiscal year 2018”; and

(2) by striking paragraphs (4) through (6).

SEC. 202. COMMUNITY HEALTH CENTER PROGRAM.

Effective as if included in the enactment of the Medicare Access and CHIP Reauthorization Act of 2015 (Public Law 114–10, 129 Stat. 87), paragraph (1) of section 221(a) of such Act is amended by inserting “, and an additional $220,000,000 for fiscal year 2017” after “fiscal year 2016”.

SEC. 203. CHANGE IN PERMISSIBLE AGE VARIATION IN HEALTH INSURANCE PREMIUM RATES.

Section 2701(c) of the Public Health Service Act (42 U.S.C. 300g(a)(1)(A)(iii)) is amended by inserting after “(consistent with section 2707(c))” the following new sentence:

“or (F) of section 7705(e)(2) of the Internal Revenue Code of 1986, including an entity that is part of a section 7705 organization control group. For purposes of this part, any reference to ‘member’ shall include a customer of a section 7705 organization except with respect to referencing a ‘member’ or ‘members’ in paragraph (1).”.

SEC. 203. CHANGE IN PERMISSIBLE AGE VARIATION IN HEALTH INSURANCE PREMIUM RATES.

Section 2701(c) of the Public Health Service Act (42 U.S.C. 300g(a)(1)(A)(iii)) is amended by inserting after “(consistent with section 2707(c))” the following new sentence:

“or (F) of section 7705(e)(2) of the Internal Revenue Code of 1986, including an entity that is part of a section 7705 organization control group. For purposes of this part, any reference to ‘member’ shall include a customer of a section 7705 organization except with respect to referencing a ‘member’ or ‘members’ in paragraph (1).”.

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“or (F) of section 7705(e)(2) of the Internal Revenue Code of 1986, including an entity that is part of a section 7705 organization control group. For purposes of this part, any reference to ‘member’ shall include a customer of a section 7705 organization except with respect to referencing a ‘member’ or ‘members’ in paragraph (1).”.

SEC. 203. CHANGE IN PERMISSIBLE AGE VARIATION IN HEALTH INSURANCE PREMIUM RATES.

Section 2701(c) of the Public Health Service Act (42 U.S.C. 300g(a)(1)(A)(iii)) is amended by inserting after “(consistent with section 2707(c))” the following new sentence:

“or (F) of section 7705(e)(2) of the Internal Revenue Code of 1986, including an entity that is part of a section 7705 organization control group. For purposes of this part, any reference to ‘member’ shall include a customer of a section 7705 organization except with respect to referencing a ‘member’ or ‘members’ in paragraph (1).”.
(I) by striking “may” and inserting “shall”; and
(ii) by striking “only if” and inserting “unless”; and
(ii) by striking “plan—” and all that follows through the period at the end of sub-
paragraph (D) and inserting “application is missing a required element under subsection
(a)(i) or that the State plan will increase the Federal deficit by taking into account any
amounts received through a grant under subsection (a)(3)(B).”;
(B) in paragraph (2)—
(i) in the paragraph heading, by inserting “or Certification”;
(ii) in subparagraph (A), by inserting before the period “, and a certification
described in this paragraph is a document, signed by the Governor, and the State insur-
ance commissioner, of the State, that pro-
vides authority for State actions under a waiver under this section, including the im-
plementation of the State plan under subsection (a);”;
(iii) in subparagraph (B)—
(I) in the subparagraph heading, by striking “OP OUT” and inserting “FUNDING”;
(II) in the paragraph heading, by inserting “FUNDING.”;
(iv) by striking “With respect” and insert-
ing the following:
 “(A) PASS THROUGH OF FUNDING.—With re-
spect;” and
(v) by adding at the end the following:
 “(B) ADDITIONAL FUNDING.—There is au-
thorized to be appropriated, and is appro-
priated, to the Secretary of Health and Human Services, out of monies in the Trea-
sury not otherwise obligated, $2,000,000,000 for fiscal
years 2018 and 2019, to remain available until the end of fiscal year 2019, to provide grants to
States for purposes of submitting an applica-
tion for a waiver granted under this section and implementing the State plan under such
waiver.
(C) AUTHORITY TO USE MARKET-BASED
HEALTH CARE PLAN ALLOTMENTS.—If the State has an application for an allotment
under section 2105(d) of the Social Security Act for the plan year, the State may use the funds
appropriated under the State’s allotment for the plan year to carry out the State plan under
this section, so long as such use is consis-
tent with the requirements of paragraphs (1) and (2) of section 2105(d) of such Act (other
than paragraph (1)(B) of such section). Any funds used to carry out a State plan under
this subparagraph shall not be considered in determin-
ing whether the State plan in-
creases the Federal deficit.; and
(C) in paragraph (4), by adding at the end the following:
 “(D) EXPEDITED PROCESS.—The Secretary
shall establish an expedited application and approval process that may be used if the Sec-
cretary determines that such expedited pro-
cess is required in response to an emerg-
ent situation with respect to health in-
surance coverage within a State.”;
(II) by amending clause (i) to read as fol-
loows:
 “(I) a description of how the State plan meeting the requirements of a waiver under this section would, with respect to health in-
surance coverage within the State—
 “(i) provides satisfactory assurance of
enforcement of the requirements de-
scribed in paragraph (2) that are waived; and
 “(II) provide for alternative means of, and
requirements for, increasing access to com-
prehensive coverage, reducing average pre-
miums, providing consumers the freedom to
purchase the health insurance of their choice, and increasing enrollment in private health insurance; and

SEC. 206. APPLICATION OF ENFORCEMENT PEN-
ALTIES.
(a) In General.—Section 2723 of the Public Health Service Act (42 U.S.C. 300gg-22) is amended—
(1) in subsection (a), by inserting “and of
section 1303 of the Patient Protection and Affordable Care Act” after “this part”; and
(2) in subsection (b), by inserting “and
in subsection 1303 after this part”; and

SEC. 207. FUNDING FOR COST-SHARING PAY-
MENTS.
There is appropriated to the Secretary of Health and Human Services, out of any money in the Treasury not otherwise appro-
priated, such sums as may be necessary for payments for cost-sharing reductions au-
thorized by the Patient Protection and Af-
fordable Care Act (including adjustments to
any prior obligations for such payments) for the period beginning on the date of enact-
ment of this Act and ending on December 31,
2019. Notwithstanding any other provision of
this Act, payments and other actions for ad-
justments to any obligations incurred for plan years 2018 and 2019 may be made through December 31, 2020.

SEC. 208. REPEAL OF COST-SHARING SUBSIDY
PROGRAM.
(a) In General.—Section 1402 of the Pa-

tient Protection and Affordable Care Act is
repealed.
(b) EFFECTIVE DATE.—The repeal made by
subsection (a) shall apply to cost-sharing re-
ductions (and payments to issuers for such
reductions) for plan years beginning after December 31, 2019.

PRIVILEGES OF THE FLOOR
Mr. SCHUMER. Mr. President, I ask unanimous consent to place
Bruce King, Charlie Ellsworth, Veronica Escobar, and Matthew Fuentes of my staff be given all-access passes to the floor during the
consideration of H.R. 1628.